

2020 OAA/LSP Request for Quote Questions and Answers

1. **Question:** Will the AAAPP be providing fillable forms for this RFQ (besides the Unit Cost)?

Answer: Word versions of the RFQ document are available and have now been included with the PDF versions on the website.

2. **Question:** On Attachment 7 “Availability of Documents,” (*under 8, Staffing Plan, part d*), you request the Executive Director’s resume. If the agency is a county government and does not have an Executive Director, will the County Board of Commissioners, the County Administrator, or the Director suffice?

Answer: Should a resume be requested, the provider would submit the resume of the individual that oversees fiscal and programmatic functions. Note that Attachment 7 must be signed by an authorized individual who has overall responsibility for the RFQ service.

3. **Question:** Can respondents to this RFQ submit quotes electronically or do hard copies have to be delivered to the address listed in the RFQ?

Answer: The Area Agency on Aging of Pasco – Pinellas, Inc. requires two hard copies to be delivered to the address listed in the RFQ document, one of which must contain original signatures, in blue ink, as well as an electronic copy stored on a flash drive. See page 5 of the RFQ document.

4. **Question:** Is the selected provider required to provide a 10 percent match?

Answer: Match of 10 percent is required for federal Older Americans Act funds. Match is not necessary for the LSP portion of the funding total.

5. **Question:** Billing requirements require that a licensed practitioner for counseling determine the mental health diagnosis and develop the corresponding treatment plan for individuals with a mental disability; however, for billing purposes a licensed practitioner is **not** required for providing individual and/or group counseling services. For this RFQ, are staff members who provide individual and/or group counselling services also required to be licensed by the DOH in accordance with Chapters 490 and 491?

Answer: Please see provider qualifications described in Appendix A, Page A-50 of the DOEA Programs and Services Manual. The DOEA Programs and Services Manual can be found here: <https://agingcarefl.org/our-network/>

6. **Question:** Does the contract allow for the psychiatric evaluation of services or include medication management and monitoring? If so, should the respondent to this RFQ include a proposed unit rate for these services (medication management and monitoring)?

Answer: No. This contract is specifically for individual, group, and family therapy provided to older adults. Medication management is not included.

7. **Question:** Please confirm that the proposed unit rate cannot exceed the following Medicaid rates of: Individual/Family - \$18.33/15 min = \$73.32/hour and Group - \$6.67/15 min = \$26.68/hour.

Answer: Confirmed. This is correct.

8. **Question:** For clients that are on Medicare, can the provider bill Medicare or for Medicare eligible services?

Answer: If the provider is billing a client under Older Americans Act funding, the provider may not bill under Medicare for the same service. Billing under both is not allowable.

9. Question: Of the approximate 30 clients per week who receive counseling services, how many are insured using: 1) Medicaid, 2) Medicare, and 3) private insurance?

Answer: The statewide database does not currently collect this information. While we do not currently have this information, it could be provided when current client files are transitioned to a new provider.

10. Question: Are the clients connected to medical homes with assigned primary care doctors?

Answer: No. These individuals live in their own homes or with a caregiver.

11. Question: Can the provider propose a unit rate for care coordination with a primary care physician?

Answer: No. Unit rates may only be proposed for:

- One-hour session of individual counseling face-to-face
- One-hour of session of group counseling face-to-face
- One-hour session of individual counseling using telehealth
- One-hour session of group counseling using telehealth

12. Question: Does the Area Agency on Aging guarantee 30 clients will receive counseling services once per week? What if there are too few clients to cover the costs associated with providing these services?

Answer: This number is an estimate based upon historical numbers of clients served and current year data and is not guaranteed. The number of clients served can vary, depending on available funding and client need.

13. Question: What if there are more clients than the total funding will cover? Can the provider deny services to someone who has been referred because the funding allocation will not cover the services to additional clients?

Answer: Clients are prioritized at the greatest level of social and economic need. Providers are required to utilize a waitlist and serve individuals in the most need. Clients remain on a waiting list until funding becomes available.

14. Question: Are clients currently served through this project stably housed or are there clients experiencing homelessness?

Answer: These clients are stably housed as of the date of this response.

15. Question: Is there an anticipated need for crisis counseling after hours or over weekends? If so, are respondents encouraged to submit a per unit rate for these services?

Answer: Senior clientele experience crisis situations, much like all other generations. It is a best practice to have a crisis intervention protocol and/or demonstrate working closely with another organization that can handle crisis intervention as appropriate. No separate unit rate is warranted.

16. Question: What are the top 2 diagnoses of current clients served by this program?

Answer: There are several common diagnoses: Clinical Depression, phobias, PTSD, Bipolar Disorder, and Schizophrenia. Clinical depression is the most common.

17. Question: What is the average length of service for individuals served by this program?

Answer: The average length is unknown. Services vary by individual and treatment plan.

18. Question: How many clients are currently enrolled in the program?

Answer: There are currently 46 clients receiving mental health counseling services.

19. Question: Does family therapy require the individual 60 years or older be present? Can the provider deliver family therapy with the individual's children or other family members independently of the identified client?

Answer: Appendix A, page A – 49 of the DOEA Programs and Services Manual defines who can receive mental health counseling services. A link to the manual is located here: <https://agingcarefl.org/our-network/>

20. Question: Given the current economic climate, what is the likeliness that funding will be available beyond 2021?

Answer: While the AAAPP is confident that funding would be available beyond 2021, funding is dependent upon the Department of Elder Affairs and the Administration for Community Living .

21. Question: How does the Area Agency on Aging measure performance? What current performance metrics are currently being used?

Answer: The AAAPP uses quarterly report forms to measure proposals within the approved service provider application.

22. Question: Is CIRTS a financial management system or an electronic health record system for client care?

Answer: CIRTS is a database that collects client demographic information and also includes billing and reporting functions. Given that mental health counseling is not required to collect demographics, CIRTS would only be used for billing reconciliation.

23. Question: Are mental health counseling providers reimbursed over and above the unit rate for data entry into CIRTS?

Answer: Mental health counseling providers do not complete any data entry in CIRTS outside of units served per month.

24. Question: Why did the current provider relinquish this contract?

Answer: The current provider has only informed the AAAPP that they have decided to sunset the program.

25. Question: If a provider does not move forward with submitting a quote for services, are they eligible to be a referral source for the awarded provider?

Answer: Organizations that are fully vetted are eligible to become a Senior Helpline resource.

26. Question: In the RFQ, respondents are asked to outline and discuss targeting and outreach efforts, is the provider reimbursed for targeted outreach activities? If so, should the respondent to this RFQ include a proposed unit rate for these services?

Answer: Outreach and targeting is mandated by the Older Americans Act and no additional unit rate is required for this function.

27. Question: Besides outreach efforts implemented by the provider, how are individuals connected to the service provider?

Answer: In addition to provider outreach, clients are connected by the Senior Helpline and/or other providers within the aging network.

28. Question: If the respondent is unable to develop and maintain a waitlist, is that an automatic disqualifier from submitting a proposal?

Answer: The development of a waitlist is required in the event the demand for services exceeds budgetary capacity.