CRISIS CENTER OPERATOR RFP FAQs (5/14/2021)

(8 initial questions responded to on 4/30/2021)

1) What is the nature of the pre-occupancy consultancy arrangement? Are there defined deliverables? Is there an estimated percentage of time requirement?

- ADAMH, Franklin County, and Hammes are the core members of the project team but require expertise from a service provider as it relates to various deliverables of the project.

  Deliverables in scope are program validation to refine square footage estimates, providing end user input rooted in experience to the design of architect drawing and assisting the architect's medical equipment and furniture planner on the procurement of equipment for the crisis center.

  ADAMH cannot provide an estimated percentage of time required but can share the current cadence developed by the project team. The core members of our project team have established several standing meetings on Wednesdays dependent on deliverables and tasks. Being able to effectively participate so that an operator can support the project team on deliverables and ultimately begin providing services upon occupancy is a critical factor for successfully completing the first scope of service.

  The weekly meetings currently anticipated through design would include:

  - 2-3 hours for design meetings
  - 1-2 hours for medical equipment, IT, and furniture meetings
  - 1 hour team meetings

  And the weekly meetings that would involve the operator through construction would include:

  - 2 hour owner, architect, construction manager joint meetings
  - 2-3 hour operational readiness meetings
  - 1 hour team meetings

2) Please provide the current volume projections and explain the current assumptions ADAMH is applying when projecting volumes for the Crisis Center. Is ADAMH willing to accept alternate projections based on different assumptions proposed by the operator?

- ADAMH's work regarding volume assumptions used in estimating building needs and financial modeling are based on recommendations from the Franklin County Mental Health and Addiction Crisis Center Steering Committee. A volume estimates calculator is available under the Data/Technology Workgroup page on the Steering Committee's website (https://www.fcmhacc.com/data-and-technology.html). Here is a summary of some of the key assumptions applied to generate the current volume projections:
  - Estimated % of current applicable cases transitioned to the new Crisis Center
    - Hospital ED transport mode of arrivals = 98%
    - Hospital ED walk-in mode of arrivals = 75%
    - Netcare Access (all modes of arrival) = 98%
  - Projected demand growth
    - 23%
  - Projected new walk-in clinic volume
    - 1:3 ratio of 23-hour observation unit volumes
  - Projected impact of planned ADAMH investments in other crisis services

- 5% reduction in total demand for Crisis Center services

Proposals may consider alternate assumptions and the resulting volume projections should be reflected in associated responses such as volumes and staffing considerations.

3) Does ADAMH view the service model as being more traditional, or do we need to outline other services that would be included? If so, does the outline have to be absolute, or is there flexibility?

- ADAMH is seeking proposals from operators which include the minimum required on-site services plus any additional services deemed appropriate and beneficial by the operator.

  While all proposals must address the minimum required on-site services to be considered viable, how each operator proposes to deliver this services, including in combination with any additional services to be co-located will be distinguishing factors of proposals used to evaluate and identify the lowest and best proposal. In terms of flexibility, while the minimum required

  on-site services will not be negotiable in terms of inclusion or not, all services will be considered flexible in terms of how the resulting provider services agreement and operating budget with ADAMH are constructed.

  Please note the new Crisis Center facility will not be constructed with additional/'shell' space, so additional service offerings and flexibility would need to be considered in context of the design of the facility.

4) How does ADAMH plan to help support workforce development related to retention and recruitment?

- ADAMH has begun developing a strategic plan for directing ADAMH's priorities for our new levy cycle (2022-2026) based on recommendations from the Franklin County Commissioner's Human Service Levy Review Committee as well as ADAMH's recently completed organizational assessment and community needs assessment. System-level workforce development has been identified as an emerging priority area, and ADAMH will be developing specific actions related to our support of system-level workforce development going forward.

5) Is there a dollar amount for the multi-year lease for the Facility? Is the lease based on the fair market value? If so, how did you arrive at the amount?

- ADAMH has one other property that we own that we lease to a provider. We do not use fair market value on that agreement. We are compensated nominal amount per year in that agreement.

  We anticipate a nominal amount of compensation assuming that the selected operator is responsible for facility operating costs inclusive of utilities, general repairs, maintenance, and landlord approved leasehold improvements.

6) Does the initial capital outlay include the furniture, fixtures, medical equipment, and IT infrastructure?

- Yes, the project budget includes funding for the initial fitting of furniture, fixtures, medical equipment, and IT infrastructure. ADAMH and the owner's representative project team will work together on these initial fittings; however, the selected operator will be responsible for ongoing maintenance in accordance with standards and procedures to be outlined in executed agreements.

7) What is the obligation of the respondent related to replacement capital? Are there additional details associated with this section?

- ADAMH expects the operator to properly maintain the facility and replace infrastructure and equipment when appropriate due to use or completing its life cycle; however, a required capital reserve balance has not been established. ADAMH will assess the submission in tandem with Attachment B: Cost

Proposal submissions to determine if there is adequate assurance that an operator can maintain the facility. ADAMH is currently developing a capital budget/request process which would include considerations for how to support the crisis center operator and other network providers with major capital improvements; however, the thresholds have not yet been determined and will ultimately be based on available levy and other capital funding sources.

8) What is the commitment on the part of ADAMH to engage their contracted agencies to utilize a health information exchange? What is the situation with your current partners?

- The evidence of the benefits of participating in health information exchanges is well documented and demonstrates the value added to clients, providers, and payers alike. The use of an HIE can have real positive impacts on client outcomes, healthcare cost, and care coordination, among others. In response to ADAMH's current strategic planning efforts underway, we anticipate strategies related to more efficient and effective use of technology and data and how this relates to our commitment, promotion, or otherwise incorporation of HIEs will be further addressed in response to the adoption of the 2022-2026 ADAMH Strategic Plan.

(16 additional questions responded to on 5/14/2021)

9) What percentage of projected encounters at the Crisis Center are for uninsured individuals?

- The pro-forma worksheet document on the Franklin County Mental Health and Addiction Crisis Center Steering Committee's Governance and Funding workgroup site includes two different models for estimating payer mix of insured (primarily Medicaid) vs. uninsured (funded by ADAMH). If the Crisis Center operator is permitted to presumptively enroll individuals in Medicaid under Ohio Administrative Code 5160-1-17.12 (Qualified entity requirements and responsibilities for determining presumptive eligibly), it is estimated 15% of encounters would be reimbursed by ADAMH. However, in the alternate model, where the Crisis Center operator is not able to presumptively enroll individuals, it is estimated ADAMH would be the payer for 43% of encounters.

10) What are the current eligibility guidelines for an individual to be covered by ADAMH reimbursements for care?

- ADAMH provides reimbursement for services as the 'payor of last resort' for services delivered by contracted providers for eligible individuals. Current eligibility standards include coverage of crisis services to any individual present in Franklin County at the time of crisis (residency not required) and to residents of Franklin County only for the full range of non-crisis services. As part of the payor of last resort methodology, other insurance plans (Medicare, Medicaid, and any commercial insurance) are leveraged first and providers may not 'balance bill' ADAMH for costs not fully reimbursed by Medicare or Medicaid. For uninsured clients, ADAMH reimburses on a sliding fee scale where services are currently fully paid for eligible individuals with income below 250% of the federal poverty level (FPL) and on a proportional cost-share basis up to 400% FPL. Clients with income greater than 400% FPL are currently fully responsible for payment of services rendered.

11) How is Franklin County's current community-based crisis stabilization center operator (Netcare Access) licensed?

- ADAMH requires its providers to meet the requirements of Ohio Revised Code 5119.611 Certification of community mental health agency's services. The current community-based crisis stabilization center operator is no exception. The selected operator of the new Crisis Center will also be required to meet the requirements of Ohio Revised Code 5119.611.

12) What is the anticipated relationship of the Crisis Center to Lifeline affiliated crisis call centers, including the upcoming introduction of 988?

- ADAMH recognizes the value of both public safety and community-based call center services and supports to the community, and specifically to continuum of crisis care. There are currently planning efforts underway to enhance call center services for Central Ohio and ADAMH is leading the efforts to introduce a comprehensive community-based call center solution, inclusive of integration with 988, while simultaneously partnering with local public safety officials as they plan for enhancements to 911 protocols related to behavioral health emergencies. While the goal is and will continue to be to resolve as many crises before individuals require services at the Crisis Center, all crisis call centers will have mechanisms to connect those in need to the Crisis Center.

13) What is the anticipated relationship of the Crisis Center with mobile response teams in Franklin County?

- ADAMH recognizes the value of both public safety and community-based mobile response teams to the community, and specifically to continuum of crisis care. There are currently planning efforts underway to enhance and expand mobile response teams and their protocols for Central Ohio and ADAMH is leading the efforts to expand the options of community-based mobile response teams in Franklin, inclusive of the goal to introduce clinician and peer-led teams. While the goal is and will continue to be to resolve as many crises before individuals require services at the Crisis Center, all mobile response teams will be expected to transport individuals to the Crisis Center when necessary.

14) What is the anticipated relationship of the Franklin County Mental Health and Addiction Crisis Center to the Twin Valley Behavioral Healthcare Hospital?

- Twin Valley Behavioral Healthcare Hospital (TVBH) is the regional state psychiatric hospital for Central Ohio and serves both acute care and forensically involved patients. Individuals assessed by the Crisis Center who require admission to a hospital-based inpatient psychiatric unit will be discharged accordingly to the most appropriate inpatient facility. This could include one of the local freestanding psychiatric hospitals: Columbus Springs Dublin, Columbus Springs East, Mt. Carmel Behavioral Health, Ohio Hospital for Psychiatry, RiverVista, or Sun Behavioral Health; or one of the hospital-based psychiatric units at The Ohio State University, OhioHealth's Riverside Methodist Hospital, or TVBH. The Crisis Center will serve as ADAMH's designated screening entity for access to state hospital beds, except for any direct access granted to other facilities.

15) What is the Health Information Exchange (HIE) that the Crisis Center operator is expected to link to and participate in?

- The current HIE in the Central Ohio market utilized by many service providers and partners the Crisis Center operator would be expected to coordinate care with is CliniSync.

16) Can you describe Medicaid reimbursements for services delivered by or with peers?

- The Ohio Department of Medicaid Behavioral Health Coding Workbook currently allows SUD Peer Recovery Support to be reimbursed at a rate of $15.51 per 15-minute increment using procedure code H0038 for patients that have a primary diagnosis of SUD (ICD-10 F10-19).

17) Can you specify the Medicaid behavioral health codes and rates utilized in the preliminary financial proforma?

- The pro-forma worksheet document on the Franklin County Mental Health and Addiction Crisis Center Steering Committee's Governance and Funding workgroup site includes the recommended billable codes, unit definitions, and rates applied during the development of the preliminary model.

18) The preliminary financial proforma suggests reimbursements under Medicaid fee-for-service rates methodology would result in the Crisis Center operator having a $7 million annual loss. How does ADAMH expect the operator to maintain operations with a financially sustainable business mode?

- The preliminary financial proforma recommended by the Steering Committee was based on Medicaid fee-for-service rates only. It is important to note the majority of individuals served are projected to be covered by Medicaid Managed Care Organizations with whom the selected operator will be responsible for negotiating their own contracts. Some of those Medicaid Managed Care Organizations have already

pursued alternative payment models for crisis services, as well has ADAMH. ADAMH has had preliminary discussions with the Ohio Association of Health Plan, whose members have expressed strong support for the Crisis Center's clinical care model and have shared a willingness to consider alternative payment models with the selected operator. Strong Medicaid enrollment processes combined with negotiated alternative payment models provide a financially sustainable model to maintain operations.

19) The preliminary financial proforma suggests reimbursements under the current piloted crisis per diem payment methodology would provide the Crisis Center operator a positive margin, whereas reimbursements modeled solely from current Medicaid fee-for-service rates would result in a negative margin. Can you explain the structure of the piloted payment methodology, its duration, and ADAMH's plan for reimbursement once the pilot concludes?

- While other payers have designed their own pilots for crisis care in Central Ohio, ADAMH has been piloting a per diem reimbursement method for crisis stabilization services since 2019. ADAMH continuously monitors and evaluates the pilot based on several factors including but not limited to length of stay, rate of discharges to inpatient hospital level of care, and readmission rates. ADAMH will develop a contract, inclusive of budget and reimbursement methodologies with the selected operator during the execution of the Provider Services Agreement for clients meeting ADAMH's eligibility criteria. However, the selected operator will be responsible for negotiating contracts with other payers as part of their operational readiness work.

20) What is the distinction between "Contracts" under the Service Provision section and "Admin Contracts" (list on Part III) under the Administrative section on the Cost Proposal's Two Year Operations Budget Tab? What are examples?

- "Contracts" should be used to quantify any services that will be subcontracted to provide direct patient care. Some examples are interpretative services and clinical providers. "Admin Contracts" should be used to quantify any services that will be subcontracted to provide indirect support services. Some examples are environmental cleaning services, facility management, and nutrition services.

21) Will ADAMH accept and consider within the Cost Proposal, the costs associated with start-up to include the costs incurred during the staff recruitment and training period and the costs incurred during initial operations due to insufficient occupancy?

- Cost Proposal submissions may include costs associated with staff recruitment, training, and any other costs anticipated during the first two years of operations. ADAMH encourages submissions to reflect your organization's best estimate of revenues and expenses. ADAMH will develop a contract, inclusive of budget and reimbursement methodologies with the selected operator during the execution of the Provider Services Agreement for clients meeting ADAMH's eligibility criteria.

22) What is ADAMH's current funding level with the current community-based crisis stabilization center operator for similar services to those required for the new Crisis Center? And what is the anticipated funding level for the new Crisis Center?

- ADAMH will negotiate an agency service plan and budget to include funding allocated for the Crisis Center. ADAMH has historically allocated approximately $8 million for services comparable to the core on-site services required for the new Crisis Center. Anticipated funding is dependent in part on the operator's status as a Qualified Entity for presumptive eligibility. The preliminary proforma completed by the Steering Committee forecasted an average annual reimbursement from ADAMH at $3.7 million across both models (fee-for-service and per diem pilots) when the operator was a Qualified Entity, and $10.5 million when the operator was not a Qualified Entity. As is the case with all ADAMH contracted service providers.

23) Please provide an explanation regarding the degree to which the integration of telehealth/telepsychiatry is expected within the services offered at the Crisis Center.

- The Crisis Center should integrate telehealth/telepsychiatry in keeping with current standards of medical care in order to maximize access to services.

24) Is Franklin County currently engaged in a CMS Emergency Triage, Treat, and Transport (ET3) demonstration project?

- While local jurisdictions have expressed interest, ADAMH is not aware of a current ET3 demonstration project in Franklin County.