December 19, 2023

SANTA FE COUNTY
RFP No. 2024-0132-CSD/JL
Children's Mobile Response Stabilization Services (CMRSS)
ADDENDUM NO. 1

Dear Proponents,

This addendum is issued to reflect the following immediately. It shall be the responsibility of interested Offerors to adhere to any changes or revisions to the RFP as identified in this Addendum No. 1. This documentation shall become permanent and made part of the departmental files.

THE DEADLINE TO SUBMIT PROPOSALS HAS BEEN EXTENDED TO:

Thursday, January 25, 2024 at 2:00pm

Second Pre-Proposal Meeting: Wednesday, January 3, 2024 at 9:00am
via WebEx by using the link below of by calling:
(480) 418-9388 meeting number: 2497 668 8138
https://sfco.webex.com/sfco/j.php?MTID=mf64bc3bb8d7c7e4a34daeb11b07773dc

Deadline to submit questions: Friday, January 5, 2024

Response to question: Wednesday, January 10, 2024

Attachment A: Pre-Proposal Sign-In Sheet
Attachment B: CYFD Children's Mobile Response and Stabilization Services
Attachment C: Mobile Crisis Service Fee Development
Attachment D: Introduction: MRSS Best Practices.
Attachment E: MRSS Model Design, Rollout Table and Timeline

Please add this Addendum No. 1 to the original proposal documents and refer to proposal documents, hereto as such. This and all subsequent addenda will become part of any resulting contract documents and have effects as if original issued. All other unaffected sections will have their original interpretation and remain in full force and effect. Responders are reminded that any questions or need for clarification must be addressed to Jack Love Procurement Specialist Senior at jalove@santafecountynm.gov.

Attachment A

PRE-PROPOSAL CONFERENCE
RFP NO. 2024-0132-CSD/JL
CHILDREN'S MOBILE RESPONSE STABILIZATION SERVICES (CMRSS)
December 19, 2023 @ 10:30 AM

NAME	COMPANY	TELEPHONE	E-MAIL ADDRESS
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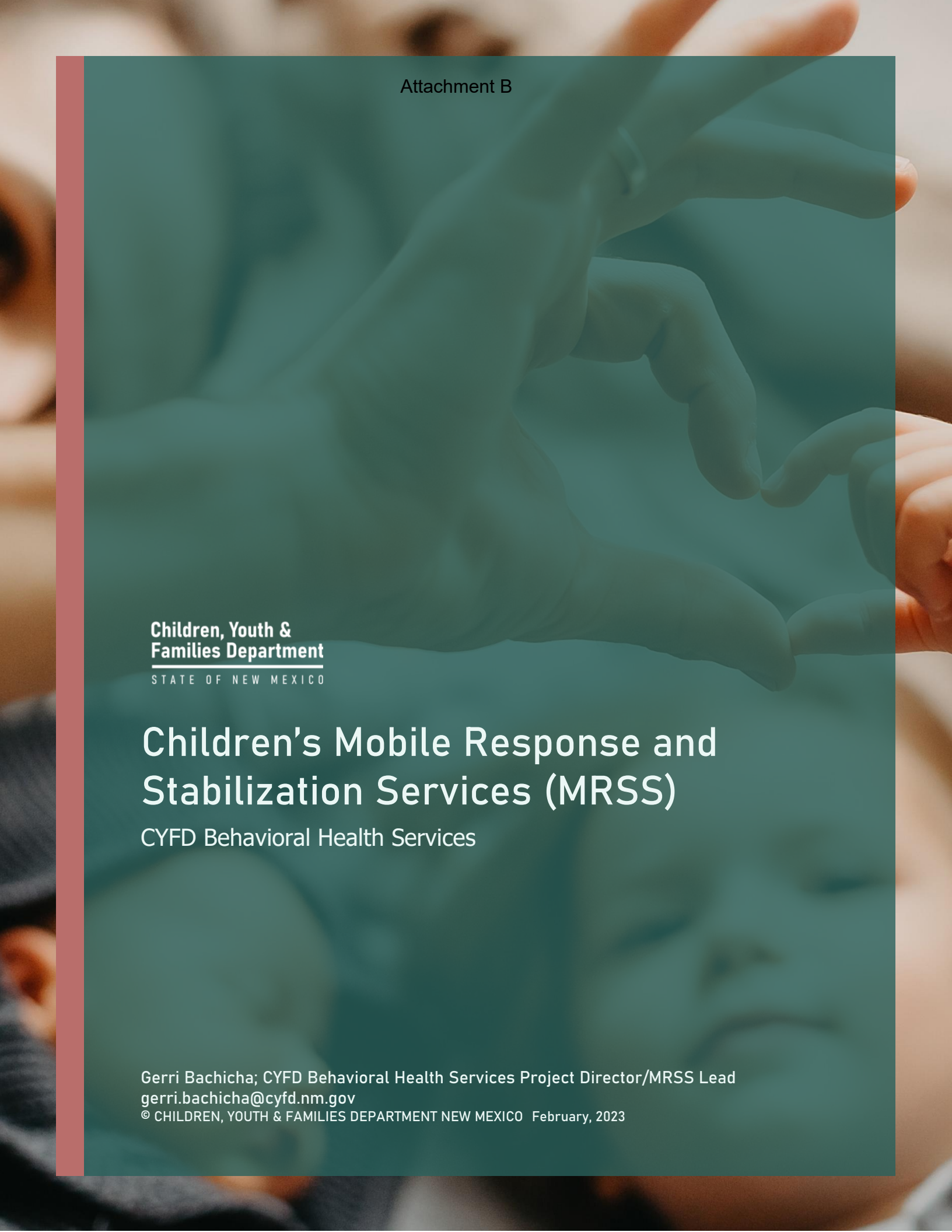
Attachment B



Children, Youth & Families Department
STATE OF NEW MEXICO

Children's Mobile Response and Stabilization Services (MRSS)

CYFD Behavioral Health Services

Gerri Bachicha; CYFD Behavioral Health Services Project Director/MRSS Lead
gerri.bachicha@cyfd.nm.gov

Children's MRSS ~*New Mexico System of Care*

New Mexico Children's MRSS Service *Respond-Support-Connect*

New Mexico Children's Mobile Response and Stabilization Services (MRSS) is a child, youth, and family specific behavioral health crisis intervention and prevention service. MRSS provides immediate response to de-escalate and stabilize the early phase of a *caregiver defined crisis*.

MRSS services are for any family defined crisis. A few examples of common issues that MRSS staff can help with include:

– escalating emotional or behavioral issues
– addiction and substance abuse
– school truancy
– parent/child or caregiver/child conflict
– mental health challenges
– physical and emotional trauma
– running away from home
– suicidal ideation

MRSS *is:*

- A timely *in person* response within 60 minutes to 72 hours contingent on the caregiver defining the event as urgent or emergent
- Conducted by a local *Behavioral Health Agency* team
- A time limited service to de-escalate and stabilize and prevent future crises
- A relationship focused model that includes Family Peer Support Services
- A model that includes 8 weeks of stabilization services and a warm hand off of skills to prevent future crises

MRSS *is not:*

- Triaged and de-escalated at the call center
- A co-response model with law enforcement
- A replacement for Behavioral Health services
- A Court ordered or system mandated service

Stabilization Services

Supports the child's ability to manage daily activities and establishes clear connections to treatment services, community & natural supports, and Wraparound to reduce the likelihood of ongoing behavioral health crises

MRSS Goals:

- Maintain children in their current living situation and community environment
- Reduce out of home placement
- Reduce Resource Family placement disruption
- Promote and support safe behaviors in home, school, and community
- Diversion: Reduce the use of emergency departments and detention centers due to a behavioral health crisis

Attachment C

Mercer

welcome to brighter

Mobile Crisis Service Fee Development

State of New Mexico

June 2023
Mercer Human Services Government Consulting

A business of Marsh McLennan

Fee-For-Service Payments

A fee-for-service (FFS) fee is a set amount for each service procedure code paid by the state or managed care organization through a directed payment to a provider for a delivered service.

Service Description

Policy and clinical staff develop the service description outlining the service interventions and practitioner qualifications for delivering those interventions.

Payment Amount

Financial staff set rates for the expected average provider costs for those interventions by qualified providers.

Efficiency

Strategically consider how to incent cost-effective treatments for specified populations.

CMS Requirements – FFS Rate Setting

1

Medicaid Reimbursement

- Medicaid is a complex federal/state program where the federal government partially funds state medical services meeting certain federal requirements.
- CMS enters into a contract (a “State Plan”) with the state defining the exact beneficiaries receiving services from providers meeting specified qualifications.
- Medicaid reimbursement hinges on these three components:

Medicaid Reimbursement

- Medicaid/Medical Assistance (MA) reimbursement compensates for services meeting federal definitions and requirements.
- In addition, state-set reimbursement should include consideration for:
  - Overall system goals and strategies to promote cost-effective care.
  - Intended delivery and desired outcomes of the service.
  - Ensuring payment fees are sufficient to enlist enough providers and are not excessive to incentivize over- or under-utilization of other services.

Medicaid Reimbursement

Federal regulations at 42 CFR Part 447 provide regulatory guidance for service payments made by the states using Medicaid funds. The regulations are broad-based to allow states to establish different payment options in their Medicaid services and programs.

Reimbursement for Medicaid FFS services are based on each services' provider qualifications that are required to deliver the services as defined in the State Plan.

Medicaid Reimbursement

Broad rate-setting requirements:

Payments must be sufficient to attract enough providers such that services are readily available to beneficiaries (42 CFR 447.204)

Payments must be consistent with efficiency, economy, and quality of care (42 CFR 447.200)

Each service must be sufficient in amount, duration, and scope to achieve its purpose (42 CFR 440.230)

Public notice is required for any significant change in FFS methodology or standards for setting payment rates for services (42 CFR 447.205). CMS interprets this as any change in FFS rates

Medicaid Reimbursement

What influences reimbursement?

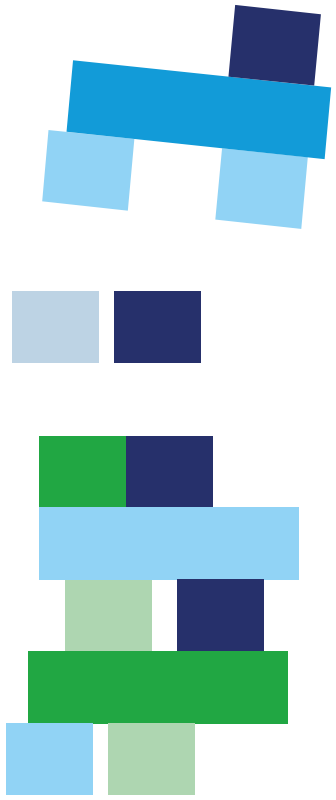
Provider qualifications are the primary determinant of FFS provider rates

Service definitions and medical necessity criteria influence the provider qualifications, indirect costs, and non-productive time
(e.g., caseload, supervisor to staff ratios, etc.)

Costs associated with service delivery (e.g., training and oversight, travel, occupancy, administration, etc.)

CMS Reimbursement Principles

Fee schedule or cost-based rates need to consider:



- Direct costs of services to be utilized
- Indirect costs associated with service delivery
- General administration
- Non-Medicaid/Non-MA activities
- How billed time does not exceed available productive time
- Single rates exclude differently licensed practitioners

CMS Reimbursement Principles

State Plans

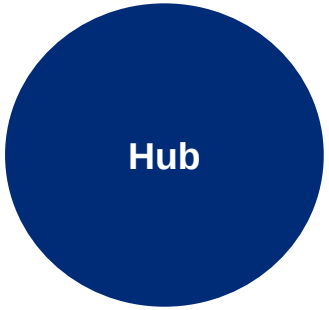
State plans are written for individual, discrete services reimbursed using FFS methodologies.

Unit Cost

The FFS payment methodology must be based on the unit of service to be paid.

Mobile Crisis Service Structure

Mobile Crisis Response Structure

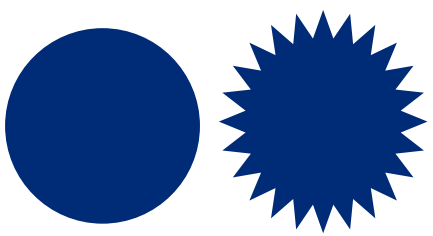


- Hubs provide 24/7 access and support to out-stationed teams (Dandelions).
- Hubs are responsible for outcomes of providing 24/7 access for crisis services (including licensed clinicians) within 60-90 minutes of the Hub.
- Hubs can be co-located with Behavioral Health Agencies (BHAs) or Community Calming Centers (CCCs).
- Rates cover costs for 24/7 capacity, operation of the Hub and immediate availability of response teams of two.

- Mobile response teams of two individuals who are on-call.
- Teams can be trained staff employed by BHAs. BHA can provide licensed practitioner or purchase licensed practitioner services from the Hub through telehealth.
  - If a Dandelion purchases services from the Hub, the Dandelion would reimburse the Hub with a portion of their rate to compensate for access to the licensed practitioner. The arrangement can be determined by the Hub and Dandelion.
- Rates cover costs for expected encounters and overhead only. BHA is responsible for outcomes and providing 24/7 on-call access within catchment area.

Note: There is no requirement for Hubs and Dandelions to contract with each other.

Related Services

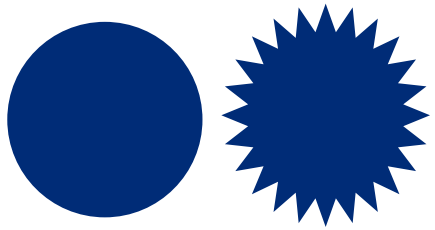


Team Response with Telehealth

- Dispatched mobile response team relies on telehealth to access independently licensed practitioner
- Mobile response team can be a team with a Hub or a Dandelion

Stabilization Services

- Available only under Mobile Response and Stabilization Services (MRSS)
- Community-based follow-up services for up to eight weeks following a children's mobile response
- Services available to children and families



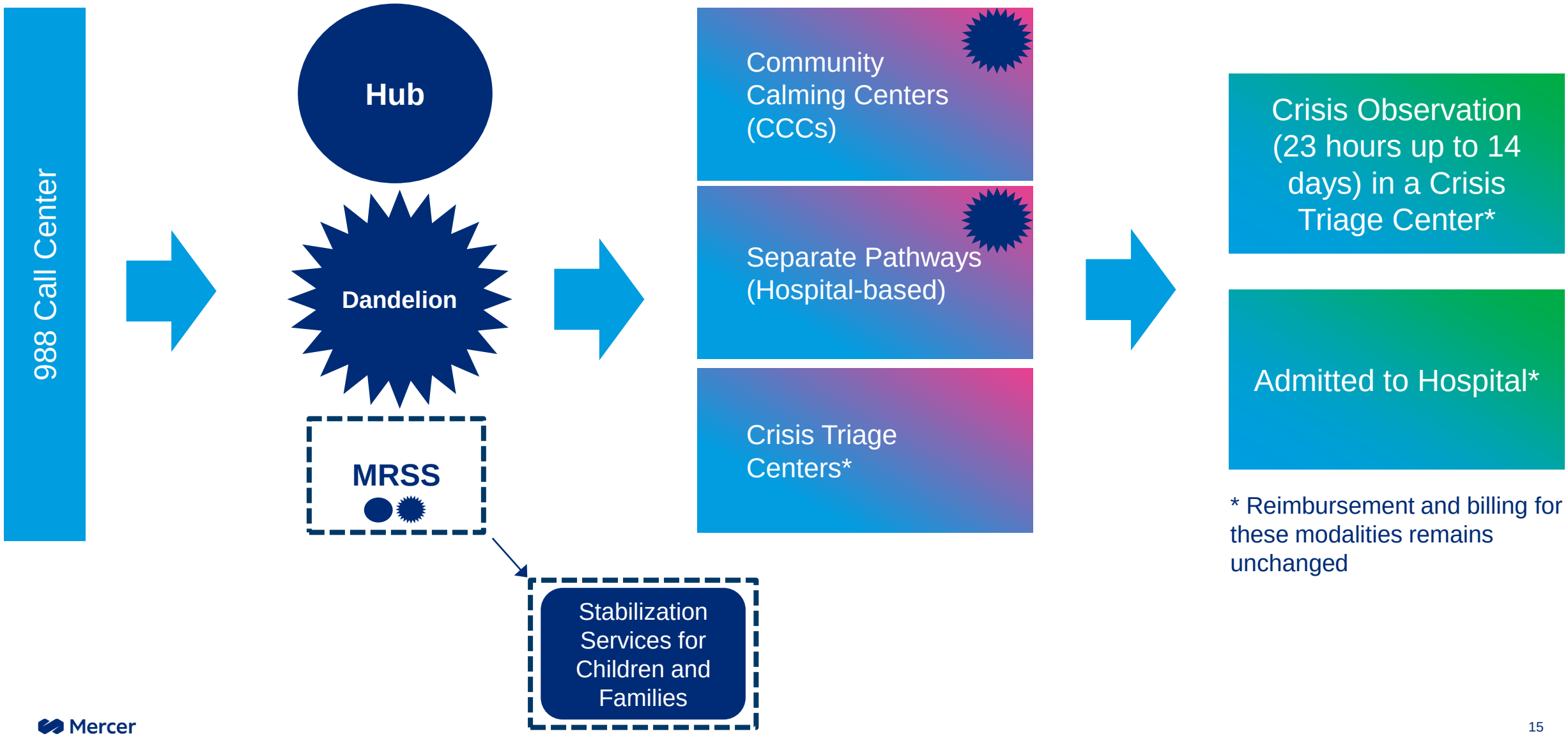
Mobile Crisis Follow-up – Telephone

- Follow-up phone calls made by staff following any mobile crisis response

Mobile Response and Stabilization Services for Children Aged 0-21

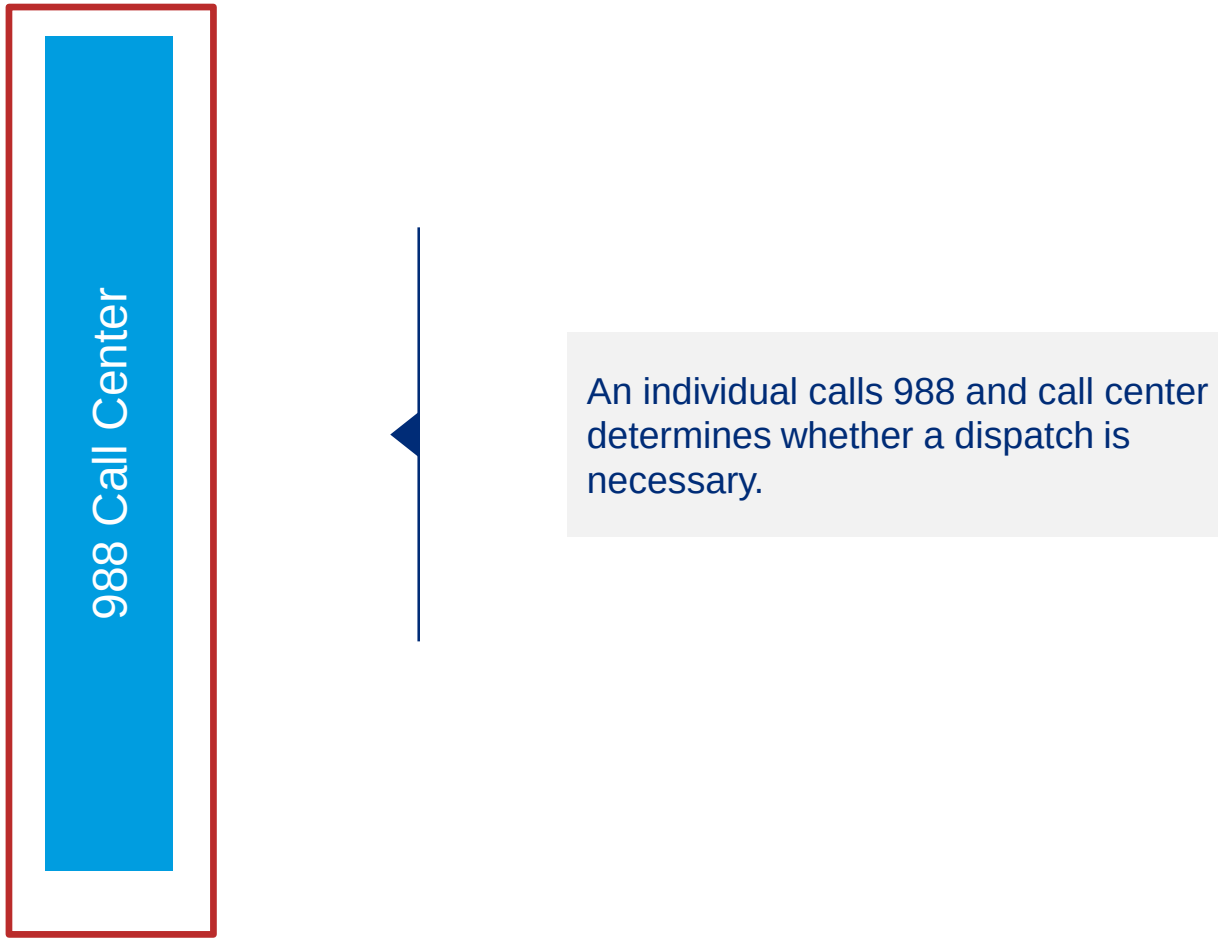
- Specialized mobile response teams for children aged 0-21 where available
- Mobile response teams for children can be a team with a Hub or a Dandelion
- Response type will typically align with a non-licensed response with non-licensed and peer/youth family support responders

New Mexico Visual for Crisis Services Continuum

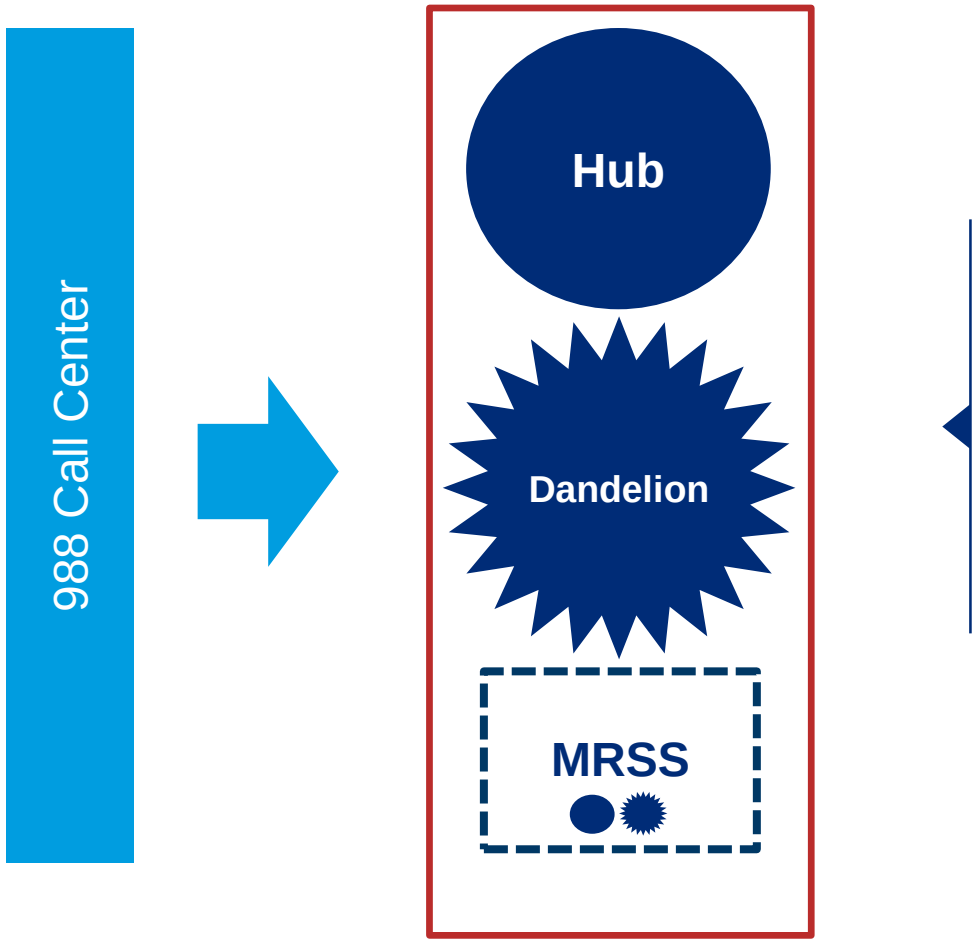


* Reimbursement and billing for these modalities remains unchanged

New Mexico Visual for Crisis Services Continuum



New Mexico Visual for Crisis Services Continuum



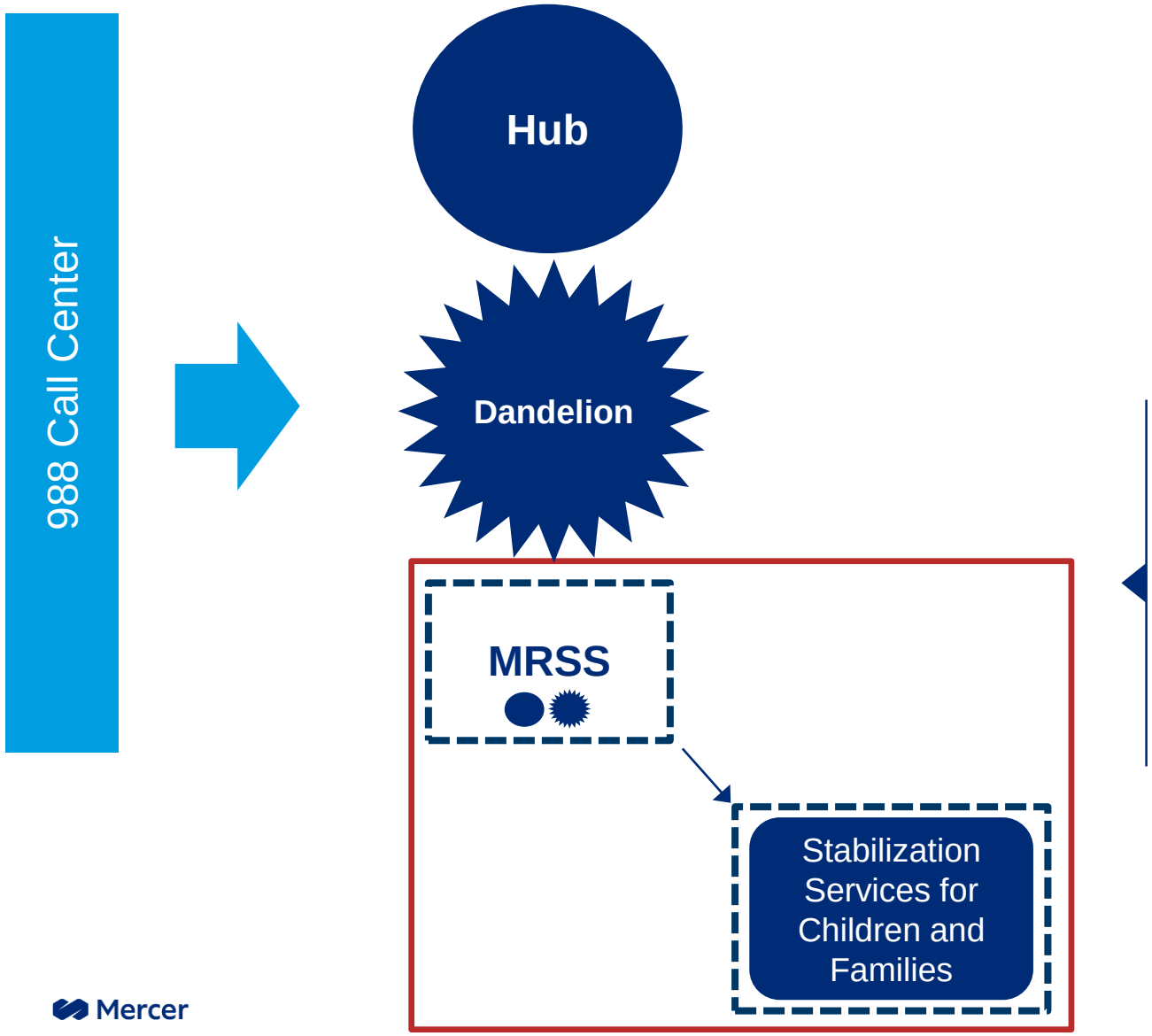
988 call center determines a dispatch is necessary and completes a warm handoff from the crisis line to a response team of two individuals:

- Hub: responders employed by a 24/7 hub
- Dandelion: on-call responders from a local BHA
- MRSS: specialized teams for children associated with either a Hub or a Dandelion (where available)

Response teams may have two practitioners or may have one practitioner and access an independently licensed practitioner via Telehealth.

Response teams may follow-up via the telephone following the response.

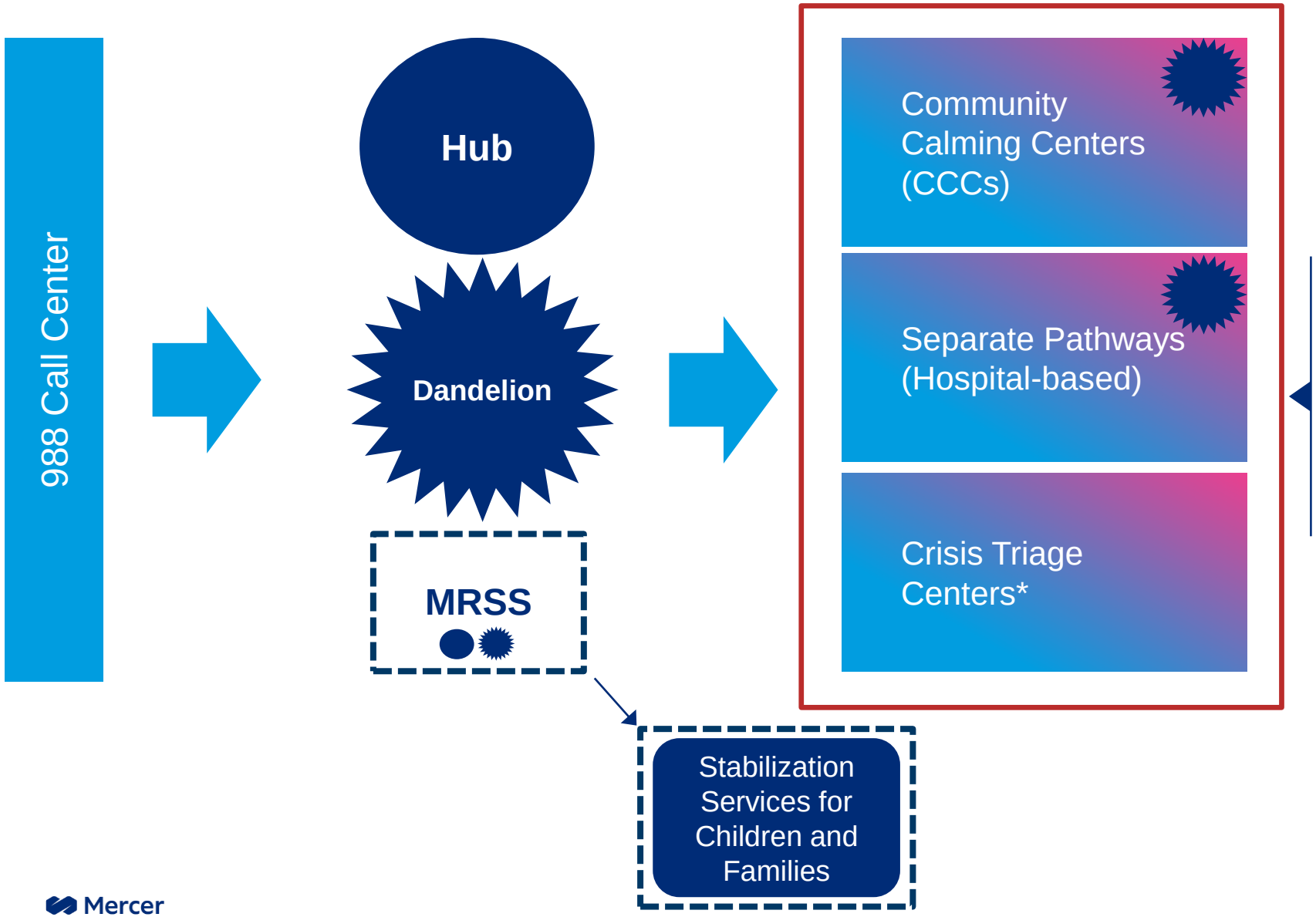
New Mexico Visual for Crisis Services Continuum



MRSS includes a separate component of Stabilization Services for Children and Families for up to eight weeks following a children's mobile response provided by the Hub or local BHA.

Structure for stabilization services includes 2:1 and 1:1 service delivery.

New Mexico Visual for Crisis Services Continuum



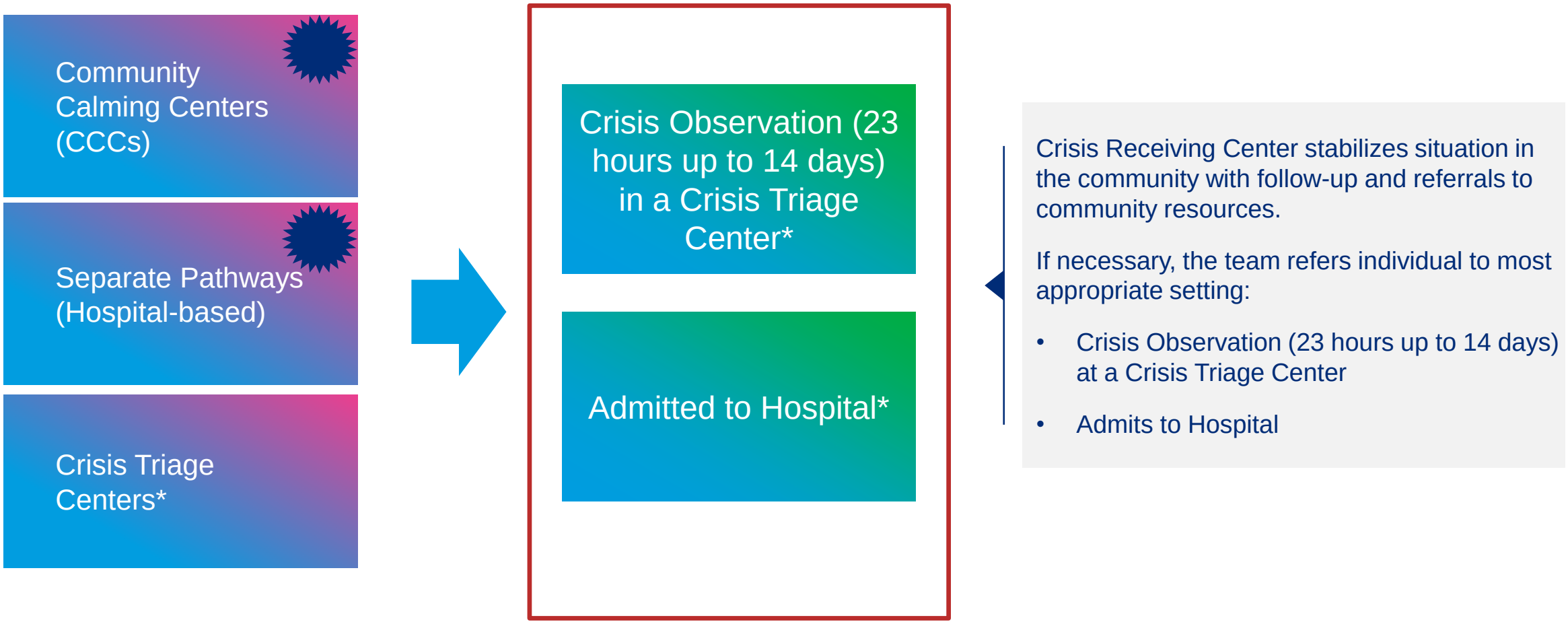
Mobile response team stabilizes situation in the community with follow-up and referrals to community resources.

If necessary, the response team refers individual to most appropriate setting:

- Crisis Receiving Center:
  - CCCs – *uses Dandelion rate reimbursement because not staffed 24/7*
  - Separate Pathways (Hospital-based) – *uses Dandelion rate reimbursement because not staffed 24/7*
  - Crisis Triage Center
- Crisis Observation (23 hours up to 14 days) at a Crisis Triage Center.
- Admits to Hospital.

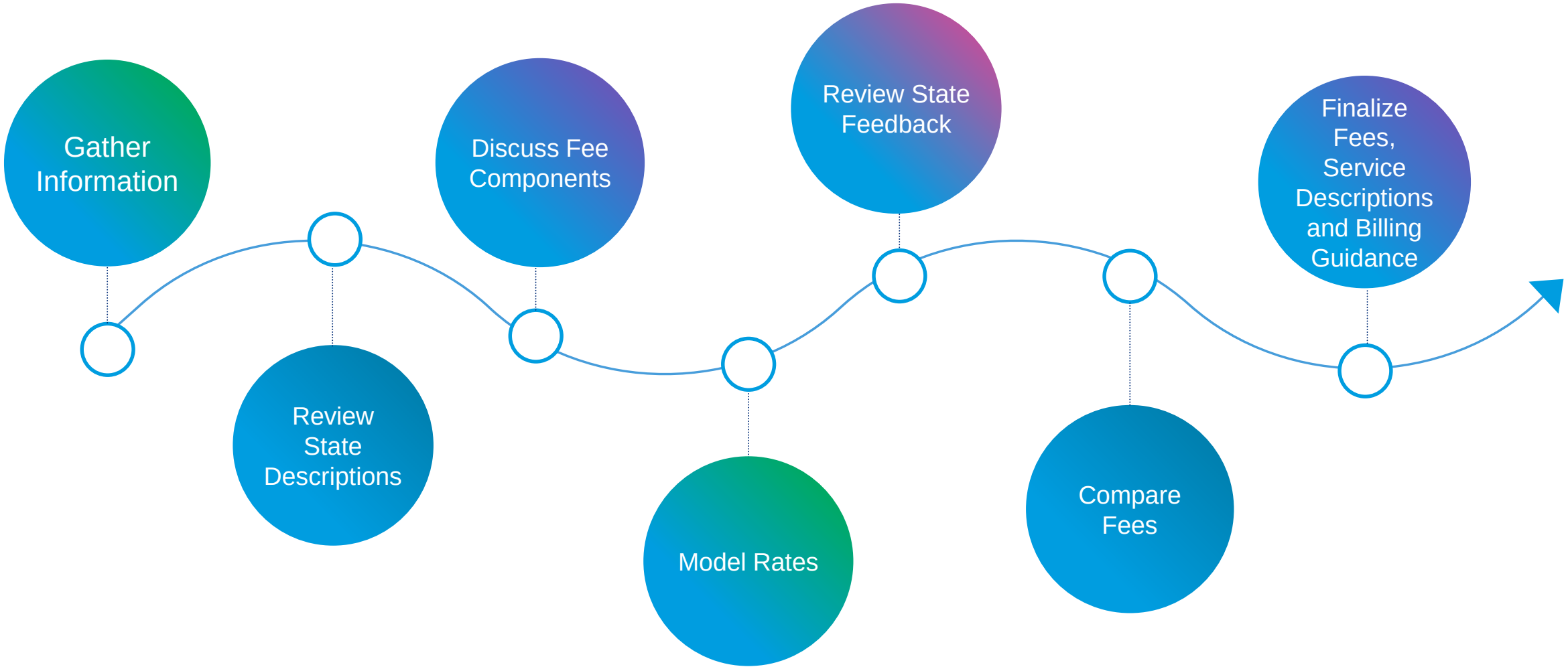
Crisis Receiving Centers accept walk-ins during business hours.

New Mexico Visual for Crisis Services Continuum



Fee Development Process

Process for Developing FFS Fees



Process for Developing FFS Fees

What are the expected service outcomes?

What are the national models and service standards, and how have they been implemented (or how will they be implemented in NM)?

What constitutes a billable service?

Which costs are included for each service?

A critical component of the rate development process is clarifying the service definitions.

Process for Developing FFS Fees

Policy Perspective

- Ensure CMS participation in funding via compliance with federal requirements
- Ensure compliance with state regulations and requirements

Clinical Perspective

- Ensure service is designed to achieve clinical results, both for the individual service and across the system of care

Financial Perspective

- Ensure assumptions incent behaviors that meet clinical objectives and meet CMS requirements:
  - Fees priced too low will hinder provider recruitment and service utilization
  - Fees priced too high may attract provider base, but may not achieve clinical results

Fee Assumptions and Development

CMS Reimbursement Principles

Fee schedule rates include consideration for:

- Direct costs of services to be utilized (e.g., wages of practitioners delivering the service)
- Indirect costs (e.g., wages of supervisors)
- General administration
- Costs for non-MA activities were excluded
- How billed time does not exceed available productive time

Reimbursement

- Relevant federal reimbursement principles that are applicable in determining rates paid to providers, when those rates are established under a FFS program

Financial Decisions

- Wages to pay practitioners
  - Compensation data was sourced from the Bureau of Labor Statistics representative of wages paid in the Albuquerque metropolitan area
  - Mercer performed reasonability checks of average wages and wage ranges by comparing to compensation studies on similar positions in other regions of New Mexico
  - Wages were adjusted upwards to reflect additional trend consideration
- Benefits to allow/employee-related expenses (ERE)
  - Health insurance, federal and state unemployment taxes, Workers' Compensation, Federal Insurance Contributions Act, and other benefits (e.g., long-term and short-term disability, retirement benefits)
- Employment structure (e.g., Full-time/part-time staff, turnover, supervision)
- Collective days off
- Training days and training expenses
- Components of service delivery that reduce productivity
- General and administrative allowances
- Staff travel costs associated with response

Mobile Crisis Services

Additional Costs Included in Fees

Costs Associated With Direct Service, But Not Directly Billable Include Items Such As:

- ERE
- Cost of supplies required to deliver the service
- Cost of training and other expenses incurred specifically to carry out the service including
    - Initial training
    - Supervised Shadowing
    - On-boarding and role-specific training
    - Intellectual and Developmental Disability (IDD)-related training
- Cost of necessary supervision of direct care practitioners and part-time workers
- Costs associated with staff travel

Costs Associated With Administrative Expenses Include Items Such As:

- Salaries of staff supporting the provision of service/other staff support
- Interpretation Limited English Proficient (LEP)/American Sign Language (ASL) and Quality Service Review (QSR)
- Insurance expenses

Mobile Crisis Rate Structure

4

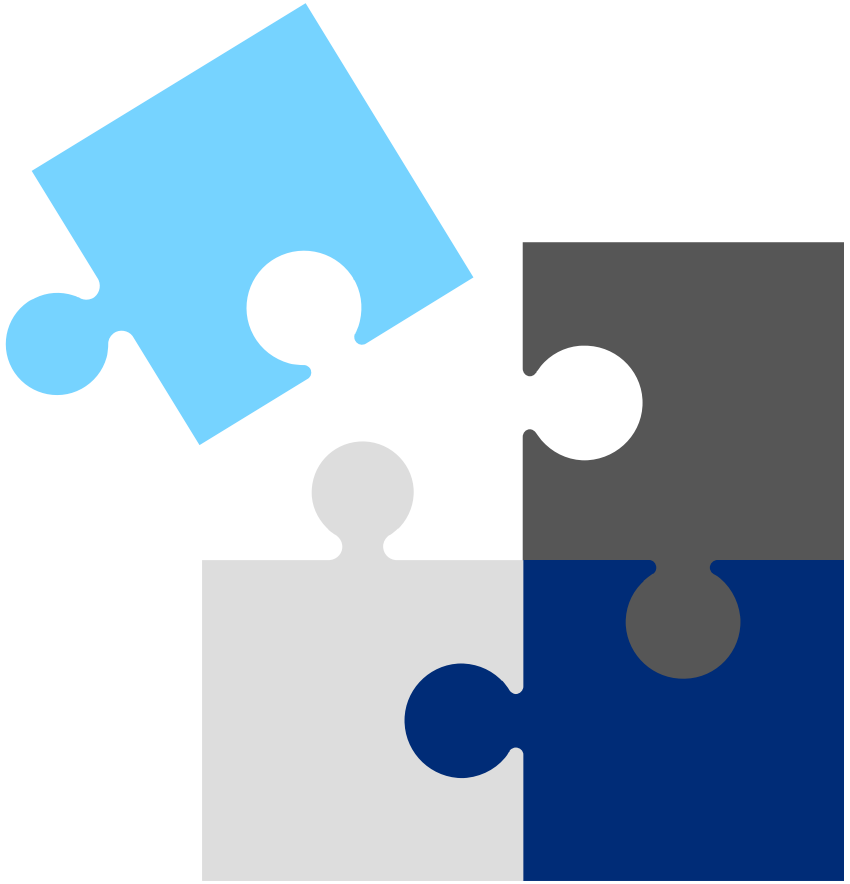
Staff Levels

Position	Description
Medical Professional (MD, APRN, PA, RxP)	An MD, APRN, PA or RxP.
Clinical Supervisor (Independently Licensed)	An independently licensed behavioral health professional.
Crisis Licensed Response	A licensed professional delivering services such as LMHT, RN, EMT with specialized crisis training, LADAC or CADAC, or non-independently licensed behavioral health professionals.
Crisis Level II Non-Licensed	A non-licensed professional or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including community support workers and emergency medical technicians.
Crisis Peer/Youth & Family Support	A certified peer specialist such as certified family support worker or certified peer support specialist.
Crisis Level I Non-Licensed	A non-licensed behavioral health care professional able to conduct a mobile crisis screening and assessment within their permitted scope of practice under state law.

Rate Structure Overview

Fees were developed separately for the following groupings:

- Hubs and Dandelions
- Telephonic Follow-up Services
- Stabilization Services – *available only under MRSS*



Mobile Crisis Services
Hubs

Service	Team Qualification Type	Unit	Fee
Mobile Crisis – Hub – Licensed Response	Responders: **Crisis Licensed Response** and **Crisis Level I Non-Licensed**	Per Encounter	$1,541.34
Mobile Crisis – Hub – Non-Licensed Response	Responders: **Crisis Level II Non-Licensed** and **Crisis Peer/Youth & Family Support**	Per Encounter	$1,355.29
Mobile Crisis – Hub – Licensed Response with Peer	Responders: **Crisis Licensed Response** and **Crisis Peer/Youth & Family Support**	Per Encounter	$1,549.47
Team Response with Telehealth in Hub	Responder: **Crisis Level II Non-Licensed Clinical Supervisor** via Telehealth at Hub	Per Encounter	$926.68

Mobile Crisis Services
Dandelions

Service	Team Qualification Type	Unit	Fee
Licensed Response – Crisis Licensed and Crisis Level I Non-Licensed	Responders: **Crisis Licensed Response** and **Crisis Level I Non-Licensed**	Per 15 Minutes	$74.10
Non-Licensed Response – Crisis Level II Non-Licensed & Crisis Peer/Youth and Family Support	Responders: **Crisis Level II Non-Licensed** and **Crisis Peer/Youth & Family Support**	Per 15 Minutes	$65.82
Licensed Response – Crisis Licensed and Crisis Peer/ Youth & Family Support**	Responders: **Crisis Licensed Response** and **Crisis Peer/Youth & Family Support**	Per 15 Minutes	$74.10
Team Response with Telehealth	Responder: **Crisis Level II Non-Licensed** **Clinical Supervisor** via Telehealth	Per 15 Minutes	$46.72

** This fee is also the proposed fee for the Community Calming Center and Separate Pathways (Hospital-based) service delivery.

Mobile Crisis Services
Telephonic Follow-up Services

Service	Unit	Fee
Mobile Crisis Follow-Up – Telephone	Per 15 Minutes	$23.70

Mobile Crisis Services
Stabilization Services – MRSS Only

Service	Practitioner Type	Unit	Fee
Stabilization Services – Licensed and Peer	Practitioners providing stabilization: **Crisis Licensed Response** and **Crisis Peer/Youth & Family Support**	Per 15 Minutes	$77.49
Stabilization Services – Licensed and Non-Licensed	Practitioners providing stabilization: **Crisis Licensed Response** and **Crisis Level II Non-Licensed**	Per 15 Minutes	$77.49
Stabilization Services – Non-Licensed Only	Practitioner providing stabilization: **Crisis Level II Non-Licensed**	Per 15 Minutes	$41.45
Stabilization Services – Licensed Only	Practitioner providing stabilization: **Crisis Licensed Response**	Per 15 Minutes	$51.98

Other Considerations

Other Considerations

Braided Funding

988 Funding

Mental Health Parity

Medicare

Commercial Insurance

CCBHCs

Mercer

Services provided by Mercer Health & Benefits LLC.

A business of Marsh McLennan

Introduction: MRSS Best Practices

Grounded in Systems of Care

- Family- and youth/young adult-driven
- Equitable and accessible to all children, youth, young adults, and families
- Culturally humble and linguistically competent
- Trauma responsive
- Strengths-based and individualized
- Data-driven and outcome oriented

Organizing Principle #1

Meets sense of urgency with urgency

- The crisis is defined by the parent/caregiver and youth/young adult
- Requests are not screened in/out based on perceived acuity; uses a “just go” approach.
- Requests for help are attended to rapidly and consistently.
- Uses a public health approach-all children and families are eligible.

Organizing Principle #2

Offers in person responses 24/7/365

- In person response assessments are available within 1 hour of call.
- Prioritizes de-escalation and stabilization in homes and communities at the preference of the parent/caregiver and/or youth/young adult, providing supports and skills necessary to be successful with routine activities and helping to avert or better manage future crises.

Organizing Principle #3

Is customized for children, youth, young adults, and their families

- Parents/caregivers and youth/young adults have the most influence or say regarding all aspects of MRSS service delivery.
- Components and practices for children, youth, young adults, and their families, remain even when embedded in a lifespan response system.
- Includes identification of the youth/young adult and family's needs and strengths, risk factors and cultural considerations and preferences.
- Includes routine outreach and educational activities specific to the needs of children, youth, young adults, and their families.
- Employs trained and certified or credentialed providers, including family and youth/young adult peers, with expertise and experience in child and adolescent behavioral health and family systems.
- Develops concrete collaborative agreements (e.g., MOUs, MOAs) or establishes partnerships with child- and family-serving agencies/systems and family and youth/young adult organizations.
- Prioritizes safety and de-escalation in community settings with connections to natural supports.

Organizing Principle #4

Is rooted in quality

- Has immediate access to clinical and psychiatric consultation 24/7/365.
- Uses a standardized and valid suicide screen, a child- and family-specific assessment tool, and written crisis and safety plans developed collaboratively with the parent/caregiver and youth/young adults.
- Establishes benchmarks and tracks data including volume, response time, user satisfaction, and outcomes that are publicly accessible to inform a continuous quality improvement process.

MRSS Core Services – Access Point

Someone to Contact

- Uses single point of access that is or includes 9-8-8.
- If the access point is a lifespan service, the triage processes for children, youth, young adults, and their families are customized with mobile responses being the standard rather than the exception.
- Screens and assesses for risk of self-harm and general safety.
- If parent/caregiver and/or youth/young adult is not available for immediate responses, deferred in person response is offered and scheduled at their convenience and request, but preferably within 24 hours.
- Has a warm hand-off to mobile response team and ability to remain on the line with callers until the mobile response team arrives.

MRSS Core Service – Mobile Response

Someone to Respond

- Responds with two person teams, when needed.
- Responds without law enforcement, unless deemed necessary.
- Allows for multiple 24/7/365 in-person responses for up to 72 hours, as needed.
- Conducts operational functions:
  - Initial de-escalation
  - Safety assessment
  - Child- and family-specific assessment
  - Immediate basic needs assessment
  - Initial crisis and safety plan development
  - Connection to natural/informal supports
  - Connection to current and needed home- and community-based services
- Provides a warm handoff to identified supports and services, including pre-existing care coordination or referral to stabilization services, when needed.

MRSS Core Services – Stabilization Services

A System to Support

- Connected to mobile response services under the same organization and utilizing the same workforce.
- Available for 6 to 8 weeks.
- Continue to provide access to 24/7/365 in-person response.
- Utilize an evidence informed care coordination model.
- Ensure:
  - Child/family specific assessment tool reviewed and updated
  - Crisis and safety plan reviewed and updated
  - Written Plan of Care developed and implemented
- Connect children, youth, young adults, and their families to sustainable supports and services including use of natural/informal and formal system supports.
- Ensure youth/young adults with ongoing intensive needs and their families have access to the full array of home- and community-based providers, including intensive care coordination, other intensive in-home providers, respite, and youth and family peer support; and establish protocols for warm handoffs.

Attachment E

A Publication of the

National Mobile Response & Stabilization Services Quality Learning

MRSS Model Design & Rollout Decision Table

Features	Best Practice Model		Phase-In Practice Model		State Model Status/Notes
	MRSS National Best Practices *	State MRSS Model Vision & Design	MRSS Minimum Model Requirements for MRSS	State Requires for Initial MRSS Rollout	
General Model Components					
Crisis Defined by Professional	NOT MRSS				
Crisis is Defined by Parent/Caregiver/Young Person	X		X		
Parents/caregivers and youth have the most influence and say regarding all aspects of MRSS service delivery	X		X		
Prioritizes safety and de-escalation in community settings with connections to natural supports	X		X		
Employs trained and certified or credentialed providers, including parent and youth peers, with expertise and experience in child and adolescent behavioral health and family systems	X		X		
Uses a public health approach; all Y&F are eligible	X				
Screens and assesses for risk of self-harm at all points of engagement	X				
Provides routine outreach and educational activities to the community and system partners that is specific to the needs of youth and their families	X				

Red sections indicate features that are not included in an MRSS best practice model.

White features boxes are items pulled from the MRSS Best Practice paper.

Green x's indicate features that the MRSS QLC recommends are included in state/site design to meet best practice standards. This should be the end goal.

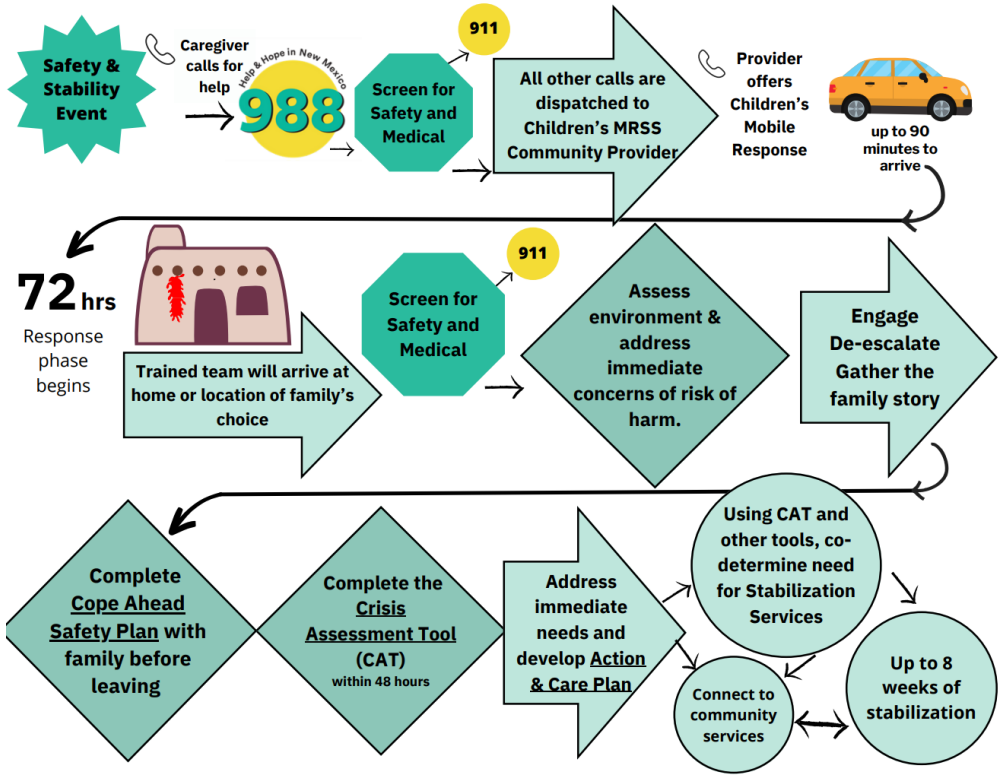
The fillable column next to the green column is for system use: put x's in the design elements that you are selecting for your end goal design.

Yellow x's indicate features that the MRSS QLC recommends as the minimum requirements to have in place prior to labeling your services MRSS.

The fillable column next to the yellow column is for system use: put x's in the design elements that your site determines must in place for MRSS launch; your site may have additional non-negotiables beyond MRSS QLC recommendations.

MRSS is *More than first response*

Mobile Response – Up to 72 Hours



Stabilization Services – Up to 8 Weeks

Stabilization Services last up to 8 weeks, which can include:

- Connection to community supports and services
- Reconnection with meaningful social and recreational activities
- In-home support for the youth and family
- Connection to higher level of support if determined necessary

NM Children's MRSS

Development Timeline

PARTNERS:
CYFD BEHAVIORAL HEALTH SERVICES
NMSU CENTER OF INNOVATION - UNM DATA EVALUATION - HUMAN SERVICES DEPARTMENT - BEHAVIORAL HEALTH SERVICES DEPARTMENT - MEDICAL ASSISTANCE DIVISION

SFY 2022

RATE DEVELOPMENT

- Develop Hub & Dandelion Structure
- Develop Medicaid Rate
- Apply for National TA (UCONN)
- Training Development Workgroup

Sept SFY 22
Sept SFY 23

INFRASTRUCTURE

- 988 Call Center
- Dispatch Software
- 40 Hour Curriculum - Certification
- MRSS Crisis Assessment Tool
- NA Tribal Provider Consultation
- Provider Readiness Assessment

Oct SFY 23
June SFY 24

GO LIVE

- Trouble Shoot infrastructure
- Gather service Utilization Data
- Statewide Outreach to BH providers
- Develop PS and JJS Referral protocol
- Interdisciplinary Meeting Developed

SFY 2025

MRSS STATEWIDE

- MRSS TA to CCBHC Providers
- Public Facing Data Website
- Target increase / 15 MRSS sites
- Monthly Provider Learning Collaborative
- Intensive support plans for low service utilization sites
- ROI study / CQI Activities