

- 1. What is the correct due date? The RFP states Friday, Sept 8. Sept 8 is a Monday, a short turn around.**  
The due date is Monday, Sept 8.
- 2. What is the total available dollars, a number is not mentioned?**  
We want those responding to put together a budget that is within the scope of what they are proposing. For this reason no dollar amount is given.
- 3. Are there any start-up monies?**  
If you feel you need any start-up monies, please identify that in your proposal.
- 4. What are the billable services at the proposed site, if billing is expected?**  
Typically the codes that are used are 90801, H0004, H00031, and 90862. The CPT codes vary depending on time spent.
- 5. Is the provider expected to fund the project solely on third party reimbursements? If so the volume clearly doesn't support this approach, what additional funds are available if any?**  
First, second, and third party reimbursement is expected. If you feel additional funding is necessary, the proposed budget should reflect this.
- 6. Can the 24/7 services be operated via an on-call staffing basis?**  
As stated in the RFP, the following staff is required to be on-site during hours of Operation:

  - Qualified Professional or Licensed Professional
  - MD, Licensed Psychologist, or a Licensed Clinical Social Worker who has received state approved training and waiver.

Due to the nature of this service and the need for a multi-disciplinary approach to treatment, priority consideration will be given to proposals offering these additional staff:

  - Registered Nurse
  - Physician

The ACR LME will consider proposals that offer a combination of walk-in hours and after-hours on-call.
- 7. How much emphasis is the LME placing on after-hour crisis response facet of the RFP given the recent funding of Mobile Crisis Management Teams?**

At this time the additional Cross Area Service Program funding is not being considered for the expansion of additional Mobile Crisis Teams in our local area. Thus, priority consideration will be given to proposals that offer availability of these services 24/7/365, including Holidays and Weekends.
- 8. Does the LME want there to be availability for consultation with Morehead Hospital during Monday-Friday, 8-5 hours as provided in the past?**

No priority consideration will be given to proposals that offer consultation to Community Hospitals. It will be the responsibility of respondents to demonstrate how the community needs will best be met by their proposal.
- 9. If an agency is currently a provider within the ACR provider network, do they need to submit an 'Application for ACR Formal Provider Network'?**

No, this attachment will only be required from providers who currently are not enrolled with the ACR LME.

**10. What are the billable services at the proposed site, if billing is expected?**

Typically the codes that are used are 90801, H0004, H00031 and 90862. The CPT codes code vary depending on time spent.

**11. Page 5 states that provisionally licensed clinicians can bill Medicaid for "outpatient therapy and the services are billed through the LME's using 'H' billing codes", is this also the case for IPRS services? My understanding has been that the only way provisionally licensed clinicians can currently bill for basic outpatient services is through the "incident to" process in which the clinician is employed by a physician and certain other specific conditions are met.**

We will respond with further clarification on Tuesday.