

BEHAVIORAL RESPITE MOBILE CRISIS RFP
OPASS 17-17375
QUESTION AND ANSWERS
January 18, 2017

A. Somerset Community Services

Is there a desire or ability to have tiered levels of respite? For instance, everyone might not need two to one supervision.

It's not a question of staff supervision (i.e. 2:1, 1:1). Some individuals who do not meet the criteria for behavioral respite (3.2.1.2.1) may require only regular respite. So Tier 1 would be regular respite and Tier 2 would be behavioral respite. The RFP is for behavioral respite not regular respite.

All levels of support (Tier 1 and Tier 2) are identified within the RFP. The Contractor is responsible for training and support staff to implement services. Attachment F instructions state that prices are "fully loaded" and all inclusive of labor and expenses.

B. Arc of Southern Maryland

1. Who will be entering incident reports in the system for the individuals served? Right now we are not able to enter them, all information goes to the contract monitor who has to enter it, so it is double work.

Either access can be granted to the provider to enter the incident directly or the Regional QA Director or their staff can make the entry.

2. The transition to behavioral respite works well currently because the clinician and the behavior tech follow the individual in respite to the residential site and train staff prior on the current plan that is working in respite. It seems under the new process the agency would have their own contracted or staffed clinician to do the plan. This could take extra time for them to get to know the individual, do their own assessment and plan. That would be hard to do in 28 days. A lot of clinicians don't like to use someone else's work. Not sure how to make that more seamless.

If the individual returns to their home agency following respite (which is preferable in many cases), then this is not an issue. Individuals in behavioral respite may or may not have a behavior plan written. They may have a plan going with them or just have behavioral procedures developed while in behavioral respite. The behavioral respite provider needs to have the capacity to provide the individual with all needed behavioral/clinical services while they are in behavioral respite including providing certified behavior technicians as needed.

C. Humanim

1. In order to transition from Behavioral Respite, the individual being served will need to be followed by clinical staff and/or consultants. What system for Behavioral Support Services will be in place in order to allow for seamless transition from respite to community providers and/or families?

The clinician providing behavior services prior to their admission to behavioral respite will follow them upon their return from behavioral respite. If they are transitioning to a new agency and/or family, than a new clinician will work with them to make a seamless transition.

2. Under this contract, how will the behavioral assessment (completed by Behavioral Respite clinicians) be paid for PRIOR to the individual entering behavioral respite?

Behavioral respite clinicians will provide all behavioral/clinical services to the individual while they are in respite as part of the daily rate (i.e. inclusive). (This RFP is not for behavioral assessments; prior services to behavioral respite is not included as part of this RFP.)

3. If behavioral protocols need to be completed by the Behavioral Respite clinicians PRIOR to the admission into behavioral respite how does that get paid?

Behavioral respite clinicians will provide all behavioral/clinical services to the individual while they are in respite as a part of the daily rate (i.e. inclusive). (This RFP is not for behavioral assessments; prior services to behavioral respite is not included as part of this RFP.)

4. If an individual has be admitted to an inpatient unit (for medical and/or psychiatric reasons) during their Behavioral Respite Admission, how will the Behavioral Respite Provider be paid during this time (assuming that the individual will still be followed while he or she is inpatient and not discharged from respite)?

The behavioral respite provider shall bill for the days that the individual is living at the behavioral respite site and not those days that they are living at another inpatient setting.

5. When supporting an individual in a MCIS situation that has no Behavior Assessment or Behavior Plan in place, how does the MCIS Provider get paid for all follow-up activities after the crisis situation is resolved or de-escalated?

The MCIS provider will not be involved after the crisis situation is resolved/de-escalated. Behavior Consultation Services would then resume or be initiated if needed (not a part of this RFP/Contract).