



Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Community Transition Program QUESTIONS AND ANSWERS

- 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 be included in the contract?

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.

20. Who creates linkage packet?

OhioMHAS Community Linkage Staff.

21. 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.

22. 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.

23. 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.

24. 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.

25. 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.

26. 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.

27. 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.

28. 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.

29. 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

30. 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.

31. 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.

- 32. 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.
- 33. 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.
- 34. Is the full \$750,000 available for administrative costs whether or not the number of participants reaches the OhioMHAS projections?**
Yes.
- 35. 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.
- 36. 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.
- 37. Are Community Based Correctional Facilities (CBCFs) considered an ODRC institution?**
No, Please refer to Attachment One.
- 38. 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 34.
- 39. 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.
- 40. 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.
- 41. 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.

42. 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

43. 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.

44. 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.

45. 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.

46. 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.

47. Please clarify response #45. Does an RFI applicant need to specifically identify each partner that it will use 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?

An RFI applicant does not need to identify any partners.

48. Can the awardee use a portion of the PMPM to incentivize providers to assist participants in completing a Medicaid enrollment application?

OhioMHAS expectation is for participants to apply for Medicaid, when possible, before leaving the prison. Any assistance necessary to support this work is considered appropriate.

49. Can the awardee use a portion of the PMPM to incentivize providers for quality and outcomes?

The RFA applicant may include a strategy that would incentivize quality and outcomes.

50. Are members eligible for this program even if they do not receive an assessment while incarcerated or receive an assessment by APA?

Only individuals that received substance use treatment while incarcerated are eligible to participate in CTP.

51. How will the awardee be notified of enrollment in CTP and Medicaid (for example, will this be on the daily 834 file?)

The statewide awardee will receive referrals from Community Linkage workers (OhioMHAS staff) for potential enrollment into CTP. The applicant will be responsible for enrolling them into CTP via the online CTP application as well as facilitating and monitoring Medicaid enrollment.

52. Do case rate payments start at the time of referral, prior to release, or at the time of release from ODRC?

Case rate payments will start at the point the individual is released from prison and enrolled into the online CTP application.

53. Which of the nine listed Recovery Support Services in RFA Section 6.1B are currently certified by OhioMHAS?

Employment and Peer Services are named certified services in accordance with Ohio Administrative Code 5122-29.

54. How is network adequacy and capacity defined for the provider network?

The selected Statewide Entity must balance the needs of the clients and provide access to quality treatment and supports. The expectation is that a network would consist of providers that adopt the Recovery Oriented System of Care philosophy, demonstrated success and/or developing capacity to serve the criminal justice population.

55. Will the state be providing specific contract language to be included in all provider agreements?

No

56. Is there a deadline for having the Provider Network contracting completed or can contracting continue throughout the grant period?

There is not a deadline for expanding the Provider network.

57. Is there a minimum number or type of services that must be provided in each region by July 1, 2016? Is there a minimum expected wait time to access each service within a region?

Provider network should be in place to meet the needs of individuals released from prison and enrolled into CTP during the month of July. In accordance with the RFA Scope of Work section, an intake appointment should occur as soon as possible but not longer than seven days post release.

58. Can local/regional TASC programs be contracted to provide care coordination to appropriate participants?

Yes

59. Can the awardee engage non-OhioMHAS certified providers in the following circumstances:

- If OhioMHAS does not certify for a specific “listed” service,
- If the awardee expands a service offering,
- Activities/scope of services are included beyond those listed in Attachment 4/OhioMHAS certification standards

OhioMHAS will consider a proposal that includes a detailed approach for using non-OhioMHAS certified providers for the circumstances listed above.

60. Does the awardee have discretion on provider network inclusion in whole or in part?

The awardee is expected to take the responses to the OhioMHAS RFI into consideration when assuring statewide capacity for services and supports but are not required to use providers who respond to the RFI. The awardee is expected to provide quality services within the case rate.

61. What qualifies a provider as a Spiritual Service provider?

Please see Recovery Services definitions included as Attachment 4 to the RFA.

62. Is one goal of this grant to develop provider quality framework/requirements for this population or these services?

Not at this time.

63. Does the awardee have discretion for requiring a consistent state-wide operational/billing mechanism for providers? (e.g., single claims clearinghouse/process)

Yes.

- 64. Does the awardee have discretion to change (from OhioMHAS or local board current practice) the mechanism/unit/coding of billing for any or all services?**
The awardee can propose a billing mechanism in the RFA response.
- 65. Can the awardee choose select providers to administer “level of care” re-assessments or does the awardee need to receive and use re-assessment “level of care” information from all OhioMHAS providers?**
Additional clarification is necessary prior to OhioMHAS providing a response.
- 66. Does the awardee have discretion on trainers for identified topics?**
Yes.
- 67. What is the expected timeframe for provider training?**
The applicant should propose a training strategy that includes an implementation timeframe. The strategy should encompass ongoing trainings in evidence based practices as required through the RFA.
- 68. Does the awardee have discretion to administer provider training to only select providers (e.g., network participating providers)?**
Yes.
- 69. Does the awardee have discretion to define the scope and content of the listed recovery services?**
Please refer to Attachment 4 which defines the recovery services. Awardee may propose additional definitions.
- 70. Can additional (e.g., non-listed) services be reimbursed? (E.g., non-identified treatment services: mental health, pharmacy, primary care, specialty care, inpatient, and yet to be determined “Recovery” services.)**
Awardee may propose additional services and definitions in the application.
- 71. Please confirm that all eligible members will have a “level of care” identified during the member’s incarceration.**
All clients referred to the CTP awardee will have a level of care screening completed during their incarceration. 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.
- 72. Is “level of care” the sole criteria used for service (treatment and recovery) eligibility, or does the awardee have discretion to use this information in combination with evidenced medical necessity criteria to develop an enhanced framework?**
No, the CTP awardee can develop a treatment plan to address the needs of the participants.
- 73. Does each ODRC Prison have the ability to provide space for in-reach group based engagement and information meetings?**
Yes.
- 74. Would offenders identified for CTP by ODRC have access to web-based tools in ODRC pre-release?**
Due to security concerns, web-based tools may be used in limited situations but will not be available for all eligible offenders.
- 75. Can the awardee use funds from the grant to “purchase” medical applicant services from a provider? If so is that funding expected to be from the implementation or services portion of the grant?**
Additional clarification on this question is necessary prior to OhioMHAS providing a response.
- 76. Will ODRC complete a criminogenic assessment prior to release?**
ODRC will continue to administer the ORAS and will be completed outside of the scope of the CTP.

- 77. Which criminogenic assessment tools are being used by Community Linkage, APA, and/or ODRC staff at the time of discharge/reentry?**
CTP is an OhioMHAS program and is not funded by ODRC. Community Linkage staff do not complete criminogenic assessments. ODRC utilizes the ORAS.
- 78. How far in advance of release does Community Linkage meet with the individual and refer to a program like CTP?**
In general, Community Linkage staff will make a referral 30 days prior to an offender's release from prison.
- 79. In what format is the referral provided to the awardee?**
The Community Linkage packet is sent in an electronic format.
- 80. Can appendices (including charts, visual representations) that supports the narrative responses be attached to the 10 page narrative?**
No.
- 81. Do the appendices count toward the 10 page limit?**
Yes.
- 82. Will ODMHAS and ODM expect the awardee to engage in a reconciliation process for Medicaid or program eligibility? If so what is that process?**
No.
- 83. Is the PMPM funding an "at risk" arrangement for the awardee?**
Yes. The case rate per month constitutes payment in full to the awardee for services and supports necessary to address the needs of the client.
- 84. How will the awardee be reimbursed for service?**
The awardee will receive the first quarter of Fiscal Year 2017 (July 1, 2016 - September 30, 2016) based on a projected number of individuals expected to be served times he monthly case rate. Funding amounts for the remaining quarters will be based on information of actual clients served as compiled in the web-based CTP application.
- 85. If the grant is not renewed, how will members and services be transitioned? (Is the awardee at risk for services past June 30, 2017?)**
OhioMHAS will work with the awardee in the event the grant is not renewed.
- 86. Is the \$10,000 ceiling on incentives for data collection budgeted from the Pre-Implementation funds or the administrative funds?**
Administrative funds would be appropriate for this purpose. .
- 87. Can the awardee offer additional (outside of identified data collection requirements) input and resources into program evaluation?**
The awardee can offer additional suggestions for the program evaluation.
- 88. Can training and other implementation costs budgeted to be expended after July 1, 2016 but before the end of the grant period be included in the Pre-Implementation budget?**
Yes.
- 89. Can the awardee use case rate funds to pay for the Medicaid enrollment process?**
OhioMHAS expectation is for participants to apply for Medicaid, when possible, before leaving the prison. Any assistance necessary to support this work is considered appropriate.

- 90. Can pre-implementation funds be budgeted for Medicaid enrollment infrastructure in the community?**
No, existing infrastructure is in place to support Medicaid enrollment.
- 91. Please confirm that the awardee is responsible only for supporting the existing Medicaid enrollment process for CTP members, not for creating a new enrollment process.**
Yes, existing infrastructure is in place to support Medicaid enrollment.
- 92. Are returning offenders ineligible for Medicaid due to immigration status eligible for CTP Program?**
Yes.
- 93. For the estimated 10% of participants who are not Medicaid eligible, would the CTP vendor funds pay for treatment services?**
Yes.
- 94. Which financial categories should be tracked for reporting purposes?**
Please refer to section 9.2.f Budget Proposal of the RFA which describes requirements for pre-implementation and administrative costs.
- 95. I have a question pertaining to the CTP grant application. Are there different required documents that need submitted, if we are not applying to be the statewide entity?**
There are no additional required documents. Required information can be found under the Submission Requirements of the Community Transition Program RFI.
- 96. Page 6 of the RFA states that clients will/can participate in the CTP for six months. If a client requires treatment and supportive services for a longer period of time, is it the treatment provider's responsibility to find other methods to fund the client's treatment/services (e.g., housing)? Or would that be a situation where the statewide entity would work with the provider to determine alternative funding mechanisms?**
The six month time period was used to develop a case rate. Individuals can be in CTP for less or more time based on their treatment and recovery needs as well as contributions from other payor sources. The statewide entity should work with the providers to develop discharge planning as the individual moves on from CTP.
- 97. In what format will the six month data collection be provided? Will this be a series of questions answered by the participant? If so, will the participant be able to enter this on a web-based tool?**
There will be two portions of the six month data collection. One will be agency service specific and the other will be a series of client assessment tools. The agency service specific will be web-based and the client assessment tools can be administered online or paper and pencil. The format will be flexible to allow for ease and accuracy of data collection. It will be self-administered, however; special accommodations can be made for those individuals who need assistance.
- 98. Regarding Question 88, can Pre-Implementation funds be used to develop and contract with a vendor to provide face-to-face collection of six month data?**
Yes, as long as the vendor is qualified to collect data.
- 99. If so, will providers have direct access to an online tool, or does the statewide entity have responsibility for gathering provider level service data?**
Providers will have access to an online tool. Yes, it is the statewide entity's responsibility to ensure provider reporting data in accordance with the RFA requirements.
- 100. Does completing an online application automatically enroll a person into CTP or is there a review by OhioMHAS or other entity upon submission of the "application."**
The statewide entity will enroll individuals into CTP via the online CTP application. There will not be a review by OhioMHAS or another entity.

101. Does the application submission require the referred participant to be present, or is this an administrative function for the awardee to enter the person officially into the CTP database?

The application submission does not require the participant to be present and could be considered an administrative function.

102. If an individual is referred from Community Linkage to the awardee, has that individual already provided consent to participate in CTP? If not, is the awardee expected to get consent to submit an “application” for enrollment into CTP?

Community Linkage staff (OhioMHAS staff) will get the individual’s consent to enter into CTP.

103. What is maximum length of time that an individual can participate in the CTP program?

There is not a maximum length of time an individual can participate in CTP. The case rate model was developed using a six month time period. Individuals can be in CTP for less or more time based on their treatment and recovery needs as well as contributions from other payor sources. The statewide entity should work with the providers to develop discharge planning as the individual moves on from CTP.

104. How will the awardee determine when a participant is determined to no longer be active in CTP due to inactivity, death, voluntary opt-out, or re-entry into prison?

The awardee will discharge a participant after they meet their treatment plan goals and/or in the examples stated.

105. As a follow-up to question 83, if the awardee is at risk for the medical loss of the grant and the awardee can only consume up to \$750,000 in administrative costs, is the awardee eligible to develop an operating margin between the 5% administrative cost and up to 95% medical cost?

Outside of the RFA requirements, the statewide entity has latitude to implement the program in a manner that addresses the needs of the individuals. OhioMHAS will not prescribe any subsequent division of funds.

106. If a participant is enrolled in CTP for at least 1 day, does the awardee receive the entire month PMPM?

Yes. However, OhioMHAS expects the statewide entity to maximize efforts to address the treatment needs of each enrollee. Patterns and trends of those individuals will be monitored to assure this occurs.

107. We understand the awardee is not responsible to pay for pharmacy, mental health services, inpatient care; however, is the awardee responsible for ensuring access to these services for non-Medicaid eligible enrollees?

Yes the awardee is responsible for ensuring access and payment for all behavioral needs of the individuals.

108. Can we use pre-implementation funding for the development of processes and vendors for the life of the grant?

Yes.

