

Iowa Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program

Questions and Responses

Question #	RFP Section/ Title	RFP Page #	Question/Clarification/ Suggestion for Change	Response
1.	Bidder Eligibility Requirements	2	Does a "site" require a physical address in at least 3 different counties that belongs to the applying organization?	No. See access standards in section. 1.3.1.4
2.	Bidder Eligibility Requirements	2	Can a bidders "site" be considered a location of service that is provided by the bidder through a contract with another organization at their "site"?	Yes, if there is a DCO agreement for services not provided directly by the bidder.
3.	Bidder Eligibility Requirements	2	If a bidder does not have physical site addresses that belong to the bidding organization in at least 3 counties, does that disqualify the bidder from being eligible for this RFP?	No. See question #1.
4.			Page 2 says "The Agency will have the sole discretion to extend the contract" Does that mean if the provider wishes to no renew a contract they cannot do that? Will there be language in the contract that outlines a termination process for both the provider and the Agency?	Termination processes are outlined in the General Terms for State contracts. https://hhs.iowa.gov/contract-terms

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5.	1.3.2.5	3 and 4	What is the difference between the 12/20/23 start date for the contract activities and the 7/1/24 start date?	The 12/20/23 start date refers to the start of the contract offered through the RFP. This includes the activities that the Contractor must participate in to be certified as a CCBHC. This is in preparation for the state's Demonstration project, which if awarded by SAMHSA, would start July 1, 2024.
6.		4	Please clarify the start date for project activities. On page 3 of the RFP the project start date is shown as 12/20/2023, but on page 4 item 1.1 the language is "it is the Agency's intention to begin the Iowa CCBHC Demonstration Program on or about July 1, 2024."	See question #5 response.
7.	Section 1.2	6	Clarification around TCM, definition (section 1.2, pg. 6); what are the billable rates?	CCBHC PPS rates will be determined based on provider cost reports.
8.		8.	Definitions Section (Page 8): "Prospective Payment System" or "PPS" means a cost-based, per clinic rate that applies uniformly to all CCBHC services rendered by a certified clinic, including those delivered by qualified satellite facilities established prior to April 1, 2014." How is "qualified satellite facility" defined? Is it possible to provide some examples to help us determine if any of our facilities do not meet this criteria?	Satellite facility is defined in the SAMHSA CCBHC 2023 Criteria referenced on page 8 of the RFP. https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf
9.	1.3.1.14	12	What deliverables will need to be reported on by the 15th of each month?	The deliverables are identified in section 1.3.1.

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10.	1.3.1.5	11	How exactly is the 51% calculated – by percentage of referrals sent to DCOs, or by current client volume served in partnering programs with DCO?	Of the required services provided directly by the CCBHC and through DCOs as defined in the formal arrangement, 51% of encounters (excluding crisis services) must be provided directly by the CCBHC. https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf
11.	1.3.1.5	11	Will there be further guidance on DCO expectations and reporting requirements that will be required on behalf of the DCO by the CCBHC?	Technical assistance regarding DCOs will be provided to successful bidders.
12.	1.3.1.5	11	What does it mean to provide 51% of mental health encounters? Is this referring to total services provided or unduplicated patients served?	See question #10.
13.	Section 1.3.1.5		What data will be used to calculate the 51% of encounters? How do we get the data? Will this include both billable and non-billable services?	See question #10. Only encounters reimbursable through CCBHC PPS are included.
14.	1.3.1.9	11	How does the State recommend engaging with agencies without restricting competition? o Attachment D section 1.2 and 1.3 How can discussions regarding potential DCO agreements with agencies without violating these restrictions?	Sections 1.2 and 1.3 do not prohibit consultation, communication or agreement with other Bidders or parties.

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15.	1.3.1.10	12	What is the timeline of implementation of training and service provision for the EBP's?	Bidders should identify their timeline for implementation. The expectation is that required CCBHC services are available July 1, 2024.
16.	1.3.1.10	12	Do we need to implement all of these EBP's since number 4 does not state "and"?	See amendment #2.
17.	1.3.1.11 1.3.2.1	12	When is the Community Needs Assessment due? One spot references 1/1/24, and another references 1/3/24	See amendment #2.
18.	1.3.1.11	12	Who is funding the new CNA? In order to provide a robust and inclusive community needs assessment for the entire service area that is intended to be served it requires approximately 5-6 months to gather, aggregate and analyze the data into an informative report with recommendations to consider. It also takes substantial financial resources to conduct the community needs assessment in estimation of \$60,000 for a thorough and complete report. (section 1.3.1.11, pg. 12)	Funding for required Community Needs Assessment activities is the responsibility of the successful Bidder.
19.	Section 1.3.1.11	12	If a new CNA is needed, can we conduct one in the new counties to be served? (section 1.3.1.11, pg. 12)	The CNA should include all counties in the proposed catchment area.

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20.	Section 1.3.1.11	12	Community needs assessment (section 1.3.1.11, pg. 12) - would our current CNA be okay to use? [REDACTED] completed a CNA at the end of 2021 to be in compliance with the CCBHC Improvement and Advancement grant. Would an executive summary of our current needs assessment work?	Use of existing assessments as part of the CNA is acceptable, however, the CCBHC CNA should be an assessment of current needs in the proposed catchment area.
21.	1.3.1.12	12	Please provide clarification of which measures are required for the Demonstration Program and QBP program?	The required CCBHC quality measures are identified in the CCBHC 2023 criteria, p. 58-60/ https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf
22.	1.3.1.12	12	As an entity that already submits data through IBHRS, challenges have been encountered. What changes, if any, is the State making to allow for collecting a more robust data set and fixing the issues that don't easily allow bulk uploading of data?	Iowa HHS is working with the IBHRS vendor to incorporate CCBHC measures into the IBHRS platform.
23.	Section 1.3.1.12		Section 1.3.1.12 requires the contractor to demonstrate data collection, reporting and sharing capabilities for the required Demonstration Program and QBP. Please clarify what you are asking/requiring.	Section 1.3.1.12 identifies required capacities.
24.	1.3.1.13		Will IHHS choose the accreditation body or does the contractor have the responsibility to identify an accreditation body that does CCBHC accreditation?	The National Accrediting Bodies are defined on page 8.

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25.	1.3.2.2	12	If an agency does not have a national accreditation, or if they are not able to obtain accreditation by February 1, 2024 (the process is expected to take more than 12 months), does this disqualify an agency from submitting a bid proposal?	No this does not disqualify an applicant. The RFP does not require full accreditation but rather a CCBHC review by a National Accrediting Body. Bidders should identify their proposed timeline to complete a CCBHC accreditation review.
26.	1.3.2.2	12	Please provide clarification of what is required for a CCBHC certification "review" by February 1, 2024. Does this mean an agreement needs to be signed with the National Accrediting Body to initiate the accreditation process, or does this mean the accreditation needs to be completed and received for the agency from the National Accrediting body by February 1, 2024?	See #25
27.	Section 1.3.2.3	12	What is the reporting period for the cost report? Is it 3 separate (if we go back to 2020) cost reports, or is it combined into one cost report? Is it needed annually? (section 1.3.2.3, pg. 12)	The cost reporting period for CCBHC cost report will be the most recently completed 12-month fiscal year for each provided (i.e 12/31/2022, 6/30/2023). The CCBHC cost report template allows for reporting of anticipated changes in costs as well.
28.	Section 1.3.2.5	12	The Contractor shall meet Iowa CCBHC certification requirements established by the Agency by July 1, 2024. How will organizations come in to full compliance with CCBHC certification requirements by 7/1/24 without additional funds?	Funds available in the Contract are identified in section 3.3

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29.	1.3.4.1		Please provide clarification of what the reporting requirements will be during the planning grant period.	Reporting requirements are addressed in Section 1.3.1.14
30.	1.3.4	13	If a contractor is awarded CCBHC designation, will they receive any additional funds besides the \$20,000 for acquiring national accreditation? Are there any funds available to support bidders in covering the implementation costs from December 2023 to June 2024?	No. See question #28.
31.	Section 1.3.4	13	Can we use the maximum \$20,000 payment for accreditation expenses towards a contracted consultant for the cost report? (section 1.3.4, pg. 13)	No.
32.	Section 1.3.4	13	During the demonstration grant how will non-Medicaid eligible patients be reimbursed for services provided? No individual can be turned away by a CCBHC regardless of their residency or lack of funding source. (section 1.3.4, pg. 13) Sent to Jeff M.	CCBHCs are expected to access all available sources for reimbursement. CCBHCs are also required to have sliding fee scales for all CCBHC services offered. See Criteria 2.D SAMHSA CCBHC 2023 criteria https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf The PPS rates are calculated using all allowable costs and all units.

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33.	section 1.3.4	13	PPS is applicable only to identified Medicaid-reimbursable CCBHC services, provided to Medicaid members during a Medicaid Demonstration program period". If a service is listed on our Medicaid rate sheet, is that considered a Medicaid reimbursable CCBHC service? Are their Medicaid funded services provided now that will not be considered part of the CCBHC? For example, will Community Support Services or Habilitation services be considered part of the CCBHC encounter rate setting?	Iowa HHS is in the process of determining which services will be allowable for CCBHC PPS reimbursement.
34.	Section 2.5	14	Does the bidder need to notify the Agency if the service area listed in the LOI changes with the submission of the bidder proposal? If the Agency decided to decrease the service area after further review of the proposal, does Issuing Officer need to be notified prior to the proposal submission deadline? (section 2.5, pg. 14)	No.
35.	Section 2.32 Attachment C	19 33	Are DCOs considered subcontractors?	Yes.
36.	Section 3.1	20	Are there any requirements for margins, i.e., would 1/2" margins be acceptable?	Yes
37.	Section 3.1	20	Is there a page limit for the document as a whole or any section other than Tab 3	No.
38.	Section 3.1	20	Can we see a sample of the PDF, electronic hard copy submission w/ wet signatures?	Wet signatures are required for mailed-in paper copies only.

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39.	3.1	20	Do the attachments count towards the 50 page limit for tab 3?	No.
40.	3.1	20	Please clarify if it is correct that one copy of the Bid Proposal should be submitted as a mailed, hard copy, and one copy should be emailed in no more than three documents or files. Is there a limit on how big of a file can be emailed?	The bidder should submit either a hard copy or an emailed copy, not both. The limit is 80mb per email.
41.	3.1	20	Do the attachments count towards the 50 page limit for tab 3	No
42.	section 3.2.4.2	23-24	Due to the wording in section 3.2.4.2 (pages 23-24), it is unclear if clients refer to "businesses or governmental entities" or clients who have received CCBHC services. Which clients are the three letters of reference from clients referring to?	In section 3.2.4.2 and 3.2.4.3, "client" refers to the "Agency and other businesses or governmental entities".
43.	3.2.4.3	24	Can the same entity provide both a letter of reference and a letter of support for the bidder?	Yes.
44.	3.2.4.3	24	Does "client" mean patients the bidder serves or does it mean other entities that the agency may have done business with?	See #42.
45.	Section 3.2.4.3		Section 3.2.4.3 requires letters of reference from three previous clients. What/who do you consider a client?	See #42

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46.	Timeline Procurement Timetable Section 1.3.2.5	3 4 12	What is the difference between the 12/20/23 start date for the contract activities and the 7/1/24 start date?	See question #5
47.	3.2.5..5		Do we include all the names and credentials of all key personnel or just the bidding agency? Are key personnel any staff members who might have contact with CCBHC patients (i.e., insurance staff, admit clerks, receptionists case managers) or iust direct service staff and grant oversight personnel?	The bidder should follow the directions in 3.2.5.5 and 3.2.5.6. The bidder should provide information about key personnel included in the oversight and operation of the project.
48.	3.2.6	26	Which tab should attachment F and G fall under since there are references for tabs 3, 5 and 6?	Attachment F should be included in Tab 3 and can be referenced for Tab 5 and 6. Attachment G is a reference document and not for inclusion in the RFP submission.
49.	Section 4	27	If two organizations apply for the same county, how/when are they determining who gets the county? (section 4, pg. 27)	Successful bidders will be determined through the RFP review process.
50.			If awarded, the expectation is to meet the deliverables as outlined in the proposal. What is the reimbursement for meeting the expectations and deliverables from the time of execution to start of program (December 20, 2023-June 30, 2024)?	See # 28.

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51.	Attachment B Primary Bidder Detail and Certification		Please clarify that the RFP is requesting a DUNS number for the Primary Bidder in "Attachment B – Primary Bidder Detail and Certification," not the entity's Federal Unique Entity Identifier.	See amendment #2
52.	Attachment J Historic Volume and Encounter Data		Please verify that "Attachment J – Historic Volume and Encounter Data" is requesting data for the period 7/1/2021 through 6/30/2022.	Yes, that is correct.
53.	Attachment F	42	For the Column: Current Level of Adherence to Certification Criteria; is the agency looking for 1) examples of how the bidder meets this criterion, 2) just if the bidder meets the criteria (yes or no), or 3) Is the bidder supposed give a specific rating on how they meet the criteria (If option 3, what rating scale should be used?)	The bidder should describe how they meet the criteria and their proposed additional activities to meet the certification criteria.
54	Attachment G	43	Regarding the "Drug Overdose Death Rate" and "Suicide Death Rate": Does a rank of "1" indicate a low death rate or high death rate?	1 signifies a high death rate.
55.	General		If an agency doesn't bid on this RFP and the State gets awarded the demonstration grant, does that disqualify an agency from applying for CCBHC certification through the State of Iowa in the future?	No.
56.	General		How does the funding work if it overlaps with the CCBHC-IA grant? How do we separate the two?	CMS prohibits including costs that are reimbursed by other sources.

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57.			What counts as an encounter?	Cost reporting instructions are in development.
58.			What if counties have no bidders? Will they be assigned to bidders?	There is no requirement in the RFP for all counties in Iowa to be included in a CCBHC catchment area.
59.			Will psychological services be part of the PPS-3 rate? Will targeted case management be part of the PPS-3 rate? Psychiatric? Will this rate be re-based annually?	See # 33.
60.			Where does the payment come from for MCOs? How does this get billed?	See page 8 of the RFP-definition of Prospective Payment System.
61.			If the answers to these questions, generates additional questions, is there a deadline for submission of those additional questions?	The RFP does not include a second round of questions.
62.			How does the State define care coordination?	Care coordination is defined in the CCBHC 2023 criteria. https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf
63.			Does the agency level data required in the RFB have to included data of the DCOs or just the bidding agency?	See 1.3.1.5. and 1.3.1.12. Any data regarding services provided by the DCO on behalf of the CCBHC must be reported by the CCBHC.
64.	Attachment H and I		Do we only have to include current state licenses and accreditations for the bidding agency or do we need it for all DCOs?	Yes. The bidder should identify the DCO's eligibility to provide the services they are being designated for.
65.	General		Are we required to have a DCO with F2 to make a partnership to meet the crisis services requirements?	The RFP does not require DCOs with specific providers. Bidders should describe how they will meet the requirements of the RFP regarding crisis services.
66.	General		If a CMHC is requesting an RFP for overlapping counties of another CMHC will the state require the requesting CMHC to cover all counties in that region or will the award be specific to the requestor's award?	The bidder identifies their catchment area and capacity to provide CCBHC services in the proposed catchment area. The catchment area is specific to the CCBHC project.

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67.			Is crisis stabilization residential required for adults and children? Or is crisis stabilization community based required for adults and children? Or both?	The RFP does not require provision of crisis stabilization residential, or community based as defined in Iowa Administrative Code Chapter 24. CCBHC crisis stabilization is defined in the SAMHSA CCBHC 2023 criteria. https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf
68.			Is the term DCO (Designated Collaborative Organization) and subcontractor the same things, meaning they are interchangeable, for the purposes of this RFP?	If a bidder proposes to use a DCO in their proposal, the DCO is a subcontractor.
69.			Repeatedly we read that CCBHC services are to be offered to all people, regardless of their ability to pay. We understand there to be a Medicaid rate for the Medicaid eligible population. However who pays for the CCBHC services to the non-Medicaid group? For example: CCBHC Case Management? If we are offering that service to a BC/BS patient who covers that expense?	See # 32
70.			When does the PPS – 3 payment begin? July 1, 2024? Or July 1, 2025?	The PPS reimbursement methodology would start July 1, 2024, dependent on the state being included in the Federal Demonstration.
71.			We think the PPS – 3 will start on July 1, 2024, based on FYE 2023 expenses, which include the full array of CCBHC services or expenses. Will there be a settle up at a later date?	There is no cost settlement. The Medicare Economic Index (MEI) will be applied to the unadjusted PPS rates as calculated in the cost reports. The rates will apply prospectively.

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72.			Our application will cover counties that have an existing MCT. Our CMHC also has an existing MCT. Do we have to use the MCT that was in a county prior? Or if we are awarded CCBHC status for the counties we requested, can our MCT cover all of counties in our application?	See section 1.3.1.6. regarding use of existing state-sanctioned crisis providers.
73.			When are the EBPs expected to be in place? July 1, 2024? Or July 1, 2025?	See question #15