



Letter of Clarification #1 Inpatient Competency Restoration Program

To: All Contractors/Vendors/Providers
From: Sharon Brauner, Buyer III/Nina Cook, Purchasing Manager
Date: November 21, 2011
RE: Letter of Clarification – **Inpatient Competency Restoration Program**

For the benefit of all Contractors/Vendors/Providers submitting proposals and to avoid possible confusion in bidding, the proposal documents are clarified as follows. Please note this Letter of Clarification is hereby incorporated into the proposal document and shall supersede any previous specification or provision. Contractors/Vendors/Providers are required to add this Letter of Clarification #1 to the original proposal document.

Questions and Answers

1. Question: Is an authorization letter required from the reference or is the reference name/contact information sufficient?
Answer: The reference name/contact information is sufficient. Reference page 11 of 34, a list of at least three (3) references, including contract person, telephone number, fax number and email address are required.
2. The overview on page one describes “daily” psychiatric “care”. Is this daily face-to-face contact with the psychiatrist or can the face-to-face contact be adjusted to suit clinical acuity (see question 3 below)?
Answer: One of the goals of the program is to decrease the time of restoration from 100.29 to 36.9 days. The frequency of contact with the psychiatrist should be adjusted to meet that goal. MHMRA is assuming there is a clinical team providing the psychiatric care which is not totally dependent upon a psychiatrist and that some therapeutic activity will occur daily.
3. Question: On page 13, item 8. “See patient(s) as appropriate based upon an individual treatment plan for stabilization of medications.” This statement appears to allow for flexibility in seeing the patient and appears to conflict with the statement in question # 2 above.
Answer: Because there is no Medicaid or Medicare billing for this project, and all psychiatric services are included within the per diem; the visits by the psychiatrists could be adjusted based on the medical necessity. If the patient is psychiatrically stable, they might not require daily visits from the MD; however, the patient would need to be seen every 2 -3 days simply because they are being treated on an in-patient unit.
4. Question: Can the Florida State Hospital and the Rusk State Hospital competency training curriculum be used as the resource for this competency training?
Answer: Any proven competency training curriculum can be used as long as it is aligned with the Laws of the State of Texas
5. Question: From page 8/P. Pricing: “Each vendor shall provide responses to “Proposal Reply” page(s) with total pricing in the requested format.” What is the requested format?
Answer: You must agree to the pricing structure as indicated on page 16 of 34.

6. Question: Does the individual with the oversight responsibility (Program Director) have to be a licensed Psychologist? Our previous program was directed by a Doctor of Developmental Psychology. This degree is not eligible for licensure but includes special training in the development of specialized programs such as this.

Answer: The person with oversight responsibility does not have to be a licensed Psychologist. They must have proven experience is managing programs related to patient care

7. Question: Does the “Contractor” provide via another contract with outside Psychologists the competency assessments? Or, will these providers be contracted via another agreement with MHMRA as in the past?

Answer: The provider is expected to contract with outside Psychologists.

8. Question: If the Contractor is providing the assessment services how is the per assessment rate to be funded? Does the \$650 per assessment come from the per diem? If so, can the Contractor negotiate an alternative rate?

Answer: There is separate funding for the assessments and it does not come from the per diem. There is no option to negotiate an alternative rate. (See page 16 of 34 for rates)

9. Question: Does MHMRA have a list of approved Assessors that the Contractor can contact to fill this role?

Answer: Yes, MHMRA does have a listing of contractors who have been used in the past.

10. Question: What are the criteria to make a Psychologist eligible to do the competency assessments? Where would we find this information so we could ensure the individuals we contract with are competent?

Answer: The Code of Criminal Procedure (2011 – 2013) describes the qualifications for those who are eligible to perform competency evaluations. Please see Art. 46B.022, pages 233- 234.

11. Question: Would it be appropriate for us to ask individuals that are employed by MHMRA, the Harris County Courts or the Sheriff’s Department to provide references for our program?

Answer: You may choose whomever you wish to provide references for your program.

12. Question: Related to Certifications and Licensure: Does MHMRA require copies of the licenses of the clinical staff that will provide services or just those related to the hospital/facility?

Answer: MHMRA requires copies of licenses for the hospital/facility only. To protect your licensure, MHMRA assumes that you have verification of licensure for your clinical staff.

13. Question: Subcontractors: Does this provision apply to physician services that will need to be provided but are required to be paid out of the per diem dollars? If so, when will we receive written approval to move forward with making these arrangements with the attending physicians?

Answer: All services except the competency evaluations will need to be paid from the per diem rate. After the MHMRA Board approves our recommendation, the final signatures on the contract will be the approval to move forward.

14. Question: How are medically necessary general medical services to be handled? Who will pay for such services? Are there specific facilities or providers that need to be notified or contracted with as part of this program?

Answer: There is no separate funding to pay for general medical services.

15. Question: How do we ensure compliance with requirement for training per MHMRA Director of Quality Management? Is there additional information that is available now so we can adequately account for time and cost of such training in our proposal?

Answer: The required training specific to the contract is similar to the required training of any MHMRA employee. The potential contractor will, after application, be visited by a QM staff that will assist in determining what, if any training is required. For existing licensed facilities there is often no need of, or very little additional training of staff.

This clarification letter is hereby incorporated in the Request for Proposal document and shall supersede any previous specifications or provisions in conflict with the letter of clarification. All prospective contractors/vendors/providers are directed to submit proposals accordingly. By submitting a proposal on this project, providers shall be deemed to have received a Letter of Clarification and to have incorporated it into its proposal.

Please contact MHMRA of Harris County, Texas, Purchasing Department at (713) 970-7300.