



Vendor Discussions

Charlie Health

RFSQ - Outpatient and Residential Treatment Program Question Submission

Josh Rauch, Dec 15, 2022 11:27 AM PST

1) Is the minimum years of experience measured at the individual clinician level or at the organizational level?

The minimum years of experience is measured at the organizational level. Organizations without an organizational level of 5 years of experience may still apply. The RFP outlines the requirements and how proposals will be scored.

2) If we are applying on behalf of a recently formed entity that employs clinicians with greater than 5 years of individual experience, are we eligible to participate?

Yes, you are eligible to apply.

3) What language capabilities are required to serve all counties through a virtual solution?

Organizations should apply based on their language capability and expertise. Organizations may determine their language capacity by comparison to threshold languages of counties or areas to which they intend to apply.

4) Is there a preferred structure to present vendor costs (per diem, per week etc.)?

Per diem is preferred.

5) Suppose a practitioner has 10 years of experience, but only created their own standalone practice 3 years ago. Suppose this practitioner responds to the RFP via his practice. Would this meet the 5-year minimum experience requirement? **Organizations without an organizational level of 5 years of experience may still apply.**

6) Project scope is for patients needing specialty MH services. Can you confirm whether MH intensive outpatient services fall within this scope of work? Does day treatment intensive fall within



this scope of work?

Intensive Outpatient is not an allowable service under DHCS (Department of Health Care Services) Medi-Cal SMH (Specialty Mental Health) and does not fall in the scope of work for this RFSQ. Organizations may apply to provide individual services that are allowable under SMH and meet the client's clinical level of care needs. Day Treatment Intensive does fall under the scope of DHCS SMH and is therefore included in this RFSQ.

7) What will be the nature of the relationship between the provider and the counties?

Counties will contract directly with CalMHSA under a Joint Powers Authority (JPA). CalMHSA then contracts with each approved Vendor on behalf of counties who have opted for that service. **Counties will continue to monitor client care and maintain communication with DHCS, EQRO and other auditing entities. CalMHSA will likely be the passthrough of exchange for client data and payment from counties to vendors.**

8) Will the provider be subject to the same requirements around care coordination and reporting as providers contracted directly with a county to provide SMHS?

Yes

9) What are referral and authorization requirements for patients treated by provider? - If a referral is required, who can be the referring entity? - Can patients self-refer? - Who is the authorizing entity? - What determines criteria for authorization?

Referral and authorization requirements are based on Department of Health Care Services (DHCS), Drug Medical (DMC) or Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards for each service type. If referrals are required, they would come directly from the county. Each prospective county is the authorizing entity for services within their county.

Nation's Finest

Question about subpopulation prioritization

Chris CAbral, Dec 13, 2022 8:32 AM PST

Do potential awardees have the discretion to prioritize specific populations? For example, can potential awardees prioritize veterans, minors, elder people, etc?



Yes, organizations may prioritize specific populations.