

**Certified Community Behavioral Health Clinic (CCBHC) Infrastructure Grant Program RFP  
Questions and Answers**

**These are questions received by the Executive Office of Health and Human Services (EOHHS) via the CCBHC Readiness email as of 5pm Monday, August 15, 2022:**

<p>1. Regarding cost report – when is this actually due? Is it due on the 9/7 due? What amount of money is this being based on? We do have a sophisticated finance dept and they’ve done these before for FQHC projection but not sure how this can be done on CCBHC without further description? We don’t know what funds its based on. Can you share more please?</p>	<p>The Cost Report referred to in the application is actually due on December 1. Filling out the Cost Report is not required for this application.</p> <p>As noted on Page 10, the funds in this Infrastructure Grant program can be used to help potential CCBHCs fill out the cost report. Potential grantees can see the link to the Cost Report and the instructions on Page 25 of the RFP.</p>
<p>2. Please confirm what actual documentation is needed by 9/7. In one RFP spot it states the three-page application, equity checklist, cost report, readiness assessment and technical proposal (for funding) is needed but then on the last page, it states all but the 3 page application is not needed until invited to move further in the process. The RFP is confusing and not aligned with meeting discussion. Please clarify required documentation and timelines for each.</p>	<p>There are two requirements for September 7: the 3-page Letter of Intent (pages 17-19 in the Request for Proposals) and the Technical Proposal that begins on Page 20.</p> <p>The other requirements (Readiness Assessment, Equity Checklist, and Cost Report) are only required by Infrastructure Grantees Organizations that are accepted into the program and funded. The Readiness Assessment and Equity Checklist are due 60 days after the beginning of the grant, and the Cost Report is due per the Rhode Island State Fiscal Year 2023 (SFY23) budget on December 1.</p>
<p>3. Please confirm when the work plan, with readiness steps/activities, persons responsible, timelines and benchmarks is needed. The narrative notes this during Phase IB, but it is unclear if Phase IB occurs AFTER being invited to apply further or is part of the initial application.</p>	<p>See answer to Question 2 above.</p>

<p>4. If and when needed, please comment on how this is different that SAMHSA's Appendix N (which doesn't have timelines or persons responsible.</p>	<p>The readiness assessment is based on Appendix M from the SAMHSA CCBHC PDI and CCBHC IA applications.</p>
<p>5. Is there a form for Section 5, the attestations or can we just attach an attestation sheet and sign? And, am hoping this is not included in the 10 page limit like the resumes, licenses, etc aren't. Correct assumption?</p>	<p>The attestations are included in the 3-page Applicant Information Form/Letter of Intent. By signing the Letter of Intent, your organization is attesting to the requirements listed. The Applicant Information Form is not included in the 10-page limit.</p>
<p>6. We are a for -profit medium sized OP clinic servicing thousands of your optum clients a month. I received an email regarding a grant and RFP info etc. I just wanted to be sure before I applied, that we are not eligible as we are not a non-profit Please confirm.</p>	<p>A CCBHC must be a nonprofit organization by federal law. DCOs can be either nonprofit organizations or for-profit entities.</p>
<p>7. Can you confirm the deadline of 9/7/22 for Letter of Intent? If not, what is the date?</p>	<p>See answer to Question 2 above.</p>
<p>8. Section C: Can Applicant Information Form and &amp; Technical Proposal serve as your Letter of Intent?</p>	<p>The 3-page Applicant Information Form serves as the Letter of Intent, to say that your organization is interested in becoming either a CCBHC or a DCO. You would complete the Technical Proposal if you are also seeking grant funding.</p>
<p>9. Can a DCO apply for Infrastructure Funding?</p>	<p>Yes. See the amounts of funding for DCOs in the chart that starts on Page 10.</p>
<p>10. Will people in private practice still be able to provide behavioral health services to optum clients if they are not part of this?</p>	<p>Yes, current providers in private practice will still be able to provide services to Medicaid members.</p>
<p>11. The link is not working for the CCBHC Infrastructure Grant information, including the RFP and any follow-up communications from EOHHS, is <a href="https://eohhs.ri.gov/Certified-Community-Behavioal-Health-">https://eohhs.ri.gov/Certified-Community-Behavioal-Health-</a></p>	<p>The correct link for the overall CCBHC Infrastructure Grant information is: <a href="https://eohhs.ri.gov/Certified-Community-Behavioral-Health-Clinics-Infrastructure-Grant-Program">https://eohhs.ri.gov/Certified-Community-Behavioral-Health-Clinics-Infrastructure-Grant-Program</a></p> <p>The link for the RFP itself is: <a href="https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-08/EOHHS-1.pdf">https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-08/EOHHS-1.pdf</a></p>

<p>Clinics-Infrastructure-Grant-Program . Please advise if there is another link.</p>	
<p>12. I received an email regarding certification of out center. There is a link in the email that didn't work. Can someone provide me some insight as to what this is and what [BH provider agency] needs to do of anything</p>	<p>The email you received concerns the state's creation of Certified Community Behavioral Health Clinics (CCBHCs) and the availability of Infrastructure Grant Funding for entities who are interested in becoming CCBHCs and need fiscal support to do so.</p> <p>See the answer to Question 11 above for the links.</p>
<p>13. Can you please clarify the requirement for providing primary care screening and monitoring of key health indicators and health risk? Can these screenings be completed by a healthcare provider within the CCBHC with follow-up coordination to an individual's primary care provider? Does every client served within a CCBHC need to have the screenings completed, including those in general outpatient counseling?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>
<p>14. You have separated out the funding and certification for CCBHCs from DCOs for readiness and capacity building activities. It is confusing and potentially problematic to separate out these two entities when they are tied to each other to provide the full scope of required services. Because "CCBHCs are clinically responsible for the care and treatment of individuals provided by the DCO," it will be the CCBHC's responsibility to ensure that the DCO relationships they establish meet the deliverables that are defined, and as such, should be responsible for determining the needed</p>	<p>The state has chosen to separate out the Infrastructure Grant funding for CCBHCs and DCOs because there may be organizations who are eligible to be and interested in being DCOs who would not be known by the organizations who will apply to be CCBHCs. By funding and recruiting them separately, CCBHCs will have the opportunity to partner with a potentially broader group than the CCBHC would have without this open Infrastructure Grant program.</p> <p>Also, please note that the dollars available for CCBHCs and for DCOs through this Infrastructure Grant program are different.</p> <p>Phase 1  CCBHCs: \$300,000  DCOs: \$30,000</p> <p>Phase 2  CCBHCs: \$760,000  DCOs: \$370,000</p> <p>Phase 3</p>

<p>infrastructure and capacity building activities of the DCO and the corresponding required funding. The separation assumes that each entity type (CCBHC or DCO) will need the same amount of funding to complete the deliverables. However, a CCBHC that is going to provide the majority of required services would have greater funding needs for capacity building than an applicant that is contracting with DCOs for some services, resulting in the DCOs needing more funding. It would seem to make more sense to provide funding to the entities based on this ratio. <i>Can you explain your rationale for “unlinking” these entities and funding separately?</i></p>	<p>To be determined for both CCBHCs and DCOs</p> <p>Please see the chart starting on Page 10 for more information on the dollar amounts.</p>
<p>15. In relation to the above issue, the geographic areas that the CCBHC and the DCO applicants define may not match up. This may result in a CCBHC needing to have multiple DCOs for the same service, (e.g. ACT), complicating management of evidence-based practices and data. <i>Can you explain your vision for establishing/mapping non-duplicative services between the geographic areas of CCBHCs and DCOs?</i></p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>
<p>16. The Program Details require that CCBHCs and DCOs will have provided at least one of the services in the site of the CCBHC. <i>If a DCO has provided an identified service for several years in another site but wants to partner with a CCBHC to bring that</i></p>	<p>The requirement that services have been provided at an identified service location is a requirement for CCBHCs in the grant program. DCOs do not need to be tied to a particular site. Certification requirements may be different from the grant eligibility requirements and will be detailed by BHDDH during SFY 23.</p>

<p><i>service to the CCBHC's identified site, would that DCO be disallowed?</i></p>	
<p>17. I had a question regarding the Letter of Intent for the CCBHC Application. I understand that organizations interested in becoming Certified Community Behavioral Health Clinics or Designated Collaborating Organizations must signal that interest in the Section C Proposal, which will serve as the Letter of Intent for ongoing participation. With that said, I just wanted to confirm then, that given that Section C which serves as the LOI, and is part of the full proposal, this would follow the submission due date of September 7, 2022, 5:00pm EST. Is that correct? I just wanted to make sure the LOI submission is not expected at another time or before the deadline of September 7, 2022.</p>	<p>See answer to Question 2 above.</p>
<p>18. On page 22 of the RFP #3 ISBE Proposal it references "See Appendix A on the 'Overview' tab in Ocean State Procures for information and the MBE, WBE..." It continues with "Grantees are required to complete, sign and submit these forms with their overall proposal (uploaded to the 'Price Evaluation Attachments' section on the 'Attach Documents' tab)." Yet on page 24 of the RFP "Please submit the application by emailing ohhs.ccbhcreadiness@ohhs.ri.gov" by September 7." There also doesn't seem to be any posting</p>	<p>Please follow these updated directions for the ISBE proposal as indicated in Addendum 3:</p> <p>Please complete the ISBE form that is linked as an Appendix <a href="#">here</a> and posted on the <a href="#">EOHHS CCBHC Infrastructure Grant Program webpage</a>. This form should be submitted as an attachment to your application and will not count towards the 10-page limit. Applicants do not need see Appendix A on the "Overview" tab in Ocean State Procures™.</p>

regarding this RFP on Ocean State Procures. Please clarify.	
19. Will CCBHCs be responsible for DCOs' performance?	Yes, CCBHCs are responsible for the performance of the DCOs with which they contract.
20. Will DCOs be assigned to CCBHCs?	No. However, the CCBHC Interagency Collaborative strongly encourages CCBHC and DCO contractual partnerships, and they will be incented through Phase 3 grant funds.
21. Why would a DCO apply separate from a CCBHC?	See the answer to Question 14 above.
22. Will there be any pay differentials for specialized populations?	There will be no rate differential for specialized populations for the Infrastructure Grants.
23. Will CCBHC's be able to choose their own DCO's?	Yes
24. Will you allow a CCBHC that has the capacity to serve adults but primarily serves children and families since it is such a need?	The state will choose entities as eligible CCBHCs for infrastructure funding based on the criteria on Pages 15 and 16 of the RFP. Children's service providers will be eligible if they meet those criteria. Additional program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.
25. Exactly how will CCBHC's interface with 988 and BH Link? Will that be a DCO partnership?	It is the state's intention for CCBHCs and their mobile crisis components to collaborate closely with 988 and BH Link. This will be planned throughout SFY23.
26. Will there be any collective/ coordinated efforts around staff recruitment and retention to be able to meet the service needs through the CCBHC implementation?	The state has not made plans for coordinated staff recruitment. This is a topic that can be brought up in the Learning Collaborative referenced in the RFP.
27. Will technical assistance be available during phase 1?	The state is procuring a Technical Assistance contract separately from this RFP. EOHHS cannot guarantee that the procurement will be completed within the Phase 1 timeline. Successful grantees can use these Infrastructure Grant dollars to secure Technical Assistance in Phase 1, and then receive additional Technical Assistance that the state is procuring.
28. Will the state assist agencies in obtaining technical assistance for the cost proposal?	See answer to Question 27 above. Grantees can secure technical assistance for the cost proposal on their own, with grant dollars.
29. Traditionally in Rhode Island only Community Mental Health Centers have been able to offer ACT services, will the CCBHC implementation process allow for	As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.

<p>other agencies to build ACT teams?</p>	
<p>30. On the top of page 18, organizations are asked to check off if they wish to be a CCBHC to deliver outpatient mental health AND SUD treatment services, yet other portions of the RFP describe it as mental health OR SUD treatment. Could you clarify?</p>	<p>CCBHCs are required to provide mental health AND SUD treatment, either directly or in partnership with DCOs.</p>
<p>31. Can we apply to be both a CCBHC and a DCO?</p>	<p>Reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, or DCOs or both. Applicants may apply for either a CCBHC or a DCO Infrastructure Grant, or both. If an entity would like to apply for infrastructure funds to support becoming both a CCBHC or a DCO, then they would need to complete two distinct funding applications, including two Applicant Information Forms/Letters of Intent. Applications can include similar information, but should be tailored to either the CCBHC or DCO criteria.</p>
<p>32. Are the Applicant Information Form and the Technical Proposal both due on September 7th? If not, what is the due date for the technical proposal?</p>	<p>See answer to Question 2 above.</p>
<p>33. If we apply as a CCBHC, would it count against us if we also select to provide several DCO services?</p>	<p>No.</p>
<p>34. How is the recent RFQ for Children’s Mobile Crisis related to this RFP?</p>	<p>It is the state’s intention for CCBHCs and their mobile crisis components to collaborate closely with the Children’s Mobile Response and Stabilization Services (mobile crisis) project that is being procured at this time. This will be planned throughout SFY23.</p>
<p>35. Do you see CCBHCs doing a full range of emergency services for adults in the future?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>
<p>36. How does EOHHS foresee oversight of clinical responsibilities?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>

37. Can an agency become a CCBHC and also be a DCO for another organization?	Yes.
38. Many Equity partners may not meet the criteria of a DCO- how can they be included if they do not meet minimum qualifications?	The state will evaluate each Equity Partner based on the criteria in the RFP.
39. If you are applying to be both a CCBHC and a DCO do you have to do 2 applications?	Yes. See the answer to Question 31.
40. If an organization is a certified CCBHC through SAMHSA will the state automatically certify them?	No, organizations must go through the BHDDH certification process.
41. Can you provide a list of agencies that have a Medicaid license?	Medicaid does not issue “licenses” – it enrolls providers. Medicaid providers can be searched via each Managed Care Organization’s website, or on this Medicaid portal: <a href="https://providersearch.riproviderportal.org/ProviderSearchEOHHS/ProviderSearch.aspx">https://providersearch.riproviderportal.org/ProviderSearchEOHHS/ProviderSearch.aspx</a>
42. Can you provide a list of agencies that are licensed as a behavioral health agency through BHDDH?	Here is a list of agencies that are licensed as behavioral health agencies through BHDDH: <a href="https://bhddh.ri.gov/mental-health/individual-and-family-information/licensed-healthcare-organizations">https://bhddh.ri.gov/mental-health/individual-and-family-information/licensed-healthcare-organizations</a>
43. Who will be on the review committee?	The review committee will be made up of state agency staff.
44. Please clarify the 3-year operating requirement for DCOs or any other entity such as cultural groups that could support services for behavioral health.	As noted on Page 16, DCOs must have 3 years of experience offering services to eligible populations or diverse populations who are impacted by behavioral health conditions in their target communities. This can be proven with a state Certificate of Incorporation, an IRS 501(c)3 determination letter, or other similar documents.
45. Please clarify the criteria and process for behavioral health clinics to be approved as a DCO.	As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.  The criteria for potential DCOs to receive funding through this Infrastructure Grant Opportunity can be found starting at the bottom of Page 15 of the RFP.
46. Can one DCO partner with multiple CCBHCs either in the	Yes.



<p>DCO's catchment area or outside of that area?</p>	
<p>47. Will DCOs be required to purchase and utilize the reporting data system under the CCBHC? Will the DCO be responsible for staffing and data system required under this program, or is the CCBHC going to provide technical and data support to the DCO under their funding? If not, should this be included as a funding request by the DCO?</p>	<p>It will be up to the CCBHCs to determine the data systems they would like to use with their DCO partners. This will be an allowable expense for grant funding. If the grantee does not know who they will be partnering with in Phase 1 or 2 of grant funding, it can use dollars to be awarded in Phase 3.</p>
<p>48. Please clarify, what can a DCO apply for funding?</p> <ul style="list-style-type: none"> <li>a. Can funding be used to enable DCO to meet the criteria to be accredited as a CCBHC or any other applicable accreditations?</li> <li>b. Can funding be used for capital improvements to expand meeting space for services?</li> <li>c. Can funding be used to expand staffing for expansion of and additional programming?</li> </ul>	<ul style="list-style-type: none"> <li>a. DCOs can apply for funding to support their readiness to partner with CCBHCs to provide behavioral health services. DCOs would not be "accredited as a CCBHC" - they would contract with CCBHCs to provide services.</li> <li>b. Because of the restrictions from the federal government for these Infrastructure Grant dollars, only CCBHCs can use them for capital expenses. DCOs may not use the funds for capital expenses.</li> <li>c. Yes, funding can be used to expand staffing for expansion of programming.</li> </ul>
<p>49. P6 under DCO criteria states: Providing a portion of the core community-based outpatient behavioral health service to either all or a specified subset of the population (e.g., adults, children, people with SUD). The CCBHC federal model requires that outpatient MH and SUD treatment be provided directly by the CCBHC (not a DCO). Is this a requirement? What is the "portion" that the DCO be providing? If providing outpatient</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>

<p>MH and SUD treatment is not required to be provided by the CCBHC, will this affect RI's ability to get federal authority or become part of the CCBHC Demonstration? If it will have an effect, will the CCBHCs and DCOs have to shift at a later time to be in federal compliance?</p>	
<p>50. P7 under DCO criteria states: Facilitating the engagement of diverse populations who are impacted by behavioral health conditions in their target communities, thereby helping CCBHCs reduce disparities and promote health equity among the communities they serve. The federal CCBHC model requires DCOs to be a Medicaid provider. Is the state requiring DCOs to be Medicaid providers? If so, which agencies will be eligible to be a DCO under this criterion? If being a Medicaid provider is not a requirement of a DCO, what will this relationship look like financially between the CCBHC and DCO?</p>	<p>DCOs do not have to be Medicaid-eligible to participate in the Infrastructure Grant program. For the future prospective payment program, additional guidance on DCO payment and eligibility will be addressed in the coming months.</p>
<p>51. P15 under Eligible Site Requirements states: An organization with sites in multiple catchment areas meeting specified criteria below can submit an application per site that demonstrates eligibility as a CCBHC or DCO applicant. A separate application must be submitted for each site for which the organization is seeking funds. Grantees will be eligible for the full allotment of grant funds for each separate application submitted.</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>

<p>Please further explain the application process if you are providing services in multiple areas. If a CCBHC is given a certain catchment area but serves clients in another catchment area, can the services outside the designated catchment area be billed as CCBHC services? Three examples:</p> <ul style="list-style-type: none"> <li>- Our "current catchment area" is Kent County but we operate two Homeless ACT teams based in Providence and Warren that serve clients who are now residing throughout the state. Can they be included?</li> <li>- We also operate MHPRR's both inside and outside of our "current catchment area". My understanding is that residential services per se are no included in the model, but clinical support of such services would be allowable. Is this correct? And, can those outside the catchment area be included?</li> <li>- Lastly, We operate school-based services inside and outside of our area. Some of the clinicians' work is medicaid billable but work of the behavioral support specialists is not. What and where can we include in our CCBHC application?</li> </ul>	
<p>52. Describe the relationship between AE's and CCBHC's? What if the CCBHC is a member of an AE?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>

<p>53. Will the selected CCBHC's be required to partner with DCO's?</p>	<p>See answer to Question 20 above.</p>
<p>54. Will the selected CCBHC's be allowed to form alternative (to DCO's) relationships with partner agencies who otherwise meet SAMSHA (or State) credentialing requirements?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>
<p>55. Would we be allowed to submit more than two (2) letters of support?</p>	<p>Yes, but applicants do not need to submit more than two letters.</p>
<p>56. Will OHHS and partners within the CCBHC Interagency Team, i.e. BHDDH, provide and/or require CCBHC's to utilize a specific set of quality and performance measures?</p>	<p>The CCBHC Interagency Team will develop quality and performance measures during FY23, with input from grantees and community partners.</p>
<p>57. We currently receive a bundled rate through BHDDH to cover the costs we incur for providing ACT and IHH services to our consumers. Will these continue under the new prospective payment system? If not, should these costs be built into the cost report?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>
<p>58. What documentation will you require to verify our insurance coverages, as listed on pages 2 and 3 of the RFP? Should we provide this documentation as an attachment, and not have it counted in the ten (10) page limit?</p>	<p>You can provide the information as an attachment, and it will not count toward the 10-page limit.</p>
<p>59. What documentation, if any, will you require to verify our licensure and accreditation status? Should we provide this documentation as an attachment, and not have it counted in the ten (10) page limit?</p>	<p>Yes, please provide copies of your licensure and accreditation status as an attachment, and it will not count toward the 10-page limit.</p>

<p>60. Will the 10 distinct CCBHC's be assigned to unique catchment areas or will overlap be allowed in geographic areas?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p>
<p>61. On page 15 of the RFP you state: "An organization with sites in multiple catchment areas meeting specified criteria below can submit an application per site that demonstrates eligibility as a CCBHC or DCO applicant. A separate application must be submitted for each site for which the organization is seeking funds. Grantees will be eligible for the full allotment of grant funds for each separate application submitted." [PROVIDER] is currently in the 17th month of a grant program with SAMSHA and is now a CCBHC, under SAMSHA criteria. We provide all CCBHC required services, however not all these services are provided within each of our multiple sites within two (2) different catchment areas. Please note: [PROVIDER] does meet the two criteria listed at the bottom of page 15 in the RFP, for all our locations.</p> <p>Question: Should [PROVIDER] complete separate applications and technical proposals for more than one of our sites? If we do not, must we designate just one site? Our preference is to provide all required CCBHC services through our multiple sites under one CCBHC certification. In one of our catchment areas we would provide some required CCBHC services through a DCO relationship or a formal Care Coordination agreement.</p>	<p>See the answer to Question 31 above.</p>

<p>62. Page 16 #2 requires RIVIP Vendor Certification Cover Form – am unable to find the opportunity on RIVIP so cannot generate a cover form.</p>	<p>As indicated in Addendum 2, applicants do not need to register in RIVIP or provide the RIVIP Cover Form. Instead, CCBHC and DCO applicants should submit a W-9 form in lieu of the RIVIP Cover Form. This can be submitted as an Appendix and will not count in the 10-page limit for the technical proposal.</p>
<p>63. Regarding Professional Liability, our coverage is \$2,000,000 for claims made and \$4,000,000 in the aggregate. (This is more of a clarification from "per occurrence," and typically standard for most Professional Liability policies)</p>	<p>Insurance limits are determined by the Department of Administration. The Department does not accept changes to its determinations.</p>
<p>64. What are the limits of coverage that are acceptable if/when a bidder is unable to obtain a \$5,000,000 IT Cyber/Privacy coverage? How was the \$5,000,000 limit determined?</p>	<p>Insurance limits are determined by the Department of Administration. The Department does not accept changes to its determinations.</p>
<p>65. The SAMHSA guidelines referenced in the RFP calls for the inclusion of "Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization." The RFP references Mobile Crisis as a critical service but does not specifically reference this as a service to apply for under this funding opportunity. Are providers able to apply to be a provider for Mobile Crisis and/or Children's Mobile Crisis through this RFP?</p>	<p>As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.</p> <p>No organization can apply to be a provider of services through this RFP.</p>
<p>66. Is there flexibility around the insurance requirements for DCOs? For example, the RFP requires cyberpolicy limits up to \$5M, but our policy is \$1M. An increase in coverage limits would be a big premium jump for us.</p>	<p>See the answer to Question 64 above.</p>

67. Is it necessary for an applicant DCO to have identified a CCBHC partner prior to submitting?	No.
68. Is the Technical Proposal the same for CCBHC and DCO applicants?	The Technical Proposal questions are the same. Organizations will answer them based on the specific funding they are applying for.
69. On page 21 it says “Applicants must provide the names and contact information of three references.” What kind of references are you looking for e.g. clients?	The CCBHC Interagency Team is looking for organizational references, from agencies with which your organization has worked in the past.
70. If an organization is applying to be a CCBHC and a DCO, are those two separate applications? If so, would there be two information forms and two 10 page technical proposals under one cover? Or should there be two separate applications?	See the answer to Question 31 above.
71. DCO application: If we are applying as a DCO, do we need to submit insurance documentation?	Yes.
72. DCO application: If we have two offices or sites (one on Aquidneck Island and one in Providence), do we need to submit 2 DCO applications, one per site? (“A separate application must be submitted for each site for which the organization is seeking funds.”)	See the answer to Question 31 above.
73. Is the 10-page technical proposal single or double spaced?	The proposal can be single spaced if necessary.
74. Does Section 3 of the Technical Proposal mean that we should use the DCO Readiness Assessment and Equity Plan as tools to guide our workplan? In other words, we don’t complete those documents	See the answer to Question 2 above.

now, but we use them to shape our timeline and plans?	
75. Does an entity that is interested in becoming a DCO need to list the CCBHC(s) it would partner with when it submits a grant application and Letter of Intent to EOHHS on September 7?	No
76. I am a sole outpatient behavioral health provider in RI (LICSW). Is this in regards to maintaining my ability / provider ship to see clients who has state insurance through Neighborhood Health of RI?	Sole outpatient providers will be able to continue to see clients who are covered by Neighborhood Health Plan of Rhode Island or other Medicaid Managed Care payers.
77. I am a sole outpatient behavioral health provider in RI (LICSW). Is this in regards to maintaining my ability / provider ship to see clients who has state insurance through Neighborhood Health of RI?	No. See the response to Question 10 above.
78. I am writing on behalf of [pediatrician]. We received this email notice and are unclear as to whether or not we need to do anything in follow up. Is there any other information that you can send for clarification as to how this might impact on our practice?	See the response to Question 12 above.
79. The notice of the August 11 conference call reached me on August 13, Please send me information on this topic.	See the response to Question 12 above.

**These questions were asked during the Pre-bid Conference. We are continuing to number the questions in order after the email questions, for ease of tracking answers.**



80. Are DCOs required to do a Letter of Intent?	Yes. If an entity wants to signal their intent to become either a CCBHC or a DCO, they should fill out the Letter of Intent Application Information Form on Pages 17 to 19 of the RFP. If they are interested in also applying for funding, they should complete the Technical Proposal starting on Page 20.
81. If someone doesn't apply now, are there any barriers to an organization becoming a DCO at a later time?	No. Organizations are eligible to become a DCO at a later time whether they participate in this grant program or not. There is, however, unlikely to be another round of infrastructure grant funding.
82. Do equity partner DCOs have to be Medicaid providers?	No.
83. If you're interested in applying as a CCBHC and a DCO, do you need to do the Letter of Intent and technical proposal twice?	See the answer to Question 31 above.
84. If an entity wants to become a CCBHC and is not one of the selected 10, would this also disqualify them from becoming a DCO?	No, they would not be disqualified. See the answer to Question 31 above.  In addition, organizations who are not chosen for the CCBHC grant program will still be eligible to apply for CCBHC certification.
85. Is it going to be a requirement from the state that certified CCBHCs must contract with at least one DCO?	See the answer to Question 20 above.
86. Is there any flexibility around the insurance policies for DCOs? Specifically, the PHI \$5M requirement is high for many DCOs.	The insurance requirements for state vendors are set by the Department of Administration. EOHHS does not have the power to change those requirements.
87. Do applicant DCOs have to identify a CCBHC partner as part of the submission?	No, DCOs do not need to identify a CCBHC partner as part of the submission. However, if a potential DCO has a connection with a potential CCBHC, they can share that through a Letter of Support, as noted in Section 2b on Page 23.
88. Catchment areas	
a. If we apply for Kent County catchment area but we also provide services under another catchment area of a different CCBHC, can we include these services in our CCBHC?	As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details like these will be addressed in the coming months through the CCBHC Interagency Team planning process.
b. If an entity is in 7 communities in the state, would we have to submit 7 different applications?	Prospective grantees should submit separate applications for each location for which they want to receive Infrastructure Grant funding.

c. Application indicates that CCBHCs must identify which communities they'll serve but doesn't mention catchment areas. Is one application sufficient to cover multiple areas or would more than one application need to be submitted?	As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details about catchment areas will be addressed in the coming months through the CCBHC Interagency Team planning process.  Prospective grantees should submit separate applications for each location for which they want to receive Infrastructure Grant funding.
d. When will you determine what the geographic service areas are?	As a reminder, this is an application for infrastructure grant funds to support organizations in developing the capacity to become either CCBHCs, DCOs, or both. Program details about catchment areas will be addressed in the coming months through the CCBHC Interagency Team planning process.
89. Is one of the intents of this RFP to expand outside of the existing CMHOs to include additional resources and other agencies that may not traditionally have been doing this work, and will that get any priority?	The state is interested in encouraging all eligible entities who can be CCBHCs to consider applying.
90. Will there be a separate template for the attestations? Is this part of the 10 pages?	The signature of the Organization Official on Page 19 is the attestation.
91. When are the letters of support/reference needed? Listed in both Phase 1a and 1b? What's the difference between the two?	Please review Section 2B on Page. For the Grant Application, we are asking for names and contact information of three references and at least two letters of support from other community organizations to be submitted with the application by 5pm EST on September 7 <sup>th</sup> . Letters of support in Phase 1a and 1b will only be required of successful grantees at a later date.
92. Does the application define what's being looked for in the letters of reference?	Please review Section 2B on Page 23 for what the state is looking for in Letters of Support.
93. Can an entity apply to be both a CCBHC and DCO?	See the answer to Question 31 above.
94. On page 22, ISBE proposal and references on OSP – should we include this in the email?	See the answer to Question 18 above.
95. When will the entities being considered be notified?	Please see Page 15 for Key Dates for the CCBHC Infrastructure Grant.
96. Timeframe for certifying entities?	Per the language in the FY23 State Budget, by January 15, 2023, BHDDH, in coordination with EOHHS, will prepare an analysis of proposals, determine how many behavioral health

	clinics can be certified in FY 2024 and the costs for each one. Certifications will be carried out by BHDDH before July 1, 2023.
97. Federal model requires DCO partners to be Medicaid providers. By allowing us to partner with a DCO and enter into a financial relationship with orgs that are only equity providers and don't provide Medicaid services, what will this look like? If they do need to be Medicaid providers, who would fit that?	See the answer to Question 50 above.
98. Federal model allows relationship with similar DCOs (care coordination agreement) in which CCBHCs don't have a financial relationship or quality/clinical oversight, but do have specific agreements re: care coordination, HIPAA, etc. Are these going to be encouraged or allowed in RI?	Yes
99. Page 21 of the RFP, Section 4 asks for "names and contract information". Is that supposed to say "contact information"?	Yes
100. Who will be responsible for the DCOs performance?	CCBHCs are responsible for the performance of the DCOs aligned with them.
101. Has it been determined when 1b of the continuation application will be due?	The due date will be specified in the Continuation Application, which will be available to successful grantees soon after their notice of award.
102. Clarify dates for Phase 2 and Phase 3?	Deliverables and deadlines shall be released to participating agencies during Phase 2, and prior to September 1, 2023
103. Should the Letter of Intent and Technical proposal be submitted together?	Yes, they can be submitted together in one document. Please note that the LOI and letters of support do not count towards the 10 page limit for the Technical Proposal
104. Please provide funding disbursement clarification for Phases 1a and 1b	Entities will receive 60% provided upon award, and 40% provided after submission to EOHHS upon receipt of an invoice and final deliverables.
105. Coordinating and collaborating with 988 is mentioned. How to you anticipate CCBHCs collaborating with Children's MRSS providers if there are DCOs?	It is the state's intention for CCBHCs and their mobile crisis components to collaborate closely with 988 and the Children's Mobile Response and Stabilization Services (mobile crisis). This will be planned throughout SFY23.

<p>106. Is there a template for what needs to be included in the quarterly reports?</p>	<p>The state is creating this template now, and it will be shared with successful grantees soon after their notice of award.</p>
<p>107. RFP mentions if you are already engaged in a SAMHSA CCBHC project you just need to update your existing needs assessment. Any implications or advantages if you're already with SAMHSA?</p>	<p>No, all CCBHC applicants will be considered equally.</p>
<p>108. For the demonstration CCBHCs in initial 8 states, there was a set of quality and performance measurements required. With expansion grants, these are unclear for grantees. Wondering what RI's requirements will be here? Need to build this into our work plan during Phase 1a.</p>	<p>The state is clarifying the required set of quality and performance measurements and these will be shared with successful grantees upon their being chosen for funding. The state will also be procuring technical assistance on quality measurement that will be available to successful grantees and will discuss quality measurement in the CCBHC Learning Collaborative.</p>
<p>109. Page 11 mentions Phase 1b and then Phase 2 – are these the same?</p>	<p>No. These are separate phases.</p>
<p>110. Page 20 says to describe and provide evidence to state/federal licensure status. Should we include this as an attachment?</p>	<p>Yes, applicants should attach copies of any state or federal licenses to the application. These will not count in the 10-page limit for the Technical Proposal.</p>
<p>111. For the evidence of insurances, does this require a certificate from the insurance broker or just an attestation?</p>	<p>Applicants should share Insurance Certificates. They will not count in the 10-page limit for the Technical Proposal.</p>
<p>112. Page 18 – asks to check “my org seeks to become CCBHC for ___ <b>and</b> SUD” vs <b>or</b>, as it's mentioned as or in other sections</p>	<p>See the answer to Question 30 above.</p>
<p>113. How will CCBHCs interface with 988 and BH Link? Would this be a DCO partnership?</p>	<p>See the answer to Question 43 above.</p>
<p>114. Three-page RIVIP Form that's required to be signed?</p>	<p>See answer to Question 62 above.</p>
<p>115. Where should questions be submitted?</p>	<p>Please submit questions to <a href="mailto:OHHS.CCBHCReadiness@ohhs.ri.gov">OHHS.CCBHCReadiness@ohhs.ri.gov</a> by 5pm EST on August 15, 2022.</p>