

Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for Two Long-Term Structured Residences (LTSR)

February 20, 2025

1. On page 19, an implementation timeline is requested of the applicant. Does the County have any expectations on the implementation timeline?

DHS is interested in establishing these LTSRs as soon as possible but places high value on procuring Successful Proposers with strong experience serving the target population and knowledge of the process and steps it will take to implement the program as outlined in the RFP. Thus, we're most interested in understanding each Proposer's realistic time frame for implementation and will work collaboratively with the Successful Proposers to establish a timeline that suits all appropriate stakeholders.

2. Besides the two populations described, is the applicant expected to serve individuals with a sexual offense history and on Megan's Law?

DHS is intent on ensuring individuals with serious mental illness have access to the services described within the RFP regardless of their civil, or criminal justice involvement, including those convicted of sex crimes requiring registration with local law enforcement.

3. What is the anticipated number of non-ambulatory individuals?

We do not know the exact number of individuals that will be non-ambulatory. We recommend estimating 6.25% of the LTSR program capacity will need some level of support ranging between aid during transitions from sitting to standing to weight-bearing support for those wholly unable to transition independently.

4. Will the County reimbursement be the same as CCBH for those not receiving the waiver?

DHS does not expect Community Care to cover room and board expenses in the LTSR since, as the Behavioral Health Organization (BHO), Community Care is not permitted to reimburse for non-treatment related expenses. Waiver funding is expected to cover the costs of room and board for those who have access. DHS will determine the room and board reimbursement rate based on the non-treatment related activities, and corresponding expenses, regardless of the revenue source.

5. On page 15, the RFP states, "DHS will reimburse the Successful Proposers for actual expenses related to onboarding staff, training, and a portion of facility

and administrative costs. Facility and administrative expenses will be a set percentage of the LTSR's direct operational expenses (not as a percentage of a parent organization's total budget or requested contribution). As this rate is yet to be determined, Proposers should designate 10-13% of their proposed budget to administration costs. The final percentage allowable will be determined in collaboration with DHS." Could you clarify the 10 - 13% of the proposed budget for administrative costs? Does this percentage include the facility cost?

The 10% -13% includes both facility and administrative costs and should represent only the programs approximate direct cost base.

Office Hours, February 20, 2025

6. Just wanted to double check that the funding and the staffing is similar to what we currently have for the LTSR model.

Yes, PA OMHSAS continues to require Adult Outpatient Services in an Alternative Setting to be reimbursed under an Alternative Payment Arrangement (APA). The Successful Proposers will be asked to estimate the annual number of 15-minute service encounters delivered by type. The total units by type, multiplied by the base reimbursement rate, will justify the cost effectiveness of the per diem paid under the APA.

The staff should meet minimum education, training, and service requirements to provide therapeutic and behavioral interventions in response to the cognitive and behavioral functioning of the individuals you plan to serve. The array of services reimbursed can be tailored for each target population and the staff capable to delivering those services may need to have unique minimum education, training and service requirements.

You can find more information about Behavioral Health Choices financial reporting requirements here: [Behavioral Health Choices 2025 Financial Reporting Requirements](#)
Please reference Attachments H: Adult Outpatient Services in Alternative Settings through Attachment J: Procedure Code Reference Chart.

7. The information that you just shared [regarding the current funding and staffing levels], is there a place where we can see that? Is that something that's listed somewhere and I just haven't been able to see it?

We did not illustrate the reimbursement model for AOP in an LTSRs within the RFP because we want Proposers to focus on the delivery of the right services. Proposers can view Attachment J in the link provided in the response above to see an example. Technical assistance will be provided on the financial modeling. These are unique treatment services and a unique reimbursement model, and there will be a number of services bundled into a per diem rate. The Successful Proposer will be involved in the determination of the per

diem reimbursement rate under BH HealthChoices as DHS and Community Care will work collaboratively with the Successful Proposers to do so.

8. I heard reference to outpatient. So if we have an outpatient license, a lot of those services can be billed through there?

No, Adult Outpatient Services in an Alternative Setting is a unique service the PA DHS created which cannot be reimbursed under a traditional psychiatric outpatient certificate of compliance a.k.a. license.

9. Is there any start-up money available in regards to identifying a facility or needing to do some modifications or something along those lines.

Yes.

10. Will non health choices residents be eligible for the program?

We intend for all referrals to already be enrolled in BH HealthChoices. Individuals not enrolled in BH HealthChoices would only be referred if their enrollment determination is pending and they're presumed eligible. In these instances, the Successful Proposer will be expected to hold claims submission for the AOP per diem to Community Care, until the BH HealthChoices enrollment date is confirmed. Thereafter, they can bill Community Care retroactively to the first date of BH HealthChoices enrollment. If there is a discrepancy between the first date BH HealthChoices enrollment date and the date of admission to the LTSR, DHS will review the case for County reimbursement of the uncovered days.

11. For Target Population B, how do ID regulations converge with LTSR regulations and are there any issues, or will the LTSR regulations prevail?

The Successful Proposer will be held to LTSR regulations and the BH HealthChoices approved Adult Outpatient Services in an Alternative Setting, In Lieu of Service Description, approved by OMHSAS. This program is intended to be a mental health residential placement with an added intensive mental health treatment component. It is not a service reimbursable under the PA Office of Developmental Programs or Allegheny County's Office of Developmental Supports, therefore, it is not reimbursable under Intellectual Disability or Autism related waivers and unrelated to corresponding ODP regulations.

12. In the event that a person has really significant medical needs or may be combative or violent in such a way that the LTSR feels they can't manage them properly, is that a decision the provider's able to make or how will that be handled?

If a person is referred and has significant medical need(s), this information will be shared and a plan to serve both physical and behavioral health needs will be formulated prior to

admission. If an existing resident develops significant medical need(s), care should be arranged, and the urgency of access should be based on the assessment of LTSR medical staff.

If the Successful Proposer has concerns about their ability to safely serve a resident, they will be expected to consult with the program's medical professionals, coordinate and seek recommendation from the resident's primary care practitioner and any other relevant specialists, then communicate the recommendation for physical and behavioral health care to Community Care's designated Care Manager and Bureau of Adult Mental Health Program Manager.

DHS understands combative behaviors among the target populations as being related to the dysregulation of emotions, affect, cognition, or an autonomic response. These types of dysregulations are present across mental health and neurodevelopmental disorders and should be treated according to appropriate evidence-based practices. We expect the Successful Proposers will have staff trained in these evidence-based practices, so they are able to prevent and respond in a manner that protects the safety of the person, themselves, and the social and physical environment.

13. When I am talking about the medical concern, I'm talking about like in dwelling feeding tubes or really significant ongoing.

Each person with a medical condition referred to the LTSR will be unique in their presentation, and meeting their needs will require a person-centered, well coordinated approach to integrate their mental and physical health care. Thus, we're interested in Successful Proposers who are agile in their response to residents' needs and can provide or coordinate the treatment necessary.

14. Page 12, Bullet 2 where it speaks to working with the County Assistance Office (CAO) to get benefits and then back bill. Could you explain that a little bit better than the way it's written?

If an individual is referred, and they are not yet enrolled in HealthChoices, the Successful Proposers should follow up with the County Assistance Office (CAO) to track the enrollment determination and ensure the start date of the enrollment coincides with the date of the application.

15. With regard to the waiver, if there was a gap in terms of getting the waiver for the ID population, that room and board is still being picked up by the County at that point until that goes into effect?

We apologize and retract the information initially provided in this RFP and the Office Hours session regarding the use of waiver funds for room and board (R&B) expenses. The Adult Autism Waiver and ODP Waiver funds CANNOT be used for R&B expenses. Social Security

Income will continue to cover R&B expenses for residents with access to this resource. DHS will cover R&B expenses for residents who do not have access to Social Security Income. DHS will establish a room and board rate during implementation. The RFP has been amended to reflect this change.

16. Do you anticipate non ambulatory clients, that is, those in wheelchairs, and if so, what percentage of the population of a 16-bed site do you anticipate?

Please see the response to question #3.

17. For this bid, does the County have any preferences regarding the location of the facility, particularly in relation to surrounding neighborhoods?

We prefer locations within Allegheny County easily accessible by public transportation and close to other community resources. We prefer residents have a comfortable home-like environment with access to an outdoor area and space to engage in health and wellness activities.

18. Are there any community considerations or zoning factors that may influence site selection?

Yes. We're interested in Successful Proposers who understand the importance and process of establishing a good relationship with members of the community, the municipality/township and the zoning board. For a new LTSR to be established in a community, that community must be open to hosting the program and supporting the zoning boards issuance of an occupancy permit reflective of the zoning code for the intended use. DHS and Community Care will work collaboratively with the Successful Proposers to identify all the supports we can to ensure successful community engagement and program implementation.

For an example of a strong community engagement process, please reference the Good Neighbor Agreement established by the North Loop Neighborhood Association (NLNA) in Minneapolis, MN and Avivo Village. The agreement established a shared standard for protecting the rights of the residents, the community and preserving the dignity of vulnerable residents or guests.

19. When you talk about the location, if there would be a facility that we know of or possibly already have within our network, would you be negotiable to less beds than what's in the RFP or is it pretty much said you want to have it there at the max?

We're open to considering Proposals offering less beds if that's all a Proposer is capable of providing.

20. How much are the start-up funds and how can those funds be used?

We haven't said how much funding is available because it'll depend on the proposed expenses. For example, the start-up costs for an organization with an available facility may be different than those for an organization that would need to identify a facility. So, we're most interested in understanding what Proposers feel they need to establish the LTSR and will negotiate the final budget and contract terms with the Successful Proposers. Funding for renovations may be proposed.

21. Can the program contract with outside outpatient treatment providers?

No, we don't believe this program will work as envisioned unless the staff in the LTSRs are the team providing services.

22. Are there any anticipated deadlines or phase implementation requirements for LTSR projects such as site approval construction or service launch? Additionally, are there any expedited review processes available to help meet timelines?

Please see the response to question #1.

23. Can you please elaborate and clarify that the proposers should designate 10 to 13% of their proposed budget to administration costs. What does this all entail?

The 10% -13% includes both facility **AND** administrative costs and should represent only the programs approximate direct cost base. Any costs related to an entire facility being used by other programs operated by your organization should not be included in the expenses.

In your proposed budget and budget narrative, please be as detailed as possible. If you believe a certain cost is needed for successful implementation of the program, please provide strong justification in your budget narrative. All proposed costs will be considered for reasonableness, and the final budget and contract terms will be negotiated with the Successful Proposers.

24. Will Megan's Law individuals be excluded?

DHS is intent on ensuring individuals with serious mental illness have access to the services described within the RFP regardless of their civil, or criminal justice involvement, including those convicted of sex crimes requiring registration with local law enforcement.

We do not expect an inordinate number of referrals from people on Megan's law, however, the Successful Proposer will receive proper notice, and any referrals such as these will be

informed by location. We anticipate these referrals will be outliers and not something you need to focus the whole program on.

25. Would you say that the admin cost methodology is the same as we've used in other LTSR Adult Outpatient Services (AOPS), or is it different?

The administrative cost methodology is similar to what we've used in the last several years.

March 12, 2025

26. Will Community Care be contracting for a daily therapeutic rate or will the provider need to bill for individual therapeutic services as defined in Outpatient service codes, such as: Individual Therapy session for a set number of minutes, Group Therapy session, Medication Check, etc.?

Community Care will establish a per diem reimbursement rate for treatment related expenses. The Successful Proposer will be expected to track encounter data to meet the quarterly OMHSAS reporting requirements.

27. Does the specific address of the property need to be identified in the proposal, or can the provider describe the type of property to be secured for the LTSR?

Yes, we prefer as much detail about the property that can be shared regarding its intended use as an LTSR.

28. Is Community Care in agreement to funding at rates that support the high costs associated with recruiting and sustaining master level mental health professionals?

DHS and Community Care establish rates based on several factors, some of which include the Proposer's budget, actual expenses incurred during startup and ramp up, utilization and productivity trends. Rates are not based on a single factor, but on the program's overall revenue needs. Therefore, the expenses related to recruitment and retention of all staff will be considered.

29. Can you elaborate on the staffing complement and any additional expectations?

Please refer to the RFP and specifically Section 2.D Program Staffing and Training. Given these parameters and the requirements laid out by the PA LTSR regulations in subchapter E, we're interested in hearing from Proposers what they believe would be the ideal staffing complement and plan. The final staffing plan will be determined collaboratively between DHS, the Successful Proposers and Community Care.

30. Will the position of Psych Rehab be approved in the staffing complement?

Psych Rehab services have been delivered as part of the Adult Outpatient Services in an Alternative Setting. DHS and Community Care recognize there is substantial evidence the psychiatric rehabilitation model improves outcomes for those with serious mental illness, with or without an intellectual disability or autism spectrum disorder.

31. Please describe the expected percentage of individuals with mild, moderate, severe, or profound disability.

Assuming this question is referring to intellectual disability considering the use of the adjectives mild, moderate, severe and profound, DHS will conduct an analysis of the target populations during implementation; however, we do not have that information to share currently. The Successful Proposer will be encouraged to gather comprehensive social, physical, and educational histories to inform treatment interventions.

32. What neurodevelopmental disorders might be present in both populations?

Target Population A includes individuals with serious mental illness who may have a diagnostic history that includes one or more neurodevelopmental disorders. Target Population B is for males with serious mental illness and an intellectual disability or autism, both of which are classified as neurodevelopmental disorders. Beyond these, the extent of other neurodevelopmental disorders among the referral population is unknown. DHS will analyze the prevalence of neurodevelopmental disorders among the target populations during the implementation phase, however, the Successful Proposer will be encouraged to gather comprehensive social, physical, and educational histories to inform treatment interventions.

33. Will Allegheny County DHS assist the awardee of the RFP with any zoning, etc. In obtaining a location for the LTSR?

DHS will support the Successful Proposers in preparing their identified location for program implementation, however, we are interested in Successful Proposers with strong experience serving the target population, and knowledge of the process and steps it will take to implement the program as outlined in the RFP.

34. Could you provide a detailed explanation of the expectations regarding the justifications and assumptions for the budget narrative?

All proposed line-item costs provided in your budget should be explained with justification for why you believe the costs is necessary for successful program implementation. Any assumptions made in your cost projections should be clearly explained.

Amendments

March 12, 2025

The RFP has been amended to clarify how the Successful Proposers will be reimbursed for room and board (R&B) expenses. Previously, it was incorrectly stated that waiver funds could be used to cover R&B expenses. This has been updated to the following:

Section 2: What We Are Looking For

F. Budget and Program Operation Funding

Reimbursement for Room & Board

The Successful Proposers will be reimbursed for R&B expenses in two ways during Startup and Ramp-up and throughout future operations.

1. ~~The Adult Autism Waiver, GDP Waiver funds or Social Security will~~ continue to cover R&B expenses for those residents with access to ~~these resources~~ **this resource**. ~~The Successful Proposer will charge residents the same R&B rate as that which DHS agrees to pay to the respective LTSR.~~
2. DHS will cover R&B expenses for residents *who do not have access to* ~~Waiver or Social Security Income~~.

In addition, the Proposal submission deadline, the questions deadline, the last Q&A and website update, and the estimated award decision/notification were all extended to allow for more time for Proposal development. The following chart outlines the changes:

	Original Deadline	Extended Deadline
Deadline for Questions	Friday, March 14 at 3 p.m. Eastern Time	Friday, March 28 at 3 p.m. Eastern Time
Last Website & Q&A Update	Thursday, March 20 at 6 p.m. Eastern Time	Thursday, April 3 at 6 p.m. Eastern Time
Deadline for Proposals	Thursday, March 27 at 3 p.m. Eastern Time	Thursday, April 10 at 3 p.m. Eastern Time
Estimated Award Decision/Notification	May 2025	June 2025

March 27, 2025

35. What is the anticipated volume of referrals for each population?

For both populations, during the initial startup, we are anticipating each Successful Proposer to receive approximately three referrals per month, then approximately one referral per month, pending available space, under normal operating conditions.