**State of Arkansas Department of Human Services**

**Attachment B**
**710-19-1024 DAABHS Crisis and Forensic Mental Health Services**
**Written Questions**

## Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on seperate lines.

**Instructions:** Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

| Question ID | RFP Reference (page number, section number, paragraph) | Specific IFB Language | Question | Answer |
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| *Example* | *Page 20, Desk Reviews* | Desk Review | *Where are the Desk Review Specifications?* | |
| 1 | Page 2 Section 1.1 | Community Mental Health Center | What is the definition of Community Mental Health Center and how will this be determined? | *ACA § 20-47-202 (3) states: "Community Mental Health Center means a program and its affiliates established and administered by the state, or a private, nonprofit corporation certified by the division for the purpose of providing mental health services to the residents of a defined geographic area and which minimally provides twenty-four-hour emergency, inpatient, outpatient, consultation, education, prevention, partial care, follow-up and aftercare, and initial screening and precare services. The division may contract with a community mental health center for the operation and administration of any services which are part of the state mental health system;"*<br><br>*ACA § 20-47-601 (1) states: "Community Mental Health Centers means those private nonprofit organizations certified by the Division of Behavioral Health Services of the Department of Human Services under § 20-47-202 as community mental health centers and contracted to perform designated public mental* |
| 2 | Page 2. Section 1.1 | Community Mental Health Center | Are CMHC standards in this RFQ or somewhere else? | *See updated RFQ.* |
| 3 | Page 2. Section 1.1 | Community Mental Health Center | Can a BHA apply and be deemed a CMHC if selected? | *Yes.* |
| 4 | Page 2. Section 1.1 | Community Mental Health Center | How do I obtain the status of a Community Mental Health Center? | *The organizations that are awarded the bid for a catchment area will obtain the status of a CMHC for the duration of the contract.* |
| 5 | Page 3. Section 1.5.5 | Acute Crisis Unit | Is jail diversion not mentioned in the definition because it is paid for by a different source? | *Certification standards will be incorporated into the terms and performance indicators of the contract* |
| 6 | Page 4. Section 1.5.12 | Club House Model (or Drop-in-Model | We would like to confirm that if a Clubhouse or Drop-in-Center is on the campus of a BHA/CMHC that it qualifies as community based. | *Yes* |
| 7 | Page 5. Section 1.5.24 | Individual Behavioral Health Counseling: "A face to face treatment" | We would like to confirm that face-to-face includes telemedicine for this service and others identified in the Definition of Terms Section. | *Individual Behavioral Health Counseling may be provided via telemed.* |
| 8 | Page 5. Section 1.5. 25. | Infrastructure | Please clarify " the CMHC must identify what infrastructure is utilized to cover upon request by DHS. Please confirm the sample list is illustrative, not exhaustive. | *See updated RFQ.* |

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| 9 | Page 6. Section 1.5.34 | Mobile Crisis | To be cost effective and sustainable, CMHC respectfully requests the capacity to use QBHPs under MHP Supervision for this service. Use of QBHP equivalent trained staff for crisis screenings is a community standard of care and a standardized approach will be utilized for the assessment. | *The definition of service outlines appropriate staffing credentials.* |
| 10 | Page 8. Section 1.5.54 | Treatment Plan | While this manual indicates that not all definitions are the same as Medicaid-defined terminology, it is disruptive to service delivery to be required to use one definition here and another incorrect/misaligned definition and CPT code in the OBHS manual. It is recommended that treatment plans are defined consistently and in alignment with the correct coding and payment guide. This would mean having CMHC treatment plans aligned with the correct CPT code "mental health service plan by non-physician" as opposed to what we are required to identify as and bill in OBHS as a treatment plan now, which is actually a "medical conference." | *No queston asked.* |
| 11 | Page 8. Section 1.5.54 | Treatment Plan | The definition includes that the plan…must be based on…independent assessment and independent care plan. Please instruct as to how we are to use the IA care plan when we do not have access to that document. | *See updated RFQ.* |
| 12 | Page 8. Section 1.5.54 | Treatment Plan | What provider type may provide this service? RNs are needed to complete these for forensic clients and clients who have stabilized on medications. | *The treatment plan must be completed by a licensed mental health professional to include Independently Licensed Clinicians, Non-Independently Licensed Clinicians, Advance Practice Nurses and Physicians. See updated RFQ.* |
| 13 | Page 9. Section 1.5.56 | Warm Line | For the purpose of the Warm Line, May CMHCs contract with a provider who has a physical location and staff in Arkansas but uses staff who have QBHP equivalent training. (i.e. would meet all criteria of a QBHP including supervision, observation and training but not be staff of the CMHC? | *A CMHC may contract for these services and will be responsible for ensuring the individual is trained in evidence-based crisis practices as specified in the defintion.* |
| 14 | Page 9. Section 1.6 | Non-mandatory items | Please specify non-mandatory items. | *See RFQ Section 1.6.* |
| 15 | Page 11. Section 1.12 | Subcontractors | Please specify what type of subcontractor information is requested? Is this for direct care professionals? | *See RFQ Section 1.12 (B).* |
| 16 | Page 17. Section 2.1. A | must include flyers | Are the tools of social media acceptable formats to satisfy this requirement? They can be tracked and are more cost effective to expand and update. | *No.* |
| 17 | Page 19. Section 2.2 A.1. | bidder must have a | Since FQHCs or PCMHs can provide Mental Health Professionals space in their physical location / practice and apply to become BHAs, we would like to confirm that a medical clinic can lease office space in that clinic to a behavioral health provider and that provider can then use that space as a BHA. | *No. Please refer to the Division of Provider Services and Quality Assurance Certification requirements for a Certified Site.* |
| 18 | Page 19. Section 2.2 A.1. | bidder must have a | If BHA sites may not be adjuncts to a different activity such as a school, a day care facility, a long-term care facility, or the office or clinic of a physician or psychologist, please define "adjunct." | *See answer to Question 17.* |
| 19 | Page 19. Section 2.2 A.1. | bidder must have a | If a behavioral health care provider and a medical practice share the same physical address and the BHA is considered essential to the medical practice in the context of Primary and Behavioral Health Care Integration, we would like to confirm that the behavioral health care provider's physical location would qualify as a BHA, since it is not adjunct. | *See answer to Question 17.* |
| 20 | Page 19. Section 2.2 A.1. | bidder must have a | Since some county seats or largest towns in a county are not sufficient to support a stand alone BHA (populations less than 500), please explain the necessity for there to be a physical location in each county that is not adjunct to a different activity. Please cite a federal regulation that prohibits this. | *Contract requirements control. It is the intent of this state contract to increase access to local behavioral health services for all Arkansans.* |
| 21 | Page 19. Section 2.2 A.1. | bidder must have a | Since some county seats and largest towns in a county are not sufficient to support a stand alone BHA (population less than 500 for county seat in Newton County, for example ), please explain the necessity for there to be a physical location in each county. | *See answer to Question 20.* |
| 22 | Page 20 Section 2.3.2.1. b. | must include face-to-face follow-up | Please clarify that compliance with Act 203 (related to telemedicine) satisfies this requirement. | *Telemedicine is not an allowable method for the provision of crisis intervention and assessment and follow-up services.* |
| 23 | Page 21. Section 2.3.A.1 | bidder must have a | Is catchment area synonymous with Region? | *Yes.* |

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| 24 | Page 21. Section 2.3.2.A.2.f | An evidence based crisis assessment tool | We currently use a screening and assessment tool that we developed that is based on several evidence based tools such as the Columbia and the SAFE-T. This tool is easier to use and includes a suicide inquiry, identifies risk and protective factors, places the client in a risk category, differentiates between children and adults, and flows into a crisis safety plan. We would like to confirm that a BHA may use their current assessment instruments if they are aligned with evidence based crisis assessment tools. | *See updated RFQ.* |
| 25 | Page 21. Section 2.3.2.A.2i | The CMHC must maintain a DHS certified location in every county. | Can this be reconsidered? There are many more cost effective alternatives (collaboration with a PCP, school based services, telehealth, etc.) when county population and/or MHP resources are limited. | *No.* |
| 26 | Page 21. Section 2.3.2.A.2i | The CMHC must maintain a DHS certified location in every county. | Does this mean that the CMHC must maintain a BHA in every county? How does this align with page 19.2.A.2 that requires an OBHA in each catchment area and page 7 of the RFQ response packet that asks for the "county in which Bidder is OBHA certified? Why is the language different in each section? What is the controlling definition? | *1. Yes. Minimum Qualificatons to bid (Section 2.2) require that bidder has a presence in the region upon which it intends to bid. The Contract requirements stated elsewhere require that the Vendor develop a BHA - certified site in every county of the region for which it receives a contract.* |
| 27 | Page 21. Section 2.3.2.A.2j | The CMHC must either staff a Warm Line…in the Region. | Why must the warm line be in the Region? Can this be revised to reflect the location of the drop-in clinic must be in the region or a warm line must be available to clients of the region. | *See updated RFQ.* |
| 28 | Page 22. Section 2.3.2.A.6 | The CMHC must provide appropriate discharge planning for all persons leaving an acute setting | Beyond a scheduled appointment to take place no later than 7 days after discharge from the hospital, what does this require? All hospitals do not currently coordinate discharge planning in advance with CMHCs. They do this voluntarily. | *See updated RFQ.* |
| 29 | SPOE for ASH, page 23 Item 2., c., i.-xiv. | "**must** contain the following information if the individual is screened in an inpatient/medical facility or emergency room:" | Please insert "subject to availability from the inpatient/medical facility or emergency room." | *No queston asked.* |
| 30 | SPOE for ASH, page 23 Item 2., c., i.-xiv. | "**must** contain the following information if the individual is screened in an inpatient/medical facility or emergency room:" | Would a physician to physician (inpatient/medical facility) transfer be more suitable for patient's continuity of care? | *No question asked.* |
| 31 | Page 24. Section 2.3.2.A.4.i | cannot be a walk in appointment | Scheduled walk in times can be prioritized for hospital discharges. Why would this be problematic/disallowed if it allows client choice, provides scheduled clinician availability and gives the hospital a priority, carved out time in the schedule for intake? | *Scheduling of appointments ensures availabilty and access to care for those discharging from ASH.* |
| 32 | Page 24. Section 2.3.2.A.4iii | Housing and transportation shall be arranged, if applicable | We would like to confirm that ASH has the medical and legal responsibility for securing housing and transportation for patients admitted to the hospital until discharge occurs. Is the request that CMHCs act as partners in the process? Can the language/expectation be clarified? | *See Section 2.3.2.B.4iii* |
| 33 | Page 30. Section F.4.e | Supported Employment and Education | This is an evidence based model that requires significant resource allocation and is not feasible without additional funding. How will additional funding be provided? | *There is a ten percent (10%) set aside of block grant funding for the development of FEP services within the state.* |
| 34 | Page 30. Section G.2. | must maintain local BH and community resource directory | Please confirm this resource directory can be offered in electronic format and that social media and websites can be used. | *Confirmed, an electronic format may be utilized for the resource directory and the resource directory may be posted on social media and other websites.* |
| 35 | Page 31. H | SSBG | Please clarify that the latest SSBG manual is dated 1.12.2010. Is this correct? | *Correct.* |
| 36 | Page 31. Section I.1 | underinsured | Please further define the terms under and uninsured. Is a person with a high deductible plan considered eligible? If the insurance policy does not include behavioral health benefits, would the person be eligible? What/who is specifically disallowed? | *See updated RFQ. No, a person with a high deductibe is not eligible. Yes, if the benefit is not covered they would be eligible. The terms under and uninsured will be define in the updated RFQ.* |
| 37 | Page 32/33 2.6. B.1 | Records and Reporting | Please clarify that this requirement only relates to all accreditation related communication only. | *Section 2.6.B.1 only relates to accreditation.* |

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| | 38 | Page 33-34. Section 2.9.A.2 | "The CMHC **shall** submit…and the Arkansas Legislative Council and go through the budget procedures process in the same manner as State Departments…." | What is the purpose of this given the fiduciary responsibility of the CMHC rests with its Board of Directors and there is already a requirement to have and submit an independent financial audit annually? | *Required by Arkansas Code Annotated § 20-46-308* |
| | 39 | Page 34 2.10.C | Vendor Input may be included | Is DAABHS willing to set up regular quarterly meetings with CMHCs to problem solve issues and proactively plan for system improvements? | *Yes, for matters related to this contract.* |
| Performance Based Contrac | 40 | Page 2 | Face to Face | We want to confirm that face to face recognizes technological solutions as one possibility for satisfying this deliverable. This is especially important in large geographic regions. We advocate that the use of telehealth (as defined in AR Act 203) should be acceptable especially given that other payers recognize it as a billable treatment modality that meets industry standards of care. | *Telemedicine is not an allowable method for the provision of crisis intervention and assessment.* |
| | 41 | Page 5. | Acute Care Funds | Are a specific amount of dollars expected to be used for local acute care? If so, what is that percentage? | *No.* |
| | 42 | Page 5. | Acute Care Funds | There is a reference to a SOW; can that be provided? | *See RFQ, Section 2.3.* |
| | 43 | Page 9. | Conduct a Psychiatric Assessment | Since it is currently required that a psychologist conduct 6 month reviews, does psychiatric assessment refer to an assessment conducted by an MD or APRN or is it referring to the psychological assessment that already occurrs at this frequency? | *See updated RFQ Section 2.3.2.A.2.d.ii. Yes, this refers to a Psychiatric Assessment conducted by a licensed physician or APRN.* |
| Draft Response Pac | 44 | Page 8. Section E1.E.a.&g. | …"official letterhead"…"signature of the individual" | Will a scanned, color document be accepted that contains all required elements be accepted (logo, signature, current phone number, address, etc.) as responsive to the requirement? | *There must one (1) original document with original signatures with requested number of copies.* |
| | 45 | Page 8. Section E1.E.b. | "(3) letters of recommendation from five (5) different sources" | (a.) What is the minimum number of letters? (b.)Please clarify "different sources"? | *See updated RFQ.* |
| | 46 | Page 8. Section E1.E.b. | Letters of Recommendation, Information for Evaluation page | What is meant by "contract experience" Does this mean a letter from an organization or entity that the CMHC interfaces with in delivering services similar to what is specified in the service deliverables? | *1. Professional services provided under contract. 2. Yes. A letter from an entity or organization with which respondent has or has had a formal agreement to perform similar services.* |
| | 47 | Attachment G | Map of Regions | Will reporting related to the deliverables be for the region in total? | *No. Reporting must be specific to county.* |
| | 48 | Attachment I | Funding | How was funding determined? | *Based on historical distibution for year one (1) of the contract.* |
| | 49 | Attachment I | Funding | What additional funding will be provided given the added deliverables? | *See Attachement I.* |
| | 50 | Attachment I | Funding | What factors were considered in determining dollars? | *See answer to Question 48.* |
| | 51 | Attachment I | Funding | What was the funding formula for distribution? | *See answer to Question 48.* |
| | 52 | Attachment I | Funding | The deliverables associated with the RFQ appear limitless while funding is finite. Since the deliverables far exceed the funding, what are the expectations for service delivery when alloted funding is expended? | *All contract deliverables are expected to be implemented according to identified acceptable performance standards.* |
| | 53 | RFQ, page 21 2.3.2 i | CMHC must have certified location in every county in their region | Are part time clinics acceptable in areas of low population/need. | *Yes.* |
| | 54 | Pg. 19 2.3.1.K Shall provide telemedicine services | telemedicine services | While the CMHC has telemedicine services in some current sites, not all sites have this capacity at this time. Does each sites require telemedicine services at the time a bid is presented, at the time the contract beginning, or developed and implement during the initial contract period or subsequent contract periods? | *See updated RFP.* |
| | 55 | Pg 24 2.3.2 B 4. Iii Service Delivery Duties | Service Delivery Duties | Housing and transportation shall be arranged, if applicable. Is the expectation that the CMHC will be required to make payment for the housing and transportation? Can these payments be found the contract funds? | *1. No. It is the intent of the state that the CMHC assist with access to housing and transportation, if applicable.2 No.* |
| | 56 | Pg. 26 2.3.2 C. 4. Alternate Compliance | Alternate Compliance Approval for provision of Forensic Evaluations and treatment | What form of alternate compliance will be approved? Under what circumstances would an alternate compliance plan be approved? | *Alternative compliance options will be reviewed by DHS on a case by case basis.* |
| | 57 | Pg. 26 2.3.2 C. 11. Time frame replacement of forensic evaluator | 30 day replacement of forensic evaluator. | Given the shortage of trained psychologists throughout the State, why not extend the timeline to 90 days to replace or engage a forensic evaluator after the designated forensic evaluator separates from employment? We recognize that Jay Hill and others are committed to revamping the current system, but recruitment is difficult. | *The timeline may not be extended.* |

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| 58 | Pg. 26 2.3.2 C. 11. Time frame replacement of forensic evaluator | 30 day replacement of forensic evaluator. | Also, there is the problem of once a year training for forensic evaluators. If a qualified Ph. D. is hired today, they could not perform forensic evaluation until they have complete the State training that is held once a year in the summer. Will the forensic evaluation training be held as needed? Will additional time be given to the contractor to "replace" this personnel until the State training can be held | *Additional trainings will be scheduled. Training will be held as needed.* |
| 59 | Pg. 27 2.3.2. D. 5. Missed Appoint FORP Client | Missed Appoint FORP Client notification | If a client fails to arrive for any appointment, the CMHC must notify ASH by the close of business on the day of the missed appointment. Some FORP appointment are held outside of the clinic. Could the time frame for notification of ASH be next business day? | *See updated RFQ.* |
| 60 | Pg . 29 2.3.2. F. 3. First Episode of Psychosis | Frequency FEP education and events | Means to increase early identification of FEP-related symptoms, the CMHC will provide at least weekly community education and awareness events during each month of the contract – Certainly community education and effort to increase awareness is vital to FEP efforts in all communities, could the frequency of these efforts be established as monthly in order to be more manageable and effective? | *See updated RFQ.* |
| 61 | Pg. 2 Attachment D. | Termination of Contract | Is there a provision for CMHS to terminate this contract? | *Yes.* |
| 62 | Pg. 1. Attachment I. | Funding | Is there a provision for additional funding when allocated funding for a region is exhausted? | *No.* |
| 63 | Pg. 1. Attachment I. | Funding | If not all of the funding through these contracts is not utilized, will any remainder be applied to other CMHCs ' request or will this go into a general fund for disbursement upon request? | *No.* |
| 64 | Pg. 21 2.3.2.A. 2. i Service Delivery Duties | DHS Certified Site in Every County of region. | If you do not have sites open in some of your counties will these need to be up and running and approved by DHS before the RFQ is submitted or the contract awarded? If yes in either case, will the contractor be reimbursed for the startup cost? | *See updated RFQ. There is no reimbursement for startup costs.* |
| 65 | Pg. 33 and 34 2.9 A. 2. Financial Reporting | Annual Audit. | All CMHC's are independently audited each year and these audits are sent to the state, will we be required to have another audit or will the one we send each year suffice? | *The annual audit will suffice if on file and completed by a CPA.* |
| 66 | Pg. 33 and 34 2.9 A. 2. Financial Reporting | Budget Submission. | Will there need to be a budget done in the response to this RFQ for this contract and submitted to the joint budget committee? | *No.* |
| 67 | Pg. 33 and 34 2.9 A. 2. Financial Reporting | Budget Submission. | Are all contractor for the State of Arkansas required to submit a budget and appear before legislative committee or groups? | *No.* |
| 68 | Pg. 3 1.iv Crisis Services | Face-to-face assessment | Can the face-to-face requirement for crisis assessment be satisfied by the use of telemed? | *No.* |
| 69 | Page 20 - Section 2.3.2.A.2.e.iii | "…must provide face-to-face assessment…" | Does using telehealth techonology qualify as "face-to-face"? | *This contract will follow Arkansas Medicaid telemedicine regulations outlined in Section 1 and OBHS service definitions.* |
| 70 | Page 29 - Section 2.3.2.F.3 | "…provide at least weekly community education and awareness events…" | Weekly seems excessive. Recommend changing this to monthly events. | *See answer to Question 60.* |
| 71 | Page 34 - Section 2.9.B.4 | "…a portion of the monthly scheduled payment may be utilized to build infrastructure." | Does new "site establishment" need to have already taken place when the contract begins (7-1-19) or can we begin developing that infrastructure after the contract begins? | *See answer to Question 64.* |
| 72 | Page 6-Expanded Services | Provider shall provide Acute Crisis Units and Therapeutic Communities | *Please clarify if TC and ACU are required to be provided/subcontracted as on page 9 section E.3 at the bottom is says that "vendors are encouraged but not required to provide TC or ACU or subcontract with one."* | *See updated RFQ.* |
| 73 | E.1E page 8 | Three letters of recommendation from 5 sources | Just confirming you want a total of 15 letters of recommendation | *See updated Information for Evaluation.* |
| 74 | E.3.1. a page 12 | PHP is a required service | Can day rehab be substituted for this service. We do not have enough people throughout our area to participate in such a service at one time. This is a cost prohibitive requirement as transportation and staffing would not be feasible across a 10 county area. Day rehab can be utilized in the same manner to help divert from inpatient. | *1. No. 2. These services may be provided by a subcontractor.* |
| 75 | page 24, 4aii | CMHC shall ensure that appropriate insurance enrollment is initiated prior to discharge | How is this supposed to occur if the client is inpatient without client present? | *See updated RFQ.* |
| 76 | | | Please clarify the CASSP services? Will that be a separate contract or is that contracat being cut? | *CASSP services will not be funded under this contract.* |
| 77 | page 25 6. | Provision of services to 911 | Do we have the ability to refer elsewhere if a 911 has threatened our staff/become violent towards our staff members? | *Yes, in coordination with the 911 monitor and the court.* |
| 78 | page 34 2.9 B4 | all proposed usr of dollar for infrastructure must be outlined in RFQ response | Since any discussion of pricing is forbidden, do you just want what we are going to spend infrastructure dollars and not the amounts we are proposing to spend? | *Yes.* |
| 79 | Pg 19, CMHC Qualifications | OBHA Certification | What provisions are allowed for county locations that do not currently have an OBHA certified site? For example, PCA has OBHA sites in 2 of th 3 counties for Region 9, and is currently considered the CMHC for this region. | *See answer to Question 64.* |

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| 80 | Pg 19, General Service Delivery Requirements 2.3.1.I | Substance Abuse License | What provisions are allowed for obtaining substance abuse license for CMHC that does not currently hold substance abuse license? Is this an allowable contractable service? | *Any agency may apply for an Substance Abuse license through the Division of Provider Services and Quality Assurance. No, this service is provided under separate funded contracts.* |
| 81 | Pg 19, General Service Delivery Requirements 2.3.1.K | Telemedicine | What provisions are allowed for development and implementation of telemedicine services? | *See answer to Question 54.* |
| 82 | Pg 20, Service Delivery Duties 2.3.2. 2.d. ii | Mobile Crisis Team | "The CMHCs Mobile Crisis team shall include a physician, or at a minimum direct access to a physician, as needed." Clarify requirement for "direct access to a physician". | *Live communication with a physician through telephone or video.* |
| 83 | Pg 24, 4.a.ii Care Coordination for ASH d/c | Care Coordination for ASH discharge | Why is CMHC charged with responsibility of client insurance enrollment prior to ASH discharge? Authority to act on client's behalf for this purpose does not appear legal. | *See Answer to Question 75.* |
| 84 | Pg 29, F.3. First Episode Psychosis | Community Education | The requirement for WEEKLY community education specific to FEP population seems costly in materials, personnel time, and resources. Would this be reconsidered to MONTHLY? | *No. See answer to Question 60.* |
| 85 | Pg 8, #51. Supportive Employment Pg 30, e. Supported Employment & Education | Supportive Employment | "Service settings may vary depending on individual need and level of community integration and may include the beneficiary's home". How would CMHC bill for Supportive Employment services rendered in beneficiary's home? | *Services rendered in beneficiariaries home are not fee-for-service-based, but are allowable.* |
| 86 | Pg 31, I.1.a-h Expanded Services | Expanded Services - Subcontracted | How is subcontracted for expanded services being considered when CMHC does not provide all listed services - specifically, Therapeutic Communities and Acute Care Units? | *Vendor is expected to provide services directly or through a subcontract(s) with agencies throughout the state who are certified to provide these services. See updated RFQ.* |
| 87 | Pg 31, I. 1. CMHC Ensures Expanded Services | Expanded Services - Subcontracted | CMHC shall directly provide or ensure availability through a subcontractor the following services…." Is the a. through h. list the only services that can be provided? Could other medically necessary services such as Intensive Outpatient Program (IOP) services be included in the subcontracted services list? | *Yes.* |
| 88 | Pg 32, A. Community Partnerships | Community Partnerships & Collaborations | "The CMHC shall develop community partnerships and collaborations with relevant agencies and groups within the CMHCs Region" Clarify what Partnership Agreement contracts/models are permissable between community organizations/entities. Are partnerships and collaborations permissable to expand service delivery outside a CMHCs Region? | *1. Any method of contract/subcontract is permissable. 2. Yes* |
| 89 | Pg 34, B.4. Utilization of Contracted Funds | Dispersement of funds to build infrastructure | For accepted bids, when will the dispersement of funds occur? At outset of contract to ensure adequate resources are available for agency to complete stated infrastructure? | *Funds will be disbursed after services are rended and based on invoices and data submitted to DAABHS.* |
| 90 | Pg 34, 2.10 Performance Standards | Performance Standards | "Failure to meet the minimum Performance Standards as specified shall result in the assessment of damages." What is the process/algorithm for assessing damages? Is there a continuum that will be utilized to determine level of damage i.e. "minimal to maximum" damages with corresponding monetary fines or recoupment costs? | See damages in performance indicators. |