ADDENDUM 2

ENHANCED CARE CLINICS

REQUEST FOR APPLICATIONS
(ECC_RFA)

The Department of Social Services (DSS), Department of Mental Health and Addiction Services (DMHAS) and Department of Children and Families (DCF) are issuing **Addendum 2** to the **ENHANCED CARE CLINICS REQUEST FOR APPLICATIONS.**

Addendum 2 contains an additional question submitted by an interested party and the official response. The response shall amend or clarify the requirements of the RFA.

In the event of an inconsistency between information provided in the RFA and information in the response, the information in the response shall control.

Addendum 2 also contains a list of those organizations that have submitted a Letter of Intent to respond to the ECC RFA.

A. Question and Response:

1. **Question:** Does the secondary site have to be dually licensed for mental health and substance abuse by DPH even if clients are provided transportation to the primary site for mental health services?

   Response: According to Policy Transmittal PB 2010-15 ECC Adult Co-occurring requirement, "Each ECC is required to provide integrated screening, assessment, and treatment for individuals with co-occurring disorders, and to have in place the infrastructure (i.e., licensing, clinical supervision, staffing, quality assurance activities, and policies and procedures) to support the provision of integrated services. This covers ECC primary and secondary sites.

   The following exception is also addressed in PB 2010-15:

   "ECC secondary sites that qualify for exemption from emergency access and extended business hours requirements are subject to the requirements of this transmittal, except that they may use personnel or other resources from the primary site or other secondary sites. Arrangements for accessing personnel and resources in other sites must be addressed in the program's policies and procedures."

   The following concerns would need to be addressed in your agency's policies and procedures:

   - How consent is requested to use the primary site (freedom of choice)
   - Comfort level of the member being transported in a private vehicle
   - Safety

- Timeliness of the transport both to the service and back
- Travel time and distance
- Convenience (presumably the member chose the secondary site because it is more convenient)
- Coordination of care and medical record between primary and secondary site.

B. <u>List of those organizations that have submitted a Letter of Intent</u>:

1. Liberation Programs, Inc.
2. The McCall Foundation Inc.
3. Connecticut Renaissance, Inc.
4. Wellmore Behavioral Health
5. Recovery Network of Programs, Inc.
6. Catholic Charities – Archdiocese of Hartford

Date Issued: December 21, 2015

Approved: _____
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company

ADDENDUM 1

ENHANCED CARE CLINICS

REQUEST FOR APPLICATIONS
(ECC_RFA)

The Department of Social Services (DSS), Department of Mental Health and Addiction Services (DMHAS) and Department of Children and Families (DCF) are issuing **Addendum 1** to the **ENHANCED CARE CLINICS REQUEST FOR APPLICATIONS.**

Addendum 1 contains questions submitted by interested parties and the official responses. All responses shall amend or clarify the requirements of the RFA.

In the event of an inconsistency between information provided in the RFA and information in these responses, the information in these responses shall control.

In the event that a response does not sufficiently clarify a question submitted, please forward that question and response to marcia.mcdonough@ct.gov by **Tuesday, December 15, 2:00 PM**.

Questions and Responses:

1. **Question:** Since the higher Medicaid rates don't apply to FQHCs, is there any incentive for an FQHC to apply for ECC status?

   Response: While there are no additional funds for FQHCs, there are opportunities to improve access and quality of care through compliance with the ECC requirements. There are multiple opportunities to consult with other ECCs to learn of innovative methods for achieving improved access and quality of care. In addition Enhanced Care Clinics have leveraged their status in grant applications as well as during reviews by credentialing bodies.

2. **Question:** Will the names of agencies who submit a Letter of Intent be published?

   Response: Voluntary Letters of Intent (LOI) are due December 17, 2015, no later than 2:00 PM. Yes, an Addendum will be posted identifying organizations that have submitted LOI.

3. **Question:** How is the referral screening and admission process configured if a PNP is applying for ECC designation but is located in a region with a state-run LMHA who also has specific guidelines regarding treatment access and capacity requirements? What is the PNP's obligation regarding this process specifically? How might these clients be managed between the two?

   Response: Enhanced Care Clinics must comply with all ECC requirements that are addressed in the Policy Transmittals attached to this RFA. Should an ECC share a client with an LMHA, the ECC should collaborate with the LMHA to coordinate care on behalf of the shared client.

4. **Question:** Are there any restrictions for a PNP seeking a current secondary site for ECC designation where their primary ECC location is in a different geographic location?

   Response: Applicants for ECC designation must be geographically located within DMHAS Regions 1 and/or 5. Primary and secondary site of a designated ECC must be in the same region.

5. **Question:** Can an agency become designated as an ECC with a substance abuse license only, or must the designation correlate with the agency's ability to offer substance abuse, co-occurring services and psychiatric services with applicable psychiatric and substance abuse issued licenses?

   Response: In order to be compliant with the Adult co-occurring requirement described in Policy Transmittal PB 2010 – 15 section 3, treatments for mental illnesses and substance use disorders, including medications, are provided concurrently within the program. ECCs therefore must have both mental health and substance abuse licenses in order to provide treatment within the scope of such licenses.

6. **Question:** In reference to Expansion in Service Volume, it notes that the access requirements may be suspended during any year in which there is an increase in the designated ECC's service volume, over the previous year's volume of more than 20%. How will the first year cap be determined? What is the process related to this suspension? Is this automatic? How is this configured and communicated to the agency?

   Response: Beacon Health Options (the ASO for the Connecticut Behavioral Health Partnership) captures the data through their on-line registration system. In this instance, volume is defined as new registrations or "starts." The baseline year will be the year prior to designation as an ECC.

   On July 1, 2012 DSS issued PB 2012-56 addressing how ECCs may request a time-limited exemption from the timely access requirement. For any quarter for which a provider receives a volume exemption based upon an increase in volume of new admissions of more than 20% compared to the preceding year's quarter and for which the 95% timely access requirement was not met, the data for that quarter will not be included in the assessment of timely access for the calendar year. Suspension of the access requirements will be considered upon request of the ECC.

   The ECC must provide the data to support the reported increase in volume. The ECC must also provide a written plan of action that will be undertaken in response to the volume increase. The Departments will review the request and undertake cross-validation prior to making a determination regarding the request for suspension.

7. **Question:** How many times have ECC's been permitted to discontinue the access requirements due to meeting the 20% increased volume expectation?

   Response: Please refer to the response to question #6. It is not that ECCs discontinue access requirements, it is that they will not be held accountable for a particular quarter in which volume has increased more than 20% from the same quarter in the previous year. In other words, that quarter is not included in the calculation as to whether an ECC has met the timely access requirements for a particular year.

8. **Question:** As a PNP, we currently have no crisis funding for after hours coverage, though we are located in a region with a state-run LMHA who does have crisis/mobile services. Would it satisfy the ECC requirement to work out a protocol with the LMHA to manage the after hours crisis coverage? How might this apply to secondary sites?

   Response: The timely access requirements in Policy Transmittal PB 2007-44 state that ECCs must have an answering service or a clinician on call to respond to calls outside of normal business hours. If the call is received by the answering service and the caller is not in crisis, the answering service may apprise the caller of the ECC's timely access policy and direct the caller to call back during normal business hours.

   If the caller is in crisis, the answering service must provide the caller with telephonic access to a clinician on-call, whether the caller is an existing client or a new client. Clients whose needs are assessed by the clinician on call to be routine must be apprised of the ECC's timely access policy and may be directed to call back during normal business hours. Clients whose needs are assessed to be urgent must be offered an urgent access appointment to take place within the following two (2) calendar days. The clinician on-call must have access to a schedule of urgent visit appointment slots available during the following two (2) calendar days. Clients whose needs are assessed to be emergent should be handled according to the ECC's usual after hours emergency protocol.

   If a secondary site is exempt from after-hours emergency requirements, calls should roll up to the primary site telephone number.

   Any proposals to have a formal relationship with any outside provider for after-hours emergency calls would need to be reviewed by the Departments in advance for approval.

9. **Question:** Does the site seeking ECC status have to be licensed by DCF and accept clients under the age of eighteen?

   Response: As this RFA seeks only adult providers, the answer is "no".

10. **Question:** Do the MOU's with two or more primary care practices need to be in place upon submission of the RFP or within what timeframe of notification of successful submission?

    Response: Your clinic has six months from the time of designation as an ECC to provide MOUs with primary care providers that include all of the required elements discussed in Policy Transmittal PB 2008-14.

11. **Question:** Related to the total amount of funding to expand adult capacity in under-served DMHAS Regions 1 and 5-Is the $500,000 cap to be divided among all ECC's within Regions 1 and 5?

    Response: The $500,000.00 will cover increased payments to the newly designated ECCs for services that are billed for ECC routine outpatient services described in the ECC fee schedule under Medicaid. Any agencies within Regions 1 and 5 that receive the designation as an ECC may begin to bill Medicaid under the new ECC rates that are higher than standard Medicaid rates.

12. **Question:** If so, (funds are distributed among all ECC's), is there an anticipated percentage (billing) breakdown by ECC?

    Response: If you are interested in becoming designated as an ECC and you are attempting to anticipate the financial impact of the increased rates, the following steps will help. Calculate your current service volume for those routine outpatient services that are covered by the enhanced ECC rates. You will then be able to locate the ECC fee schedule on the www.ctdssmap.com website. Based on your current service volume with some percentage of increase based on increased access, you will be able to calculate approximately how the increase in rates will impact your agency.

13. **Question:** Is the $500,000.00 allocated for underserved regions 1 and 5 for one year?

    Response: Once designated as an ECC, agencies will continue to bill for outpatient services at the enhanced rate beyond the initial year as long as they continue to comply with ECC requirements.

14. **Question:** Once the $500,000.00 has been expended, how do ECC's bill for services? Do they return to regular rates/fee for service?

    Response: See answer to Question #13.

15. **Question:** P.6 #1 (Point of Access) What is meant by immediate capacity?

    Response: This question refers to how an agency handles situations when there are no openings, either for an immediate crisis or for routine cases.

16. **Question:** P. 11 #6 Are those other than general hospitals responsible for providing/maintaining time frames for medical services?

    Response: All ECCs are required to schedule an appointment for clients who need to see a prescriber within 14 calendar days of the initial assessment/intake.

17. **Question:** P. 13 # 8 Would a free standing Substance Abuse/Mental Health clinic need to provide the same day psychiatric medical access?

    Response: See answer to Question #16. Freestanding Substance Abuse/Mental Health clinics that are ECCs need to schedule an appointment with a prescriber, if recommended, within 14 days of the initial assessment/intake.

18. **Question:** P. 19 #14 Are those who did not accept first available appointment offered for follow up treatment to be considered in number count for those waiting?

    Response: Yes.

19. **Question:** P. 24 #3 Psychopharmologic and addiction pharmacotherapy prescriptions provided on-site, is that only for general hospital?

    Response: The requirement described in Policy Transmittal PB 2010 – 15 Section 3 applies to all Enhanced Care Clinics, not just general hospital clinics.

20. Question: P. 27 #5 Would a LMSW meet the license requirement for staffing competencies?

Response: The following language in Policy Transmittal PB 2010-15 describes the licensing requirements for ECC staff members. "At least one clinician in the program has mental health licensure, besides the prescriber (i.e., LCSW, LPC, LMFT, licensed psychologist) and at least one clinician in the program is an addiction treatment specialist as evidenced by meeting one of the following criteria: a licensed alcohol and drug counselor (LADC), a certified alcohol and drug counselor (CADC), two years of experience providing primary addiction treatment services, 50 hours of addiction treatment training, or a co-occurring credential from the CT Certification Board (CCB)." LMSW's are not currently considered as meeting the license requirement.

21. Question: What is meant by site type?

Response: Freestanding Mental Health/Substance Abuse Clinic, FQHC, FQHC look-alike, Hospital outpatient clinic

22. Question: How many geographic locations exist where there are two ECCs that must coordinate access. Treatment and clients seen?

Response: The following chart was included as a hyperlink in the RFA. The chart lists all ECC sites that serve adults in Connecticut by DMHAS region.

ADULT ECCs by DMHAS REGION

Region 1	Region 2		Region 3		Region 4		Region 5	
none	BHCare Shoreline	1 site	Catholic Charities Norwich	2 sites	Catholic Charities NB	1 site	Charlotte Hungerford	2 sites
	BHCare Valley	1 site	United Services	3 sites	CMHA	2 sites	CMHA NW	1 site
	Bridges	1 site	CHR Manchester	1 site	Community Health Resources	2 sites		
	Catholic Charities Norwich	1 site			CHR Manchester	1 site		
	Middlesex	3 sites			Intercommunity	1 site		
					Wheeler Clinic	4 sites		

Currently there are a total of 30 ECCs statewide. Of the 30 ECCs, 16 agencies serve children only, 9 agencies serve the lifespan, and 5 agencies serve adults only. Some currently existing ECCs have more than one site within a region.

In regions that have more than one ECC, it would be rare that an individual would be receiving outpatient services at both at the same time. However, if a client is receiving any other service at any other agency, the ECC would be expected to coordinate care with that other agency.

Date Issued: December 9, 2015

Approved: _____
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company

The Department of Social Services

The Department of Mental Health and Addiction Services

The Department of Children and Families

<u>Request For Applications</u>

ENHANCED CARE CLINICS

(ECC)

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Connecticut Department of Social Services

Connecticut Department of Mental Health and Addiction Services

Connecticut Department of Children and Families

ENHANCED CARE CLINICS REQUEST FOR APPLICATIONS (ECC_RFA)

1. PROGRAM TITLE: Enhanced Care Clinics

2. SCHEDULE FOR REQUIRED ACTIVITIES AND ASSOCIATED DATES:

The following table summarizes required activities and associated dates. These activities and dates are detailed in the relevant RFA sections below.

RFA Published	November 19, 2015
Deadline for Submission of Questions Regarding the Contents of the RFA	December 3, 2015 2:00 PM
Questions and Answers Posted to Website	December 10, 2015 2:00 PM
Deadline for Receipt of Voluntary Letter of Intent (LOI)	December 17, 2015 2:00 PM
Deadline for Receipt of Applications	**January 15, 2016** **2:00 PM**
Target Date for Completion of Review	TBD
Successful Applicant(s) announced	TBD

3. OVERVIEW:

The Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF) are seeking applications from agencies in DMHAS **Region 1** and **Region 5**, who treat adults, and wish to seek designation as an ***Enhanced Care Clinic.***

Currently there are 30 ECCs statewide with 27 sites broken out by DMHAS Regions, embedded as a hyperlink, that serve adults. Enhanced Care Clinics (ECC) are defined as a subclass of private behavioral health clinics (including general hospital outpatient clinics). Except as otherwise noted, Medicaid will reimburse the Enhanced Care Clinics with fees that are higher than the standard Medicaid fee schedules for routine outpatient behavioral health services. To qualify for higher fees, Enhanced Care Clinics must meet special requirements relating to five domains of service, specifically, access, coordination of care, member services and support, quality of care and cultural competence. The overall goal is to provide adults and children who are seeking behavioral health services

and supports with improved timeliness of access to behavioral health care and improved quality of care.

NOTE WELL: A Federally Qualified Health Center (FQHC) may seek designation as an ECC but will not receive the higher fees.

4. BACKGROUND:

Prior to the close of the 2005 Legislative Session, the House and Senate passed House Bill 7000 that directed the Department of Social Services (DSS) and the Department of Children and Families (DCF) to develop and implement an integrated behavioral health services system for HUSKY A and HUSKY B clients. Pursuant to Sections 92 through 102 of Public Act 05-280, this initiative is known as the Connecticut Behavioral Health Partnership (CT BHP).

In 2011, the remainder of the Medicaid membership receiving behavioral health services was covered under the CT BHP, and the Department of Mental Health and Addiction Services (DMHAS) joined the Partnership.

Details regarding the Partnership may be found at: www.ctbhp.com.

DSS, DMHAS, and DCF are the Behavioral Health Partnership (BHP) and have designed and implemented an integrated public behavioral health service system of care. There are three (3) critical goals of the BHP:

- Improve the quality of behavioral healthcare individuals receive from the publicly funded service system;
- Promote prevention, early identification, treatment and recovery for all individuals with behavioral health disorders; and
- Improve the management of state resources and increase federal financial participation in the funding of behavioral health services.

The CT BHP Oversight Council has been created to advise the Departments regarding planning and implementing the Partnership.

The Legislation requires DSS, DMHAS and DCF to contract jointly with a single administrative entity to oversee the operation of the CT BHP. The intent is to support comprehensive care planning, reduce unnecessary admissions to hospitals and residential treatment facilities and shorten the length of time individuals stay there, improve practice efficiencies and quality, and reduce administrative costs. ValueOptions was selected as the Administrative Services Organization (ASO) through a competitive procurement. The ASO's primary responsibility includes the authorization of CT BHP behavioral health services for eligible adults and children. Additional functions include intensive care management, quality management, the collection of service related data, assistance to individuals seeking services, and assistance to providers for system navigation.

Outpatient mental health and substance use disorder providers play a critical role in ensuring the success of the CT BHP. Designation as Enhanced Care Clinics provides an

opportunity to build service capacity and strengthen care practices across the state to better serve adults, children, adolescents and families. The initiative focuses on the delivery of person-family centered, cost-effective, accessible and high quality outcome-based services.

5. SOURCE OF FUNDS:

This RFA does not offer a new source of funds for outpatient services, but does provide an opportunity for agencies who meet service requirements to be designated as an ECC and therefore qualify to receive enhanced fees for individuals, age 18 or older, covered by HUSKY for routine outpatient behavioral health services. The total amount of funding to expand adult capacity in under-served DMHAS **Region 1** and **Region 5** is **$500,000.00**.

6. DESCRIPTION:

The Departments are seeking applications for a subclass of mental health and substance use disorder clinics referred to as *Enhanced Care Clinics (ECC).* Except as otherwise noted, agencies enrolled in the Connecticut Medical Assistance Program (CMAP) network that are determined through this RFA process to meet special service requirements will qualify as an ECC to receive fees higher than the standard CT BHP Medicaid fee schedule. Designated ECCs shall be required to provide a centralized point of access with triage protocols to effectively screen and promptly serve individuals. Services will be offered at designated ECC times to accommodate individuals' needs. Designated ECCs will screen and treat individuals covered by HUSKY for co-occurring disorders, provide specialty care and evidence-based treatments as appropriate, and afford access to culturally competent care. Designated ECCs will also be required to provide specialized member services and support including peer support groups. Additionally, designated ECCs will be required to negotiate care coordination agreements with primary care providers that serve individuals in treatment at the clinic.

7. ELIGIBILITY:

Any agency that is enrolled in the CMAP network as a general hospital outpatient provider, as a freestanding private behavioral health clinic, as a Federally Qualified Health Center (FQHC)) within DMHAS **Region 1** and **Region 5** may apply through the RFA for qualification as an Enhanced Care Clinic. If however, the agency owes any outstanding receivables to the Departments, they may be excluded by the Departments from receiving designation as an Enhanced Care Clinic.

8. ENHANCED CARE CLINIC REQUIREMENTS:

Each agency seeking designation as an Enhanced Care Clinic is required to meet the terms set forth in **APPENDIX A** of this RFA. **APPENDIX A-PROVIDER ENROLLMENT AGREEMENT is provided as a hyperlink.**

Freestanding behavioral health clinics must meet the requirements set forth in the following hyperlink, **APPENDIX-B, PB 2007-44 (Access Requirements and Fees for**

Freestanding Mental Health Enhanced Care Clinics under the Connecticut Behavioral Health Partnership) within six (6) months of designation.

General hospital outpatient clinics must meet the requirements set forth in the following hyperlink, **APPENDIX-C, PB 2007-45, (Access Requirements and Fees for General Hospital Enhanced Care Clinics under the Connecticut Behavioral Health Partnership)** within six (6) months of designation.

In addition, each agency must meet the requirements set forth in the following hyperlinks:

APPENDIX-D, PB 2008-14, (Primary Care/Behavioral Health Requirements for Enhanced Care Clinics under the Connecticut Behavioral Health Partnership) to General Hospitals and Freestanding Mental health Clinics.

APPENDIX-E, PB 2010-14, Co-Occurring Requirement for Adults (General Hospitals), and

APPENDIX-F, PB 2010-15, Co-Occurring Requirement for Adults (Freestanding Mental Health Clinics and federally Qualified Health Centers) within six (6) months of designation.

If designated as an ECC, the agency will receive **Enhanced Care Clinic fees**, embedded as a hyperlink, for all routine outpatient services provided to adults by the agency, whether at primary or secondary sites approved through this RFA.

NOTE WELL: A Federally Qualified Health Center (FQHC) may seek designation as an ECC but will not receive higher fees.

There are service requirements that agencies must meet in order to be designated as an Enhanced Care Clinic and receive the higher rate of reimbursement. The key domains, sub-domains and effective dates of implementation are identified in the following hyperlink: APPENDIX A, Attachment A.

Service requirements are reviewed by the CT BHP Oversight Council prior to issuance. ECCs will have no less than six (6) months to comply with requirements issued through policy transmittals.

9. LICENSES AND CERTIFICATIONS:

The Applicant, employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational outpatient psychiatric and/or substance use disorder clinic for adults.

10. AFFIRMATIVE ACTION:

Applicants must complete the CHRO Compliance Package and include with their RFA submission required documentation to evidence their compliance with certain non-discrimination and affirmative actions obligations pursuant to applicable Connecticut General Statutes. The CHRO Compliance Package may be obtained from the following link on the DCF website:
http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders_CHRO_Compliance_Package.pdf

To qualify for designation as an ECC the agency must have an affirmative action plan prior to the effective date of their qualification. This affirmative action plan must be available for inspection at the time of audit by the Departments. Successful Applicants will be expected to comply with non-discrimination requirements and any other required State and Federal regulations.

11. DISPOSITION OF APPLICATIONS:

To be considered, applicants must complete the prescribed **ECC APPLICATION** and submit the completed application to the issuing office no later than **2:00 PM on January 15, 2016**. If awarded designations as ECC(s), agencies must meet the applicable requirements **as listed in 8. ENHANCED CARE CLINIC REQUIREMENTS:** within six (6) months of the date they receive designations as ECC(s).

This is an electronic submission. Further instructions are provided in **19. APPLICATION INSTRUCTIONS AND REVIEW INFORMATION.** Applications will be noted for date and time of receipt. The applications will be reviewed individually by representatives from the Departments and ASO as well as consumers/advocates to determine whether or not the applications meet the special requirements for Enhanced Care Clinics as outlined under Review Procedures in this document. To be considered responsive an application **must** address issues related to centralized access, triage, staffing, physical plant/space and quality assurance. Applicants **must** also include a feasibility plan for accommodating an annual increase in new registrations or starts, (new admissions), of up to twenty (20) percent over and above existing levels for covered populations in aggregate. The twenty (20) percent increase in new registrations or starts is not a requirement, but rather a possible outcome of improved access to care.

Applications that have met the required minimum submission requirements as noted in **19. APPLICATION INSTRUCTIONS AND REVIEW INFORMATION: a-f and Attachments 1 and 2** will be eligible for review. Those agencies with designation as an ECC may be granted the enhanced fees no later than sixty (60) days after their qualification date.

The Departments reserve the right to reject any and all applications, or portions thereof, received as a result of this request, or to negotiate separately any service requirements in any manner necessary to serve the best interests of the Departments. The Departments

reserve the right to qualify clinics for all, or any portion of the service requirements contained within the RFA if it is determined that qualifying for a portion or all of the work will best meet the needs of the Departments.

12. SURVEYS:

The designated ECC must maintain documentation to support data submitted to the CTBHP web-based registration system and documentation to support that care practices are consistent with policies and procedures submitted in support of other Enhanced Care Clinic requirements.

Access documentation must include but may not be limited to the documentation of the original referral screening/initial contact date and a record of the date and time of appointments offered and whether accepted. Survey findings that indicate a failure to comply with program requirements or documentation thereof may result in loss of designation as an ECC.

13. APPLICATION DEADLINE: THIS IS AN ELECTRONIC SUBMISSION

The Official Contact is the **only authorized recipient** of applications received in response to this RFA. **Applications must be received by the Official Contact via e-mail.** Applicants shall put in the subject line, **ECC_RFA_111915**.

Applications will be accepted by the Official Contact only. The last date for submission of Applications is **January 15, 2016@2:00 PM**.

NOTE WORTHY: Applications received after the stated deadline may be accepted as a clerical function but will not be reviewed.

PLEASE BEWARE OF THE AMOUNT OF TIME IT MAY TAKE FOR AN ELECTRONIC SUBMISSION TO BE SENT FROM ONE SERVER AND ACCEPTED BY ANOTHER SERVER.

14. VOLUNTARY LETTER OF INTENT:

Applicants may submit a separate LETTER OF INTENT for each primary site that will be applying for ECC status.

The following hyperlink, **Letter of Intent Form,** contains the required form to be completed. The LOI is non-binding and does not obligate the sender to submit an application. The LOI may be submitted to the Official Contact by **e-mail by the deadline established** in the Procurement Schedule. Please submit your LOI **via e-mail, subject line: LOI ECC_RFA_111915,** to the Official Contact for the RFA.

15. RFA OFFICIAL CONTACT:

DSS, DMHAS and DCF have designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Departments. Applicants, prospective applicants and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Departments about this RFA is strictly prohibited. **Applicants or prospective applicants who violate this instruction may risk disqualification from further consideration.**

Name: Marcia McDonough, Contract Administration & Procurement
Address: 55 Farmington Avenue, Hartford, CT 06105-3730
Phone: 860-424-5214
E-Mail: marcia.mcdonough@ct.gov
Applicants are required to ensure that e-mail screening software recognizes and will accept e-mails from the Official Contact.

16. RFA INFORMATION:

The RFA, addenda to the RFA and other information as associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

State Contracting Portal, under the Department of Social Services
http://das.ct.gov/Director.aspx?Page=12,
DSS website at **http://www.ct.gov/dss/rfp**,
DMAS website at **http://www.ct.gov/dmhas/rfp,**

17. QUESTIONS AND ADDENDUMS:

All questions regarding this RFA or the Department's procurement process must be submitted **via e-mail** to the Official Contact. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received will be answered. However, the Departments will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the requirements of the RFA or the procurement process will not be answered. The Departments may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFA. If any answer to any questions constitutes a material change to the RFA, the question and answer will be placed at the beginning of the addendum and duly noted as such. DSS will release the answers to questions on the date established in the Procurement Schedule. The Departments will publish any and all amendments or addenda to this RFA on the State Contracting Portal, the DSS Website and on DMHAS website. Applications **must include a signed Addendum**

Acknowledgement, which will be placed at the end of any and all amendments or addenda to this RFA.

In the future, if you prefer to receive automatic notices of posted procurement opportunities and addendums to posted solicitations, go to the State Contracting Portal through the Department of Administrative Service's website to register to receive a daily e-mail from DAS announcing the procurement solicitations and addendums that have been posted on the DAS website.
(http://www.das.state.ct.us/Purchase/Register/listsrv.asp).

Upon receiving the e-mail, you can refer to the list of commodities that had activity for that particular day. This list can be found at the top of each notice. The commodity codes most frequently used by the Departments are 1000 Healthcare services; 2000 Community and Social Services; 3000 Education and Training Services.

Please note that this service is provided as a courtesy to assist in monitoring the solicitations. Since e-mail can be unreliable, DAS, DCF, DMHAS and/or DSS do not guarantee that subscribers will receive all e-mails.

By subscribing to this service, you accept responsibility to periodically visit the web site to remain informed of program changes. You also agree that all notice or updates are effective when posted on the web site regardless of whether an e-mail was sent by DAS or received by you.

18. PREPARING A RESPONSIVE APPLICATION:

The ECC APPLICATION contains all the questions that Applicants must address in their submission. Applicants are **strongly encouraged** to answer these questions within the context of the information contained in each sub-heading and corresponding sections from which it has been taken. There is often additional detail within the sub-heading and corresponding sections that explicates the breadth and depth of information that a successful Applicant will provide. This approach to submitting information will better ensure that the submitted answers and information fully address the components of this guidance.

Applicants should carefully read and familiarize themselves with the section titled: "**APPLICATION INSTRUCTIONS and REVIEW INFORMATION.**" This section details the format and the appendices requirements. The Departments have the right to reject submitted applications that do not conform to these requirements.

19. APPLICATION INSTRUCTIONS AND REVIEW INFORMATION:

Applicants must submit a separate application for each primary site.

Page Limit – Per Primary Site	**Maximum of 30 pages** (Excludes Cover Sheet, Table of Contents, and Attachments)
Submission Format	Blinded submission (Evaluators will not know the identity of Applicants)
Font Size	12 pt.
Margins	1/2 inch all sides
Line Spacing	Double

Submitted applications must conform to the following format requirements:

The application must be submitted via e-mail in the order identified below:

a. ECC Application **Cover Sheet** – form, provided as a hyperlink;
b. Acknowledgement of Receipt of Posted Addendums - Acknowledgement form is provided with addendums posted on the State Contracting Portal;
c. Table of Contents;
d. **ECC APPLICATION embedded as a hyperlink;**
e. Required Attachments to the **ECC APPLICATION** identified below; and
f. CHRO Compliance Package - obtained from the following link on the DCF website: http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders_CHRO_Compliance_Package.pdf

(Please ensure that all pages are numbered consecutively.)

The following Attachments are to be included with the ECC Application:

Attachment 1	Current applicable license(s) issued by DPH
Attachment 2	Copies of agency brochures and related public documents that demonstrate applicant business hours of operation

Please note: Attachments other than those appendices defined above, are not permitted unless they have been requested as part of this Request for Applications. In addition, these appendices are not to be used to extend or replace any required section of the Application.

20. REVIEW CONTEXT:

The review of the Applications will be standardized, but not limited to the following elements.

The Applicant has complied with all Application deadlines, as described in the RFA.

The Applicant has complied with the Application format and utilization of Application materials, as described in the RFA.

The Applicant clearly and satisfactorily addresses how the Applicant will meet the Enhanced Care Clinic requirements described in the RFA including but not limited to satisfactorily answering all the questions within this guidance.

21. REVIEW PROCEDURES:

Before an Application is distributed to the Application Review Team for review, the Official Contact will conduct a preliminary review to determine if the Application includes all of the requirements as identified in items a-f and required Attachment 1 and Attachment 2 of the Application Instructions and Review Information as referenced above. If the Official Contact determines that a required part of the Application has not been included, the Official Contact will notify through e-mail the agency contact identified on the ECC Application Cover Sheet. **The agency will have twenty-four hours from the date and time that the notification is sent by the Issuing Office, to submit any missing material**. If the agency fails to comply, the Application will be disqualified from further review and consideration.

Please Note that this is strictly a preliminary review to determine if all of the requisite parts have been included. This part of the review will not include a review of the sufficiency or completeness of the Application.

Applications that have passed the preliminary, minimum requirements review will be distributed to the Application Review Team. The Team will review each Application to determine whether or not the responses meet the criteria specified in the RFA. The Review Criteria, embedded as a hyperlink, will be used by the Evaluation Team to score each application.

22. GENERAL APPLICATION NOTICES AND REQUIREMENTS:

a. Evaluation and Selection

It is the intent of the Departments to conduct a comprehensive, fair and impartial review of Applications received in response to this procurement. Only Applications found to be responsive to the RFA will be reviewed. A responsive Application must comply with all instructions listed in this RFA.

b. Respondent Results/Debriefing

The Departments will notify all Applicants of the sufficiency of their Applications and whether or not qualifications to be an Enhanced Care Clinic were met as a result of this RFA.

c. Debriefing

After receiving notification of the outcome of the procurement from the Department, any Respondent may contact the Official Contact and request a Debriefing of the procurement process and its application. If Respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the procurement process. The Department shall schedule and conduct Debriefing meetings that have been properly requested, within **fifteen (15) days** of the Department's receipt of a request. The Debriefing meeting shall not include or allow any comparisons of any application with other applications, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter or modify the outcome of the competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.

d. Appeal Process

Any time after the submission due date, but **not later than thirty (30) days** after the Department notifies Respondents about the outcome of the competitive procurement, Respondents may submit an Appeal to the Department. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the Department's competitive procurement; however, such Appeal shall be in writing and shall set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal shall be submitted to the Agency Head with a copy to the Official Contact. The Respondent shall include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel or terminate the procurement process or execution of an agreement. More detailed information about filing an Appeal may be obtained from the Official Contact.

e. Conditions

Through the submission of an Application, the Applicant agency agrees with and will comply with the following conditions:

1) **Conformance with Statutes**: Any agency that obtains qualification as an Enhanced Care Clinic as a result of this RFA must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.

2) **Timing Sequence**: The Departments will ultimately determine Timing and Sequence of events resulting from this RFA.

3) **Oral Agreement:** Any alleged oral agreement or arrangement made by an Applicant with any agency or employee will be superseded by a written agreement.

4) **Amending or Canceling Requests**: The Departments reserve the right to amend or cancel this RFA, prior to the due date and time, if it is in the best interest of the State.

5) **Rejection for Default or Misrepresentation:** The Departments reserve the right to reject the Application of any Applicant in default of any prior contract or for misrepresentation.

6) **Department's Clerical Errors in Notifications:** The Departments reserve the right to correct inaccurate notifications resulting from its clerical errors.

7) **Rejection of Qualified Applications:** Applications are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFA.

8) **Applicant Presentation of Supporting Evidence:** An Applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the Application.

9) **Changes to Application:** No additions or changes to the original Application will be allowed after submission. While changes are not permitted, clarification at the request of the Departments may be required at the Applicant's expense.

10) **Collusion**: By responding, the Applicant implicitly states that it is submitting a separate response to the RFA, and is in all respects fair and without collusion or fraud. It is further implied that the Applicant did not participate in the RFA development process, and that no employee of the Departments or CT BHP participated directly or indirectly in the Applicant's Application preparation.

f. <u>Application Preparation Expense</u>

The State of Connecticut, The Departments and the CT BHP assume no liability for payment of expenses incurred by Applicants in preparing and submitting Applications in response to this solicitation.

The following are hyperlinks inserted into the RFA.

- ✓ **APPENDIX A-PROVIDER ENROLLMENT AGREEMENT**

- ✓ **APPENDIX – B, Freestanding Mental health Clinics and Managed Care Organizations**
  Access Requirements and Fees for Freestanding Mental Health Enhanced Care Clinics under the Connecticut Behavioral Health Partnership
  PB 2007-44

- ✓ **APPENDIX - C, General Hospitals and Managed Care Organizations**
  Access Requirements and Fees for General Hospital Enhanced Care Clinics under the Connecticut Behavioral Health Partnership
  PB 2007-45

- ✓ **APPENDIX - D, General Hospitals and Freestanding Mental Health Clinics**
  Primary Care/Behavioral Health Requirements for Enhanced Care Clinics under the Connecticut Behavioral Health Partnership
  PB 2008-14

- ✓ **APPENDIX-E, Co-Occurring Requirement for Adults (General Hospitals)**
  PB 2010-14

- ✓ **APPENDIX-F, Co-Occurring Requirement for Adults (Freestanding Mental Health Clinics and federally Qualified Health Centers)**
  PB 2010-15

- ✓ **ECC APPLICATION**