

**State of Nebraska Department of Health and Human Services  
REQUEST FOR INFORMATION**

RETURN TO:  
Name: Andy Budell/Holly Glasgow  
Address: 301 Centennial Mall S  
City/State/Zip: Lincoln, NE 68509  
Phone: 402.471.6473

SOLICITATION NUMBER	RELEASE DATE
<b>RFI 4201</b>	<b>May 14, 2021</b>
OPENING DATE AND TIME	PROCUREMENT CONTACT
<b>June 22, 2021 2:00 p.m. Central Time</b>	<b>Andy Budell/Holly Glasgow</b>

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

**PLEASE READ CAREFULLY!**

**SCOPE OF SERVICE**

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information RFI 4201 for the purpose of gathering information regarding licensed behavioral health providers or organizations to provide direct mental health (MH) and substance use disorder (SUD) services to individuals affected by COVID-19.

Written questions are due no later than May 24, 2021, and should be submitted via e-mail to [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov).

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time.

Sealed RFI responses should be received in DHHS by the date and time of RFI opening indicated above.

**BIDDER MUST COMPLETE THE FOLLOWING**

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_

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## **I. SCOPE OF THE REQUEST FOR INFORMATION**

The State of Nebraska, Department of Health and Human Services (hereafter known as DHHS), is issuing this Request for Information, RFI 4201 for the purpose of gathering information regarding licensed behavioral health providers or organizations to provide direct mental health (MH) and substance use disorder (SUD) services to individuals affected by COVID-19.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT:** <http://das.nebraska.gov/materiel/purchasing.html>

### **A. SCHEDULE OF EVENTS**

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

<b>ACTIVITY</b>		<b>DATE/TIME</b>
1	Release Request for Information	May 14, 2021
2	Last day to submit written questions	May 24, 2021
3	State responds to written questions through Request for Information "Addendum" and/or "Amendment" to be posted to the internet at: <a href="http://das.nebraska.gov/materiel/purchasing.html">http://das.nebraska.gov/materiel/purchasing.html</a>	June 8, 2021

4	<p>RFI opening</p> <p>Location: DHHS 301 Centennial Mall S Lincoln, NE 68509</p> <p>RFI opening may be viewed as follows:</p> <p><b>Join from the meeting link</b></p> <p><a href="https://sonvideo.webex.com/sonvideo/j.php?MTID=m209c552ea987">https://sonvideo.webex.com/sonvideo/j.php?MTID=m209c552ea987</a></p> <p><b>Join by meeting number</b></p> <p>Meeting number (access code): 187 665 2691</p> <p>Meeting password: VRuC3rpd63</p> <p><b>Tap to join from a mobile device (attendees only)</b></p> <p><a href="tel:+14084189388">+1-408-418-9388</a>,,<a href="tel:+14084189388">1876652691##</a> United States Toll</p> <p><b>Join by phone</b></p> <p>+1-408-418-9388 United States Toll</p> <p><a href="#">Global call-in numbers</a></p>	<p>June 22, 2021 2:00 PM Central Time</p>
5	Conduct oral interviews/presentations and/or demonstrations (if required)	To Be Determined

## **II. RFI RESPONSE PROCEDURES**

### **A. OFFICE AND CONTACT PERSON**

Responsibilities related to this Request for Information reside with DHHS. The point of contact for the RFI is as follows:

Name: Andy Budell/Holly Glasgow  
Agency: Department of Health and Human Services  
Address: 301 Centennial Mall S  
Lincoln, NE 68509  
Telephone: 402.471.6473  
E-Mail: [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov)

### **B. GENERAL INFORMATION**

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

### **C. COMMUNICATION WITH STATE STAFF**

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

1. Written communication with the person(s) designated as the point(s) of contact for this Request for Information;
2. contacts made pursuant to any pre-existing contracts or obligations; and
3. State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor's response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

Individuals interested in contracting for the services identified within prior to the June 22, 2021 RFI opening may contact the Point of Contact identified in Section II.A. All information and forms required for the RFI must be submitted and approved by the State prior to the issuance of any contract.

### **D. WRITTEN QUESTIONS AND ANSWERS**

Any explanation desired by a vendor regarding the meaning or interpretation of any Request for Information provision should be submitted in writing to DHHS and clearly marked "RFI Number 4201; Licensed behavioral health providers or organizations to provide direct mental health and substance use disorder (SUD) services to individuals affected by COVID-19 Questions". It is preferred that questions be sent via e-mail to [dhhs.rfpquestions@nebraska.gov](mailto:dhhs.rfpquestions@nebraska.gov).

It is recommended that Bidders submit questions sequentially numbered, include the RFI reference and page number using the following format.

<u>Question Number</u>	<u>RFI Section Reference</u>	<u>RFI Page Number</u>	<u>Question</u>

Written answers will be provided through an addendum to be posted on the Internet at <http://das.nebraska.gov/materiel/purchasing.html> on or before the date shown in the Schedule of Events.

#### **E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS**

The State reserves the right to conduct oral interviews/presentations and/or demonstrations if required at the sole invitation of the State.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State

#### **F. SUBMISSION OF RESPONSE**

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be submitted by the RFI due date and time.

**A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.** RFI responses should reference the request for information number and be sent to the specified address. Please note that the address label should appear as specified on the face of each container. If a recipient phone number is required for delivery purposes, 402.471.6473 should be used. The Request for Information number must be included in all correspondence.

Responses may be provided electronically by submitting via Sharefile at the following link:

<https://nebraska.sharefile.com/r-rea98318eb0da449eabb0a5be338bfd8d>

#### **G. PROPRIETARY INFORMATION**

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to

withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

**H. REQUEST FOR INFORMATION OPENING**

The sealed responses will be publicly opened and the responding entities announced on the date, time, and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening. Vendors may also contact the state to schedule an appointment for viewing RFI responses.

### **III. PROJECT DESCRIPTION AND SCOPE OF WORK**

#### **A. PURPOSE AND BACKGROUND**

DHHS Division of Behavioral Health is seeking licensed behavioral health providers or organizations to provide direct mental health and substance use disorder (SUD) services to individuals affected by COVID-19. Providers must meet qualifications in section B.1. below. The purpose of this program is to provide treatment to specifically address the effect of the COVID-19 pandemic for individuals with serious mental illness (SMI), individuals with SUDs, individuals with less than a SMI or SUD diagnosis, and/or individuals with co-occurring SMI and SUDs that have no other source of payment to seek treatment. There are currently 57.8 million Americans living with mental health disorders and/or SUDs. More than one-third of all adults are currently experiencing symptoms of anxiety and depression which is a 20% increase since 2019. In Nebraska, it is estimated that a minimum of one (1) in twenty-four (24) adults have a SMI and a minimum of one (1) in twelve (12) adults have a SUD. The current national crisis of COVID-19 will contribute to growth in these numbers as Americans across the country struggle with increases in depression, anxiety, trauma, and grief. It is also anticipated that an increase in substance misuse will occur as lives are impacted for families and individuals. It could take over a year for the cumulative effects of the COVID-19 pandemic to take an emotional toll on individuals.

A subsequent contract would be a grant funded opportunity provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Fiscal Year (FY) 2020 Emergency Grants to Address Mental and Substance Use Disorders during COVID-19. Emergency COVID-19 grants are authorized under section 401 or 501 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170 and 5191) (referred to under this heading as “covered disaster or emergency”), including activities authorized under section 319(a) of the Public Health Service Act.

Should DHHS choose to contract with a provider(s) for these services, contracts will be effective the date the Contract is executed through May 31, 2022 unless otherwise terminated.

#### **B. CURRENT BUSINESS PRACTICES**

##### **1. Eligibility**

Providers must meet the following eligibility criteria:

- a. Have and maintain an active clinician license in the State of Nebraska.
- b. Have a minimum of two years of experience providing the relevant services.
- c. Comply with all applicable state licensing, accreditation and certification requirements.
- d. Have not been debarred from receiving federal funds or under Office of Inspector General (OIG) investigation.

##### **2. Service Requirement**

Providers must adhere to the following Evidence-Based Practices (EBPs) requirement:

- a. SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. While EBPs have not been developed for all populations and/or service settings, it is expected that EBP(s) will be utilized if an EBP(s) exists for the types of problems or disorders being addressed.



### 3. Data Requirements

- a. The Center for Substance Abuse Treatment (CSAT)-Government Performance and Results Modernization Act (GPRA) Client Outcome Measures are client-level data items that have been selected from widely used data collection instruments and are located in the CSAT-GPRA data collection tool (GPRA tool). Outcome measures include substance use, criminal activity, mental and physical health, family and living conditions, education/employment status, and social connectedness.
- b. CSAT's GPRA Core Client Outcome Measures quantify data elements at baseline, discharge, and 6-month follow-up interviews.
- c. CSAT-GPRA Core Client Outcome Measures must be collected at baseline, discharge, and 6-month follow-up. Some CSAT-designated programs are also required to conduct a 3-month follow-up interview. Provider(s) should collect follow-up data on all clients, regardless of whether a client drops out of services. When a provider(s) cannot follow-up on a client, the provider(s) must use the GPRA tool to report that information to CSAT and explain their reasoning.
- d. Providers must supply to DHHS, as part of the billing process, specific information concerning the person served and services rendered. The method and scope of the information required will be determined by the type of provider and if the provider is currently registered to utilize DHHS designated systems, such as the Centralized Data System or Electronic Billing system. At minimum, billing information required will include:
  - i. Client identification number to be used on billing documents GPRA tool. DHHS will provide structure for this identification number.
  - ii. Designation if the person served has SMI, SUD or dual diagnosis based on definitions identified in Section III.C., below.
  - iii. Designation if the person served is a healthcare professional and if so, their type of profession.
  - iv. Dates services were provided.
  - v. Services performed and units of service provided for each date billed.
- e. Providers must attend designated trainings with DHHS and/or University of Nebraska-Lincoln Public Policy Center (UNL PPC) on completion and submission on the GPRA tool as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- f. Providers must ensure completion of the GPRA tool (Attachment 4) and submission to UNL PPC as appropriate and in compliance with section B.3., above.

### C. CURRENT ENVIRONMENT

The following definitions are provided by SAMHSA and are found at <https://www.samhsa.gov/find-help/disorders>.

Mental health and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover. Mental disorders involve changes in thinking, mood, and/or behavior. These disorders can affect how we relate to others and make choices. Reaching a level that can be formally diagnosed often depends on a reduction in a person's ability to function as a result of the disorder. For example:

1. Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.
2. For people under the age of 18, the term “Serious Emotional Disturbance” refers to a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.
3. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

## **D. SCOPE OF WORK**

### **1. Anticipated Provider Activities**

Providers will be required to:

- a. Provide direct services for treatment of SMI/SUD/Dual diagnoses to individuals affected by COVID-19 and treatment of non-SMI/SUD diagnoses to individuals affected by COVID-19 throughout Nebraska. Treatment services, for the purposes of this contract, are limited to medication management, assessment and psychotherapy, and peer support services.
- b. Assess and ensure that clients do not have other resources to pay for treatment such as Medicaid or private health insurance.
- c. Screen and assess clients who have been affected by COVID-19 for the presence of mental and substance use disorders and/or co-occurring disorders, and use the information obtained from the screening and assessment to develop appropriate treatment approaches including as appropriate treatment planning as described in section D.1.e.
- d. Provide evidence-based and population appropriate treatment services.
- e. Treatment planning for individuals may also include; linkages to nutrition/food services (funding may not be used to actually purchase food/meals), individual support services (individual contact/check-in), peer support personnel, faith-based groups, etc.), childcare, vocational, educational, linkages to housing services, and transportation services which will improve access to and retention in services.
- f. Provide to DHHS, copies of clinician licenses and/or certifications for individuals providing services with grant funds and assurances that these recipients:
  - i. Have at least two years of experience providing the relevant services.
  - ii. Comply with all applicable state licensing, accreditation and/or certification requirements.
  - iii. Provide attestation that provider(s) has not been debarred from receiving federal funds or under OIG investigation.
- g. Ensure that third-party payers are billed based on the client’s eligibility. E.g.; consumer is enrolled in Medicaid, Medicaid must be billed instead of grant.
- h. Provide reports, supporting documentation, and other required information to DHHS and others as necessary and required.
- i. Identify any EBP that is used in providing services to specific individuals.
- j. Identify the area of Nebraska where they will be providing services based on the Region Map (Attachment 2) or Counties by Judicial District (Attachment 3).
- k. Will document and retain assessment of consumer’s financial eligibility in consumer’s file and provide to DHHS upon request.

- l. Allow DHHS access to consumer records for auditing purposes. This could be electronic submission of case notes as proof the service was rendered or onsite access.
- m. Provide all supplies and provisions necessary to provide the service.
- n. Comply with and provide services as defined in the Title 206: Behavioral Health Services and Utilization Guidelines located at <https://dhhs.ne.gov/Guidance%20Docs/Title%20206%20-%20Behavioral%20Health%20Services%20and%20Utilization%20Guidelines.pdf> or subsequent versions thereof. Provision of alternative services beyond what is in the Utilization Guidelines may be approved at the discretion of DHHS in writing to the Contractor and must be preapproved prior to services being provided.
- o. Upon request by DHHS, provide all necessary information to become a contractor for the State of Nebraska which includes:
  - i. Completion of a W-9 Form.
  - ii. Banking Information to receive deposits.
  - iii. Enrollment with the Secretary of State, if applicable.

## 2. DHHS Provisions

DHHS will supply to Providers:

- a. Oversight and management of the SAMHSA funded Emergency COVID-19 response grant.
- b. Consultation and technical assistance to contracted providers on data collection and submission, billing, eligibility, training, forms, screening, EBPs, the GPRA tool, rates for services, and other needs and requirements.
- c. Training for data collection and billing practices as needed, including training on any DHHS system or process to be used.
- d. Assistance in the coordination of appropriate trainings for providers with DHHS and/or UNL PPC on completion and submission of the GPRA tool as outlined by SAMHSA.
- e. Pay via the rates for units of services; rates will increase based on legislative action. Current rates are as follows:

Service Type	Unit	Rate
<b>Psychotherapy</b>		
Assessment	Per Assessment	\$250.68
Addendum	Per Addendum	\$17.84
Individual	45 minutes	\$126.27
Family	45 minutes	\$126.27
Group	Per Consumer hour	\$31.57
<b>Medication Management</b>	15 minutes	\$71.98
<b>Peer Support</b>		
Individual	15 minutes	\$12.32
Group	Per Consumer 15 min	\$8.48

## 3. Applicant Submissions

The Provider will be required to submit the following documents in order to be considered for a contract:

- a. Provider Application (Attachment 1)
- b. Active Nebraska behavioral health license and/or certification

**4. Attachments**

- 1. Provider Application
- 2. Region Map
- 3. Counties by Judicial District
- 4. GPRA Tool

## Form A

### Vendor Contact Sheet

#### Request for Information Number 4201

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	