1. Clarification on “the return of unopened medications as well as disposal of opened or expired medications”:
   - LifePath is seeking a means for returning medications that can no longer be used. If the medication is unopened, untampered, in its original packaging and more than 120 days from its expiration date the vendor will refund the cost of the medication. If the returned medication is opened, tampered with, no longer in its original packaging and/or within 120 days of expiration the vendor will safely dispose of returned medication in accordance with state and federal guidelines.

2. Does LifePath have an onsite pharmacy currently filling prescriptions? If so, can you provide the National Provider Identifier (NPI)/NABP?
   - LifePath currently leases space to Dallas Metrocare who has an onsite pharmacy filling prescriptions.

3. Is LifePath requesting access for an ‘individual’ patient to access system to track medication managed and received by mail-order, sent to LifePath for distribution?
   - It would be an added value for individuals to be able to track their medications by mail-order sent to LifePath Systems. And so, yes, we are requesting the Vendor to have a system that the patient can access to track the status of their medications – though, if a vendor is unable to provide such a portal or system for the patients then document this under the deviations.

4. Regarding the pharmacist being available for consumers to ask questions - what is your specific requirement, since normally patients don’t have full access to a pharmacist, unless it is at the retail chain or via a call center setting?
   - LifePath does not employ an onsite pharmacist to meet with clients when clients receive their medications as in a retail site, it is important to LifePath that if a client has a question best answered by a pharmacist, we have one available that they may call.
Frequently Asked Questions

Request for Application (RFA)
07-28-2016

1. There is only 1 nonprofit treatment center in Collin County...LifePath. This means all other treatment providers who have provided these services for years are not capable of receiving money. Who do I need to contact to address this critical issue? I feel residence of Collin County in no way have a choice. All will be directed to LifePath for mental health and substance abuse treatment services.

   - The Texas Department of State Health Services (DSHS) is the entity that requires that all substance abuse providers (except Opioid Treatment Service providers) under contract for DSHS-funded services to be provided by public or non-profit organizations. When we at LifePath asked about this specific rule, DSHS leaders responded that it is not a new rule and is mandated to the State in their federal Substance Abuse block grant (45 CFR § 96.135 (2) (c) Restrictions on the Expenditure of the Grant).

   - You can contact Rhyne Simon, the designated DSHS staff member overseeing the Collin County contract transition and she will be able to link you with either their Substance Abuse section Specialists or the Health and Human Services Commission Legal Department. Here is her contact information:

     Rhyne Simon, MHA
     NorthSTAR Project Manager
     Mental Health and Substance Abuse Division
     Department of State Health Services
     Office: 512-838-4321
     Fax: 512-838-4370
     Rhyne.Simon@dshs.state.tx.us

   - One option some have chosen is to create a “non-profit arm” of their organization to do this work. If you need help or direction in how to do this, we would be glad to offer our assistance. Also if you choose this option, please note in your application (RFA) that your “Application for non-profit status is in progress”.

   - LifePath continues to be committed to building a large network of Collin County providers for both mental health and substance abuse treatment services.

2. In the RFA, the pieces on provider checklists and background checks are referring to enrolled billing providers, not staff members at a residential SUD facility, correct?

   - Yes, the background checks refers to all enrolled billing providers that will be serving the indigent population under this contract.

3. The RFP asks for a lot of information for each “Provider”. For a Substance Use Disorder facility offering residential services such as detoxification, who is considered a provider? Clinical staff, all direct care staff, all staff?

   - Refer to #2

4. When contracting with DSHS, Value Options/NorthSTAR, Medicaid managed care companies and private insurance companies, we contract as a facility at a per diem rate. Our physician and

* - Local Behavioral Health Authority (LBHA) effective January 1, 2017
counselors are not contracted separately, although we typically do have to include a staff roster with credentials. You indicated that our 25+ counselors would all be contracted individually and be billed individually, which would be very different than we do on any of our multiple current contracts. We will do this if need be, but I just wanted further clarification.

- You will contract as a facility and will be billing as a facility for services provided by physicians and counselors. You may submit a roster for all your providers with their credentials, background check information, trainings and/or competency. The roster must include the trainings completed, date of completion and results. Though, we will still require a copy of their licensure. Per DSHS guidelines in the recent ‘Statement of Work’ for the Local Authority – the LBHA has to verify that all staff with contracted Providers has to meet the qualifications (facility and counselor licensure, training, and/or competency) to provide direct services within the SUD programs.

5. Under Attachment E, it states the verification checklist must be provided on each billable provider, so since we are contracting as an agency this does not apply, right? We will submit a roster, credentials and a copy of the license. Per our Joint Commission standards we must validate staff competency at time of hire, which we do by supervisors signing a form. Is it okay to submit these along with the roster instead of all of the trainings?

- Although contracting as an agency, each provider under the agency would require credentialing. You may submit a roster with copies of the licensures and background check forms. However, the roster must indicate the date of completion and results for the required trainings for each provider listed, as well as all of the information requested on the verification checklist. Please note that some trainings must be renewed annually, bi-annually, or as needed. The roster would also require the signature of an agency representative to attest that the information provided is true and correct.

6. Can you direct me to the Disclosure of Kinship and Notice of Felony Conviction? I see the references to the TAC on page 31 of the RFA, but I do not see the forms.

- There are no forms for the Disclosure of Kinship (Attachment L) or Notice of Felony Conviction (Attachment M). The attachments should either indicate that there is no information to disclose or provide a description of the occurrence(s).

7. Who are the OSAR’s? Currently we do the assessment, intakes and referrals. It seems to read as though Life Path will be doing that.

- Correct - as the Local Authority, LifePath Systems will perform OSAR responsibilities for indigent individuals that reside in Collin County.

8. I’m not finding the Data Use Agreement. Can you tell me where I can find it?

- The Data Usage Agreement can be found on the LifePath Systems website as a separate document on the “Contracting Opportunities” page under the heading “Additional Required Mental Health Documents” (http://www.lifepathsystems.org/contracting-opportunities).

9. On the “Organizational Application Checklist” it has “Assurances” as the fourth item on the list and “Federal Assurances and Certifications” as the last item on the same page. Can you tell me if there is a difference?

- The “Assurances” item on the Checklist refers to pages 16-17 of the application, while the “Federal Assurances and Certifications” refers to another document found under the heading “Additional Required Mental Health Documents” of the LifePath Systems “Contracting Opportunities” webpage (http://www.lifepathsystems.org/contracting-opportunities).

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10. Page 5 of the FRA at #11b reads, “Must be capable of submitting all encounters (Medicaid and Indigent) to Local Authority via Local Authority’s on-line web based portal within 2 business days of provision of service.” The same requirement is repeated on page 6 of the RFA, the section titled “Service Provider Responsibilities” #2 reads, “Submit encounter data within 2 business days for provision of service via Local Authority’s on-line web-based portal (TRR services) or via CMBHS (SUD Services).” None of our other contractors require submission of encounters within 2 business days, and this does not seem to be consistent with industry standard. Is there a rational/ justification for a two day claim entry?
   - The requirement refers to [Texas Administrative Code §412.326(b)](http://dshs.texas.gov/contracts/cfpm.shtm) “Frequency of documentation. The documentation required in subsection (a) of this section must be made within two business days after each contact that occurs to provide mental health community services.”

11. Page 5, paragraph titled “Local Authority Responsibilities: MH” reads, “The Local Authority will provide all initial eligibility and enrollment services for individuals seeking DSHS funded Mental Health Services (‘client’)”. Am I reading this correctly, we will not be an enrollment site and will not have enrollment responsibilities?
   - Correct - as the Local Authority, LifePath Systems will solely perform all initial eligibility and enrollment services for indigent individuals that reside in Collin County.

12. On page 2 of RFA #201701, an original and four copies of the application and one copy of the attachments are specified. In the Organizational Application Checklist, one original and one copy are specified. We wanted to know how many copies you require and if any of them should be electronic.
   - The Organizational Application Checklist should read “1 Original and 4 Copies of the Application”. No electronic versions are required. We apologized for the typographical error.

13. Regards the “matching funds” issue, this wasn’t a part of NorthStar so I don’t really understand it.
   - Match represents the portion of a Program Attachments allowable cost not borne by DSHS. This method of financing, generally referred to as cost sharing or match, imposes an obligation on the contractor (and/or lower tier subcontractor) to provide a specified portion of funding to accomplish the Program Attachment activities.

   Resources used as match must support activities that are included in the contract’s statement of work and/or approved program work plan description. The amount of the program income that can be claimed as match is based on the expenses incurred and not the payment received. Most commonly under contracts, program income is income resulting from fees collected, for services rendered by a contractor that are wholly or partially funded by a DSHS Program Attachment. Examples of program income are fees paid by patients, third party reimbursements from Medicaid, Medicare, commercial insurance payments, etc.

   Further details can be found in the DSHS Contractor’s Financial Procedures Manual (http://dshs.texas.gov/contracts/cfpm.shtm). The SUD Match Form is also now available on the LifePath Systems website on the “Contracting Opportunities” page under the heading “Additional Required Substance Abuse Documents” (http://www.lifepathsystems.org/contracting-opportunities).

14. Question about SOW Section.7 Funding - Could you provide more detail on how the match process works?
   - Refer to #13

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