1. Can an agency be both a fiscal agent and treatment provider? OhioMHAS will award one entity that will serve as a fiscal agent. This agency can also be a treatment provider.

2. Is a separate RFI application required for each region or can we indicate in one RFI that we propose to serve three regions? One RFI submission can propose to serve three regions. It is not required to submit a separate RFI.

3. The RFI does not have a budget submission requirement correct? Correct, the RFI does not have a budget submission requirement.

4. Can OMHAS provide definitions for each of the 9 services listed under Treatment Services, and the 9 services listed under Recovery Support Services? Treatment services are defined in the Ohio Administrative Code (OAC) in Chapters 5122-29 and 3793:2; and any updates to the OAC. The Recovery Support definitions can be found in Attachment four.

5. Can a service provider hire a consultant to provide some of the services? Yes.

6. Does the provider itself need to provide the full range of treatment services? Can the provider propose to provide only selected services? The provider does not have to provide the full range of treatment services; it can propose to provide only selected services. However, it should indicate how it will partner with other providers so the full range of services are available.

7. Does the provider itself need to provide the full range of recovery support services? Can the provider propose to provide only selected services? The provider does not have to provide the full range of recovery support services; it can propose to provide only selected services. However, it should indicate how it will partner with other providers so the full range of services are available.

8. What is the eligibility criteria for clients to be served in the Community Transition Program? Individuals with SUD released from ODRC institutions on or after July 1, 2016 having participated in Recovery Service Programming while incarcerated in an ODRC institution. Individuals with SUD released from ODRC institutions on or after July 1, 2016 having participated in a Therapeutic Community. Individuals released from Transitional Control or the ODRC Treatment Transfer Program that participated in Recovery Services or Therapeutic Community programs.
9. Does OMHAS or ODRC conduct the initial assessment for clients? If so, what assessment tool is used?
OhioMHAS provides all the Recovery Services programming including assessments. Every offender is given the Texas Christian University Drug Screen 5 upon intake at the prison reception centers. Those identified as appropriate for treatment receive a bio-psycho-social assessment.

10. Would OMHAS consider the use of a sliding scale fee for permanent supportive housing? Would OMHAS assist with rent payments for clients?
Yes, OhioMHAS would consider a sliding scale for permanent supportive housing. Clients usually pay 30% of their income. CTP funds could assist with rent payments for clients.

11. Please clarify a posted answer. It states that “individuals released from Transitional Control” are eligible to participate in CTP. Does this mean after they are no longer in the institution, or after they are no longer TC?
Individuals that are no longer on Transitional Control.

12. Are individuals with SUD eligible if they meet the stated criteria and are released after 7/1/16 if they are released with PO supervision?
Yes, they are eligible if they are on PO supervision.

13. Are individuals with SUD eligible if they meet the stated criteria and are released after 7/1/16 if they are released without PO supervision?
Yes, they are eligible without PO supervision.

14. Can OMHAS provide a cost rate for each of these 18 treatment and recovery support services, and how a unit cost rate is defined?
The OhioMHAS computed a monthly case rate per person based on the assumptions defined in the 7.3 C Case Rate Assumptions. The expectation is that the awarded Statewide Entity will develop and implement a payment approach that encompassed necessary support services.

15. Who is paying claims for recovery services not covered by Medicaid?
The expectation is that the awarded Statewide Entity will implement a payment approach that encompasses necessary services not covered by Medicaid and supports.

16. Is the Single Statewide Entity required to complete an authorization process to enable OhioMHAS to pay claims for services from CTP funds?
OhioMHAS will not be making payments for specific services or supports so no authorization will be required. OhioMHAS will issue payment to the Statewide Entity who will be responsible for making payment to the providers.

17. If the Single Statewide Entity is responsible for paying the claims for individuals not enrolled in a Medicaid MCO and for non-Medicaid-covered services, will the service-related funds be transferred to the Single Statewide Entity on a monthly basis or more frequently?
OhioMHAS will make funds available on a quarterly basis.

18. Please describe the fiscal management responsibilities for which the Single Statewide Entity will be accountable.
The Statewide Entity will be responsible for the overall implementation, management and oversight for all aspects of the program. Please see Attachment 6 Agreement and Assurances. The expectation is that a cost effective process is put in place to ensure funds are leveraged and to ensure all eligible clients are able to receive necessary services within the funds allocated by OhioMHAS.

19. Will any Performance Guarantees or standards related to the services provided by the Single Statewide Entity by included in the contract?
20. I would interpret this to be asking what manner will be checking for actual performance of the contract. I don’t know how you would want to answer that. We still need to answer. A combination tools will be used to monitor performance. These include but are not limited to CTP online database information, quarterly performance assessments, and communication between OhioMHAS and/or CTP participants and the Statewide Entity.


22. From how many facilities are offenders eligible for CTP being released? All of the ODRC Institutions in Ohio will be referring eligible offenders. Please refer to Attachment One.

23. Whose network will these members be using for recovery services not covered by Medicaid? The awarded Statewide Entity will be responsible for developing a network of providers. Please refer page two of the RFA that describes the RFI to assist with this development.

24. Should we assume that the network used for Medicaid covered services will be the same network contracted for those services by an individual’s Medicaid MCO? The awarded Statewide Entity will be responsible for developing a network of providers. There may be overlap with providers under contract with Medicaid.

25. Must providers be enrolled with Medicaid to be eligible to serve CTP clients or does OhioMHAS certification include Medicaid enrollment? OhioMHAS certification does not include Medicaid enrollment. However, providers should have the appropriate certification from OhioMHAS and the ability to bill Medicaid for Medicaid billable services.

26. Are there any specific education or experience requirements for staff the CTP contractor will hire to perform the Scope of Work? No, however, clinicians must perform within their scope of licensure.

27. After a CTP client is enrolled in Medicaid, are CTP funds still available to pay for whichever CTP treatment or recovery support services that Medicaid enrollee still requires? Yes, however, treatment services should be paid for by private insurance or Medicaid. CTP funds may be used for non-covered treatment or recovery supports as necessary to meet the client’s needs.

28. Page 6 indicates that there will be a case rate of $843 per person per month for those enrolled. Is this amount in addition to the Administrative payment, or is the $750,000 come from the service dollars? Yes.

29. Does OhioMHAS plan to continue the program if it is successful, beyond June 30, 2017? Continuation is contingent on the success of the program and at the discretion of Ohio’s leadership.

30. What kind of reporting/accounting for CTP funds is required of the Single Statewide Entity? Selected Statewide Entity will be responsible for entering client service summary information, on a minimum of a monthly basis, into the CTP online reporting database which will be made available by OhioMHAS.

31. Which part of the “applicant’s funding” can be used for incentives: administrative or service dollars? As indicated on page 8 of the RFA, up to $10,000 (administrative or service) of CTP funding can be used for incentive payment to support the evaluation.

32. Will OhioMHAS accept offers for a different mix of start-up and 1st year administrative funding which results in the same total state outlay other than that stated in the RFA? OhioMHAS is willing to evaluate offers; however, the outcomes are expected to remain the same.
33. Can the state provide additional assumption that went into the daily and monthly housing, MAT, and recovery supports rates shown in the table? For example, do these daily and monthly rates represent the existing OhioMHAS fee schedule or current provider reimbursement/payment rates? A cross disciplinary team of individuals were used to develop these assumptions in combination with information from related programs. The selected Statewide Entity must balance the needs of the clients and provide access to quality treatment and supports within the monthly case rate.

34. Would OhioMHAS consider allowing bidders to recommend and justify the most effective allocation of the $1.5M available for pre-implementation costs and $750,000 designated for ongoing administrative costs? Yes.

35. Is the full $750,000 available for administrative costs whether or not the number of participants reaches the OhioMHAS projections? Yes.

36. Please provide more information about that data elements that the CTP contractor will be required to report into the OhioMHAS system. To support accurate staff projections, please estimate the amount of time required to do the data entry. The CTP online database requires one time entering of client demographic information and subsequent monthly updates; summary level service and support information reported on a monthly basis. The database was developed to be user-friendly reporting tool.

37. How should a for-profit bidder respond to the blue boxes on page 10 of the template form? The boxes on page 10 are for Community Mental Health Block Grant funded programs only –these boxes can be skipped.

38. Are Community Based Correctional Facilities (CBCFs) considered an ODRC institution? No, Please refer to Attachment One.

39. Please provide bidders with access to the cost of each of the services and supports that will be available to individuals participating in the CTP. Please refer to the responses to questions 14 and 33.

40. In the initial month(s) of the program, costs may be higher because a higher proportion of individuals participating will not yet have become Medicaid eligible and be enrolled with a health plan. Will the CTP statewide entity be required to limit services based on dollars available at a point in time, or is the CTP statewide entity responsible for ensuring that annual expenditures do not exceed the cumulative annual pmpm payments? It is OhioMHAS expectation that the participants are enrolled in Medicaid as soon as possible; many of these individuals will be leaving prison with a Medicaid card. The selected Statewide Entity must balance the needs of the clients and provide access to quality treatment and supports within the monthly case rate.

41. For the performance measures stated in 8B, will this data be entered in to the OhioMHAS as system of record first? Additional clarification on this question is necessary prior to OhioMHAS providing a response.

42. Does the data above need to be electronically integrated to the system of record determined by OhioMHAS? What is the frequency of collection and reporting that is required? Additional clarification on this question is necessary prior to OhioMHAS providing a response.
43. Can reports be canned (predefined) or do they need to have dynamic drill down and roll up capabilities?
   Additional clarification on this question is necessary prior to OhioMHAS providing a response

44. Does a provider need to commit to serving the entire APA region for which it is applying, or can it specify certain areas (i.e., counties) that it will serve?
   For the RFI, a provider can specify what areas they will serve. They do not have to serve an entire APA region.

45. Does a provider need to specifically identify each partner that will be used to provide the full range of treatment and/or recovery support services? Or, can a statement be made in the application that generally describes the planned partnerships?
   The Statewide Entity does not have to specifically identify each partner, but, should propose how they will make available and coordinate delivery of treatment and report services. Please refer to Section 2 of the RFA.

46. It is our understanding that although inmates are assessed upon intake at prison centers, some may not be imprisoned long enough to receive SUD services during incarceration. Are these individuals ineligible to participate in the Community Transition Program?
   Yes, inmates that did not participate in SUD services during incarceration are not eligible to participate in the Community Transition Program.

47. Do providers need to provide mental health services in addition to AOD treatment?
   No. However, the selected Statewide Entity must show how it will provide services to program participants with both a SUD and a mental health diagnosis through integrated programming.