

North Sound Mental Health Administration's Pact Bidders Conference Summary and Written Response to Questions

November 13, 2006 10:00 AM

Attending: Andy Byrne, Mike Watson, Michelle Hall, Sue Closser, Nathalie Gauteron, Donna Konicki, Tom Sebastian, Bill Whitlock, Laura Davis, Debra Jaccard, Chuck Benjamin, Greg Long, and Barbara Jacobson.

Meeting called to order at 10:08 am by Greg Long. He announced the RFP is out in writing on our website now so more formality is needed as this is now a competitive bidding process. Today's meeting will take questions which we will respond to in writing in addition to any we can answer here today. The written response will be the actual binding answer. 5:00 pm tomorrow, November 14th is the deadline for more questions. No questions will be responded to after that. Letters of intent are due by Nov.17th. North Sound Mental Health Administration's (NSMHA) written responses will be issued by the end of the business day of the 21st of November. The proposals are due on the 8th of December.

Greg Long noted the following issues:

- More than one agency can collaborate on this proposal.
- Each area of response to the RFP has been given a certain number of points, based on NSMHA's assessment of that area's importance. Responses should be guided by these points.
- NSMHA is arranging an evaluation committee comprised of several consumers and a couple of advocates plus representatives from the Department of Vocational Rehabilitation, Division of Alcohol and Substance Abuse, and the criminal justice system. Two NSMHA staff members will be part of the evaluation committee. Snohomish and Whatcom County Coordinators can also take part in the committee, but will not be able to vote.
- Housing will be a key part of proposal. WA State PACT standards are slightly different from the national standards.
- NSMHA's Plan to the Mental Health Division was required to address of what evidence based practices will be included inside of PACT. NSMHA responded that it will encourage the use of evidence based practices.
- MHD has yet to schedule a meeting with all the RSNs about this process, so changes could still occur before or after December 8th. If changes occur, NSMHA will notify all concerned as soon as possible.
- There is a typo on Attachment B on page 11. The column heading should be April-June 07 not 06.

Questions:

1. Will any changes from MHD or the RSN modify the process in terms of timeline?

We will take into consideration the scope of any changes in any modifications to timeline. NSMHA's intention is to maintain our timeline.

2. Is the RFP that came out first the final? It has draft and red sections on it?

That draft was the final rough draft. The final RFP is now online. There were no substantive changes.

3. Is the letter of intent to submit a guarantee of a proposal?

No. It is just a letter of intent. It does not have to be followed by a proposal if later you choose not to submit a bid.

4. Is the State releasing a PACT to every RSN?

No. There will be six full PACT programs in larger RSNs and four half models in the smaller ones. A full PACT serves 80-100 people and the smaller PACTs serve 49-50 people. The intent is probably to have a PACT program in all RSNs eventually.

5. How is the PACT funded?

The PACTs are State only funds, not Medicaid Funds. The start up money is out of the current budget and the next two years in the Legislative Plan. The funding seems fairly certain through the next two bienniums. The hope is to reduce state hospital beds and increase in residential services such as PACT. The long run plan is for the PACTs and other community services to be funded by shifting funds from the state hospitals to community services.

6. Will Washington State see this as a long term program and continue to fund?

Yes, Washington State sees this as an important new initiative aimed at reducing inpatient utilization and costs. However, as with all State-funded programs, PACT is funded on a biannual basis. Funding is projected for at least the next four years. State funding could change, but the Mental Health Division seems to be strongly committed to this program.

7. Is PACT part of the Transformation Grant?

No, PACT is separate from the transformation grant.

8. Can the PACT Program be split between two counties?

In the questions the RSNs asked of the State, NSMHA asked if the North Sound Region could do the two half models instead of one 100 slot PACT. The State responded that PACTs could only be split if a Region did not have enough consumers in one geographic area to support a full PACT. NSMHA believes that either Snohomish County or Whatcom County could support a full PACT serving 80-100 people.

9. Do all the slots have to be in one county?

As stated above, NSMHA believes that the PACT has to be operated as one program. There are no geographic limitations for the PACT beyond that it must be located in the North Sound Region and serve consumers of the five North Sound Counties. NSMHA staff believe time and distance places constraints on how dispersed the people could be for a team to effectively and efficiently serve them on an intensive basis.

10. Since the PACTs are funded with State only funds, not Medicaid, does that mean that additional Medicaid billing is not allowed?

The State PACT Funding is payment in full for the outpatient services for the people admitted to the PACT. The psychiatric prescriber services are covered in this as well as employment services and individual treatment services. An agency or its subcontractors cannot bill Medicaid on top of this.

Hospital and Evaluation and Treatment Center costs are not part of the PACT funding and would be paid by NSMHA out of other funds. NSMHA believes housing should be funded by other sources, but PACT funding may be used to support housing.

11. How about the monthly cost of residential units, is that covered in these dollars or is section 8 funding ok?

NSMHA encourages the use of housing subsidies such as Section 8 or Shelter Plus Care or other creative funding approaches to obtain decent, affordable housing for the people in the PACT.

12. Can people in PACT be expected to pay all or a portion of rent from their SSI, SSA for housing?

Yes, PACT is a highly intensive community support program aiming to get people to live as independently and normally as possible in the community. Paying rent or a mortgage is part of living independently in the community.

13. If a client goes to an E & T or to a hospital are they discharged or still admitted in PACT?

They are still admitted in PACT as it is a long term program. If there was clear evidence that a person in PACT was going to be in the hospital or some type of institution for a very long period of time or permanently, this would be reviewed by NSMHA. NSMHA will clarify with the State at what point a new person could be placed into PACT.

14. Are the costs of psychiatric services that a person receives in a hospital part of PACT?

No, Inpatient costs are not part of the PACT costs.

15. How will PACT data be reported?

There will be a specific modifier code for the PACT under the high intensity treatment code. PACT will be differentiated from other high intensity treatment by this code. These PACTs need to be differentiated from other PACTs in other regions which are funded differently.

16. Will there be modifier that will go to the modality in the Information System?

PACT is part of the State Plan High Intensity Treatment Modality. Since most of the people in PACT are Medicaid and these are approved services, there will be a modifier code to indicate between regular high intensity and PACT since they utilize the same code. The modifier indicates a PACT service is State only funding. Since it is mostly Medicaid clients that will be served, in January the State will change coding to modifiers, to code these Medicaid services that are paid with these State funds.

17. Is the PACT going to get a per diem code?

Yes, PACT will be billed as High Intensity Treatment with a modifier attached to identify the person in PACT.

18. Will there be an expectation to report on contract services beyond the High Intensity per diem code, specifically to turn in the separate hours for each State treatment modality provided?

Submit data on the High Intensity code. There needs to be an audit trail to the actual clinical services provided with the substantiating clinical notes.

19. What would the event slip need to have on it? I know what the code is but the event slip is also the progress note- the code would be on the event slip but an audit would want to know what we did for the client that day, would it check boxes or what?

NSMHA is going to be monitoring closely for all the underlying services of the High Intensity per diem modality. It has not been decided yet how NSMHA will do this. The event slip would need to be

comprehensive. You would track all your services separately such as med management as you normally do except they would roll up as one per diem. In the records you would indicate all those individual services provided and substantiate with clinical notes.

This is a special evidence-based program the state is initiating; NSMHA and MHD will want it to meet fidelity standards so they will be looking at the program. There will be on-going evaluations about whether these new PACTs are meeting their fidelity standards; and clear and sufficient documentation will be needed to support meeting the fidelity standards.

20. In the section about data collection, it doesn't really talk about hours, but more about number of consumers who received outreach etc.

Electronic data reporting will be the standard CPT code that is now used for High Intensity services except that it will have a different modifier code indicating it is a PACT service and State funded. This change will be implemented in January though there may still be some changes on this later.

The State may want to collect additional data. This will need to be clarified in the future.

21. In the Letter of Intent should agency collaboration be stated?

That would be fine. More importantly, the nature of the collaboration should be explained in the proposal as part of the Proposers' Qualifications in section IV-E covering the nature of the legal entity, etc.

22. Does the letter of intent need to be from every agency submitting?

The letter of intent could be a joint letter with a lead agency. NSMHA needs to know who to communicate with and how many proposals we are likely to receive.

23. Define cluster homes and single room occupancy units?

A cluster home means a house or an apartment with several rooms that is rented and several people with serious mental illness living in it sharing common areas. Two bedroom apartments might be a cluster house. Single room occupancy is a structure with individual rooms for people that might have shared bathrooms, kitchen, eating and other areas. In some areas, it is an old hotel that has been modified.

The wording in the RFP expresses a clear goal. The RFP states that housing options shall primarily include individual studio or one bedroom apartments. It is the preferred housing arrangement though we know how difficult it is to obtain affordable housing. The better the housing the easier it is to stabilize people with serious and persistent mental illnesses.

24. If the PACT takes someone out of Western and puts them in independent housing and then something happens and the person with serious mental illness needs go to an Adult Family Home or a nursing home, are they still in PACT or are they discharged to that setting?

The PACT team continues to follow the person no matter where they are living with the intention of returning them to independent community living. If the person is likely to remain in a facility permanently without the likelihood of PACT services allowing them to return to independent community living, the person's status in the PACT would need to be reviewed by the PACT team and the NSMHA on a case by case basis.

- 25. If a person with serious and persistent mental illness comes directly from Western State Hospital to an AFH or a nursing home, could the AFH or nursing home be the PACT residence?**

PACT is an intensive community support program focused on supporting people living independently in the community. If a person needs an AFH or a nursing home, this is typically because they have medical or physical care needs that prevent them from living independently. Thus, PACT, an AFH or a nursing home are alternative discharge options. A discharge plan combining these two options would need to be approved by the NSMHA.

- 26. Is this an additional service that Sound Data will be providing to providers and will it be an additional cost to the provider?**

Providers will use the same High Intensity Treatment code with a PACT Modifier Code attached to it. Even though a person is Medicaid eligible, you keep the Medicaid code but the client services are not billed as Medicaid Services. Since the funding comes from the State, the actual CPT code you submit will have a modifier on the end.

- 27. Will Sound Data charge more for this reporting? How do I figure out a budget for this?**

Providers should find out from Sound Data if they will charge more and then factor it into your proposal. NSMHA believes this new code will be a fairly simple change for Sound Data to add.

- 28. How do you define crisis intervention? Does that mean a separate CDMHP program to detain?**

Look at the WA State and the national standards for PACT programs. The PACT team is responsible to respond and support consumers through their crises. These crisis services are separate from involuntary treatment investigations and commitment services. Commitment services will be provided by the Designated Crisis Responders who have the legal authority to commit people.

- 29. Under Nature of Services, whose recovery philosophy are they using, do we pick and choose which to use?**

Follow the Washington State PACT standards, and comply with those standards.

- 30. For staffing patterns-how do we utilize a doctor for 16 hours for 50 clients (or 32 hours for 100 clients)? What are they doing for that time?**

The prescribers are an integral part of the team. "The psychiatric prescriber provides clinical services to all PACT clients works with the team leader to monitor each client's clinical status and response to treatment; supervises staff delivery of services; and directs psychopharmacologic and medical services." The prescribers are more active with the consumers and in the treatment team. Talk with staff that went down to the Village program in Long Beach. The doctors are a very active part of the treatment team at the Village. Check with other PACTs around the country on how they utilize their doctors. This is an opportunity to provide a more fully integrated treatment model with a far more intensive medical component.

- 31. Do we figure out how to utilize doctors for those hours?**

Yes, but they need to spend the hours within the PACT. The writers of the National PACT standards will be consulting and training with the successful bidders.

- 32. On the 90 percent compliance (with the Fidelity Scale) is that 90 percent compliance of each individual standard or 90 percent compliance overall?**

NSMHA will look into this issue. The Mental Health Division (MHD) is still working on the fidelity scale they will use. MHD has said they are probably modifying the Dartmouth Fidelity Scale. NSMHA does not know how MHD is going to modify it, though we're not expecting major changes. It is still unclear how they will modify it at this time.

33. For two organizations to submit a proposal together will it be a contract with one and a sub-contract with the other, or two separate contracts?

NSMHA prefers to contract with one legal entity as the lead organization.

34. Is there anything that prohibits clients in PACT from participating in clubhouse?

No. However, the PACT team is the primary care provider and the goal is for the majority of services to be provided by the Team. The PACT team must have an employment specialist so this might be duplicative of the Clubhouse's focus on work.

You cannot bill for the clubhouse modality for that client that would be considered double billing. Hence, the PACT might need to sub-contract with the Club House for that type of service.

35. If someone chooses to use clubhouse which is a state treatment modality, would these funds pay for that?

These funds are inclusive except for housing and inpatient services. Any state modality that would be charged separately ends up being rolled up into the High Intensity Treatment per diem code. The PACT can use any of the State Modalities but you just don't bill it separately. It would be part of the bundled service of the High Intensity Treatment per diem.

If a PACT team decides to send one of the people they are working with to a Club House at another agency, the PACT agency would need to develop a sub-contract/agreement with the other agency.

36. In terms of an audit, would a PACT provider organization have to show a financial dollar trail that the dollars for that person's per diem at clubhouse were actually paid by these funds and not by the other funds?

Agencies need to be able to demonstrate that they provided the services and received appropriate payment for it.

37. If that person's name showed up on a list in another funding stream would that be double dipping?

Providers cannot bill separately for any services included in the High Intensity per diem bundle.

Additional questions submitted in writing after the Bidder's Conference:

38. Please clarify the geographic area the PACT program is expected to serve. It is unclear whether the PACT program will serve consumers from all five counties covered by the RSN, or only those consumers from the one county in which the program is located (e.g., only consumers from Snohomish).

The PACT Program can serve people with serious and persistent mental illnesses from any where in the North Sound Region. The person would be expected to move to the county and area where the PACT is operating. One of the responsibilities of the PACT team is to find housing for the person within the area that they serve.

- 39. The draft preliminary budget included in the PACT Implementation Plan does not appear to include a provision for indirect expenses or overhead. There is a line for “Shared Expenses” that is blank. Where in the budget format is the provider supposed to put indirect expenses?**

Indirect expenses should be put on the shared line.

- 40. What alternative methods of reimbursement are available to the provider?**

The PACT funding is the reimbursement for all outpatient clinical services for the people admitted to the PACT. Providers can and need to bill any third-party payors. Other funding sources include financial supports for housing from federal, state, county and private entities. People in the PACT may also be expected to pay a reasonable portion of their rent from their income and any assets.

- 41. If a provider’s bid is competitive, can a part of the provider’s indirect expenses include profit?**

Yes

- 42. Are funds for providing housing to consumers included in the annual budget of \$1,229,540? If so, can NSMHA provide an estimate of the percentage that should be allocated to housing? If not, please indicate the funds that will be available for housing.**

Yes, PACT funding may be used for housing. NSMHA encourages the collaboration with other organizations and funding sources to meet the housing needs of the people accepted into the PACT. This allows the PACT funding to be used for clinical services. See questions 10 and 11.

- 43. Do I understand correctly from the State Standards that the Psychiatric prescriber may be either a Psychiatrist or an ARNP?**

Yes, this is one of the areas that Washington State has modified the national PACT standards. The prescriber can be a psychiatrist or ARNP.

- 44. Assuming the answer is yes, can an ARNP acting as psychiatric prescriber also be considered one of the required Registered Nurses?**

No, the use of the ARNP is a modification of the prescriber qualifications. This does not reduce the requirement for registered nurses. PACT programs are expected to have a robust medical orientation.

In closing, please respond as to the issues raised in the RFP and read the WA State PACT standards. There are slight changes in the national standards such as the Washington Standards do not require a psychiatrist; the Washington State Standards will allow a licensed prescriber to fill a psychiatrist role in the national model.

Thank you for your interest in this program which hopes to cut down on inpatient hospitalization. Also please keep to the deadlines as the timelines are strict.

Thanks for coming and we are excited about this program.

Meeting adjourned at 11:07 am.