

APPENDIX III: QUESTIONNAIRE (2 Pages)

OFFERORS should respond in the form of a thorough narrative to each specification as guided by this questionnaire. The narratives, along with required supporting materials will be evaluated and awarded points accordingly. Forms provided and requested for inclusion in this proposal shall not be modified.

A. Project Plan (0-40 points)

1. Describe your proposed system to monitor Evaluation Agency bed availability throughout the day.
2. Provide a plan for managing phone calls from hospitals or other partners in the behavioral health system who will call for system referrals, prior authorization or bed location. Include transfer protocols, staffing patterns, timeframe expectations, customer service protocols, and scenarios for multiple simultaneous calls. Include a sample form your organization will use to capture information from these calls. Staffing to respond to such calls must be provided 24/7.
3. Demonstrate your knowledge of the differences between each of the following, especially as it relates to the beginning of the process:
 - a. An application for involuntary evaluation
 - b. An application for emergency admission for evaluation
4. Submit the guidelines you propose to use to determine whether an individual can be diverted out of the process, diverted into an outpatient process or needs to continue in the court ordered evaluation process. Please state how you would address the COUNTY'S desire to reduce the number of unnecessary evaluations, including a plan for addressing patients who present under an application for emergency admission multiple times and have their petitions dropped prior to hearing.
5. Detail your plan to ensure that evaluations take place within Statutory guidelines and a physician or mid-level practitioner sees and assesses patients on a daily basis, including weekends and holidays, to determine whether the patient is willing to accept treatment voluntarily or continues to require involuntary commitment.
6. Describe the system you would put in place to ensure that petitions are not dropped or hearings rescheduled due to a lack of doctor availability to testify, filing errors, petitions that did not meet the criteria, or other logistical/procedural errors. Also describe the ongoing training to address any issues that you identify with these issues.
7. Specify how you would ensure coordination of care with the RBHA, Comprehensive Service Providers (CSPs), family members and other behavioral health stakeholders.
8. Submit a plan, with timeframe goals, for creating and implementing an outpatient COE program. Detail costs involved, personnel needed, and your plan to involve stakeholders, including the COUNTY.
9. Describe your process for working with staff at the Pima County Adult Detention Complex to transfer patients who have been released from custody but remain under a COE or a petition for Court Ordered Treatment (COT).
10. Provide a plan for education of evaluation agencies and other area hospitals on Title 36, Chapter 5 Statutes, COE processes, utilization management, submission of successful claims, and denial policies. Include comments on continuing education and guidance when evaluation agencies do not submit billing in proper timeframes, bill for services that were not authorized, or do not bill for prior authorized services.
11. Provide your claims payment and denial policies, describe your proposed appeals process and adjudication of claims to ensure claims are paid in a timely manner and consistent with State and COUNTY laws.
12. Describe your organization's proposed utilization management and quality management processes.
13. Describe the information systems you would use to process claims, make claims payments, process denials and the system's reporting capabilities. Include sample reports. Include length of time your organization has been using this software and your experience paying claims. Please include a description of the limitations of your information systems.
14. State how your organization will ensure that Providers verify that no payer other than COUNTY exists for proposed patients receiving services under the COE process and that patients meet the criteria for COUNTY mandated payment.
15. Provide your Transition Plan, including an estimate of the amount of time it will take you from notice of award to full implementation of all expected deliverables as outlined in this RFP. Services must begin on July 1, 2015. Include an explanation of how you will work with the existing contractor and COUNTY to ensure a smooth transition.

B. Cost (0-30 points)

16. Please fill in the form provided in **Appendix IV, Financial Summary Form**. Provide detail showing how you calculated amounts.
17. Define what your organization considers to be indirect costs. State your current organizational indirect cost rate. Describe in detail what indirect costs you associate with this proposal/budget. What rate will you designate to pay for your indirect costs for this proposal?
18. State your proposed minimum rate for each of the following:
 - a. Daily inpatient rate for COE days
 - b. Daily inpatient rate for PEP days
 - c. Reimbursement rate for physician evaluations

C. Company Experience (0-20 points)

19. Describe your company structure, stating whether your organization is designated as a not for profit or a for profit entity. Provide a copy of your most recent audited financial statements.
20. Please describe your organization's experience with the COE process. Also include a description of your organization's management of any programs or processes similar to those required here.
21. Describe your organization's success in completing similar projects on time and within budget. Include and provide historical data.
22. If a subcontractor will perform work on the project, include and provide full details for each of questions 19-21 as it relates to the subcontractor(s).
23. Provide confirmation that your organization is in agreement with the **Business Associate Agreement** provided as **Exhibit C** to the Sample Contract.

D. References (0-10 points)

24. Provide at a minimum three references using the form in **Appendix V, Reference Form**. Reference forms shall be emailed with the proposal directly to the COUNTY at RecoveryNow@pima.gov.

END OF APPENDIX III