

State of Hawaii
Department of Health
Adult Mental Health Division

Addendum 2

January 10, 2022

To

Request for Proposals

**RFP No. HTH 420-5-22
Behavioral Health
Crisis and Suicide Call Center**

**Proposal Deadline
January 21, 2022, 12:00 p.m., HST**

ADDENDUM NO. 2

To

**REQUEST FOR PROPOSALS
RFP No. HTH 420-5-22**

The Department of Health, Adult Mental Health Division is issuing this addendum to RFP No. 420-5-22, Behavioral Health Crisis and Suicide Call Center for the purposes of:

- ☒ Responding to questions that arose at the orientation meeting of December 6, 2021, and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☒ is amended to **Friday, January 21, 2022, 12:00 p.m., HST**
- ☐ is not amended.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

- ☐ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.
- ☐ Details of the request for final revised proposals.

If you have any questions, revised contact persons:
Ms. Sharon Sakamoto; alternate: Ms. Enid Kagesa
Email: doh.amhdcontracts@doh.hawaii.gov

RFP No. HTH 420-5-22, Behavioral Health Crisis and Suicide Call Center is amended as follows:

Page

Section 1, Administrative Overview

1.1 Procurement Timetable 1-1 The Procurement Timetable has been revised to read as follows:

“1.1 Procurement Timetable

Note that the procurement timetable represents the State’s best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Proposal Submittal Deadline	01/21/22, 12:00 p.m., HST
Proposal evaluation period	01/24/22 - 01/31/22
Provider selection	02/14/22
Notice of statement of findings and decision	02/15/22
Approximate Contract start date	03/01/22”

Section 2, Service Specifications

2.4 Scope of Work 2-17 Subparagraphs A.12., A.13. and A.14. are added on page 2-17 to read as follows:

“A.12. Ensure that the crisis and suicide call center services are provided in a location that is HIPAA compliant to ensure confidentiality for the users of this service.

A.13. Due to HIPAA requirements, this service cannot be provided internationally.

A.14. The DIVISION does not have any office space to provide for this service. The PROVIDER will be required to identify where they propose to provide the crisis and suicide call center and ensure the facility meets HIPAA requirements.”

2-18 Subparagraphs B.1.17) and B.1.18) are added on page 2-18 to read as follows:

“B.1.17) Provider must be familiar with the local Hawaiian street names and pronunciation.

B.1.18) Provider must answer a minimum of ninety-five percent (95%) of all crisis calls received.”

2-20 Subparagraph B.2.b. on page 2-20 has been revised to read as follows:

“B.2.b. Call center staff functions shall be provided by a QMHP, Mental Health Professional (MHP), Mental Health Worker (MHW), or Mental Health Assistant (MHA). The definition and role of the MHW and MHA are defined in Section 5, Attachments H and I.

The DIVISION shall include advanced medical professionals in the staffing of the crisis and suicide call center. Positions considered acceptable are a Medical Doctor, a Doctor of Osteopathy, Physician Assistant, and Physician Associate.”

2-22 Paragraph B.3.a. has been deleted.

Section 3, Proposal Application Instructions

3.2 Experience and Capability

3-7 Subparagraph E. Facilities on page 3-7 has been revised to read as follows:

“1. The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, HIPAA requirements, and special equipment that may be required for the services.

2. Preferences shall be provided to facilities that are located in the State of Hawaii and are conducive to 24/7 occupancy and satisfactorily supports the call center services.”

Section 4, Proposal Evaluation

4.3 Evaluation Criteria

4-5 Subparagraph B.1.e. on page 4-5 has been revised to read as follows:

“B.1.e. Facilities (5 points)

Adequacy of facilities relative to the proposed services.

- 1) Facilities meet the requirements of the service (2.5 points).
- 2) Facilities that are located in the State of Hawaii, that are satisfactorily addressed (2.5 points).”

Responses to Questions Submitted by Applicants for RFP No. HTH 420-5-22, Behavioral Health Crisis and Suicide Call Center:

1. Question:

Will a remote call center be considered or is there a requirement that the call center be located in Hawaii?

Answer:

There is a preference for the call center to be located in Hawaii.

2. Question:

Will other advanced medical professionals be considered (in lieu of a Psychologist/ Psychiatrist), i.e., Medical Doctor, Doctor of Osteopathy or Physician Assistant (Associate)?

Answer:

Yes. The examples listed are all acceptable.

3. Question:

For the dedicated provider calls (see Question 2 above, regarding emergencies, medicine questions, etc.), a dedicated line will be provided for 24/7 coverage, but will the Provider have to have a medical license in the state of Hawaii? Will they have to physically be in the State?

Answer:

Yes, the Provider must be licensed in the State of Hawaii but may not be physically be located in the State.

4. Question:

Can the call center be physically located off of the Islands (ie. Mainland)?

Answer:

The call center may be located out of state but there is preference for it to be located in Hawaii.

5. Question:

Is there a CJIS compliance piece to this project (from a technology perspective)?

Answer:

No.

6. Question:

For the RFP response, is it ok to add an optional section for specific technologies that we deem necessary from our research, especially as 988 rolls out?

Answer:

Yes, as long as the addition does not exceed the set page limit set in the RFP.

7. Question:

Regarding: 2.4 Scope of Work, B. Management Requirements, 1. Program Operations (a)(15). Will the training resource material be provided? If so, in what format? (digital, hard copy, etc)

Answer:

The Provider will be responsible for providing these training materials.

8. Question:

Does the state have a repository of healthcare reporting data we need to interface with?

Answer:

Yes.

9. Question:

Is telemedicine required for Emergent decisions. i.e., deciding about involuntary holds in real-time.

Answer:

No. Telemedicine is not required for this service.

10. Question:

What metrics are important to the Utilization Management team when reviewing services rendered for reimbursement?

Answer:

Some important metrics would be call volume daily and monthly, percentage of calls abandoned daily and monthly, average duration of call, average wait time, average speed to answer a call, percentage of calls linked to resources, percentage of calls terminated without resolution, number of complaints, and number of grievances filed.

11. Question:

Do you require the RFP in a BINDER or SPIRAL BOUNDED?

Answer:

The original and three copies may be submitted in a binder or can be spiral bound and must be submitted with one unbound copy. A total of five copies (one original and four copies) of the proposal application is required to be submitted by the applicant.

12. Question:

Is the expectation that the RFP Awardee also provide the Crisis Mobile Outreach (CMO), along with the call center? Or is the awardee designating another agency to provide that CMO?

Answer:

No. CMO services are provided through a separate contract.

13. Question:

Are all contacts requiring in-person interventions?

Answer:

No, not all calls require in-person interventions.

14. Question:

Under "use of personnel", it is stated that the "Provider shall insure that the service team leader and psychiatrist or APRN-RX shall be available by phone or face-to face to provide crisis consultation twenty-four hours a day seven days a week." We are requesting to have this read: "Provider shall insure that the service team leader and psychiatrist, APRN-RX, or Licensed Clinical Psychologist shall be available by phone or face-to-face to provide crisis consultation twenty-four hours a day seven days a week."

Licensed Clinical Psychologists can legally evaluate a person's mental health, make diagnoses, and provide mental health treatment.

Answer:

The purpose of this statement is to have the Team Leader, who shall be a QMHP which includes a Licensed Clinical Psychologist, be readily available to provide clinical behavioral health consultation and a Psychiatrist or APRN-RX be readily available for medication questions and/or medical consultation.

15. Question:

Is this cost reimbursement currently, with 'billing documentation' the evidence of services provided?

Answer:

Yes, with monthly reporting requirements.

16. Question:

Is this AMH clients only--hotline plus outreach, transitioning age out CAMHD participants and other services?

Answer:

This service is available to the general public of all ages across the State of Hawaii.

17. Question:

What constitutes the evidence of UM authorizations for services? For hotline calls, for additional services?

Answer:

UM Authorization is not applicable for this service as it will be cost reimbursement. Section 2 Paragraph B.3.a. will be removed.

18. Question:

What is the AMH Division's information systems....is it MAX?

Answer:

AMHD currently uses AVATAR.

19. Question:

Is it considered a conflict of interest or potential dual relationship to have employees who

work both AMHD CMO and CAMHD CMO?

Answer:

It would be a conflict of interest or potential dual relationship if the employee works for the call center and CMO, but not a conflict if an employee works for a CMO for AMHD and CAMHD.

20. Question:

Whether companies from outside USA can apply for this? (like from India or Canada).

Answer:

Companies outside of the USA will not be considered at this time.

21. Question:

Whether we need to come over there for meetings?

Answer:

Meetings may be done virtually.

22. Question:

Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

Answer:

No, services can be performed out of state but not outside of the USA at this time. However, there is a preference for services to be provided within Hawaii.

23. Question:

Can we submit the proposals via email?

Answer:

No. The applicant is required to submit an original bound, three bound copies, and one unbound copy of their proposal application.

24. Question:

Please reconfirm the due date for this procurement by providing it in response to answers to questions.

Answer:

The RFP proposal application is due on January 21, 2021 by 12:00 p.m., HST or postmarked by the United States Postal Service on January 21, 2021. Please refer to RFP No. HTH 420-5-22 and addendums for additional information.

25. Question:

Why has this bid been released at this time?

Answer:

The current contract will end at the end on March 31, 2022.

- 26. Question:**
Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

Answer:

No. Please follow the instructions set forth in section 3.5 Financial, item A. Pricing Structure on Page 3-12.

- 27. Question:**
Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.

Answer:

We are not able to respond to this question at this time.

- 28. Question:**
Has the current contract gone full term?

Answer:

The current contract will end on March 31, 2022.

- 29. Question:**
Have all options to extend the current contract been exercised?

Answer:

No.

- 30. Question:**
Who is the incumbent, and how long has the incumbent been providing the requested services?

Answer:

The University of Hawaii School of Social Work is the current contracted provider and has been so since July 1, 2020.

- 31. Question:**
To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?

Answer:

The call center may be located out of state but there is preference for it to be located in Hawaii.

- 32. Question:**
How are fees currently being billed by any incumbent(s), by category, and at what rates?

Answer:

Currently a cost reimbursement contract with monthly reporting requirements.

33. Question:

What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?

Answer:

We are unable to provide this information at this time.

34. Question:

Is previous experience with any specific customer information systems, phone systems, or software required?

Answer:

No.

35. Question:

What is the minimum required total call capacity?

Answer:

The minimum required total call capacity is 300 calls a day during the week and 200 during the weekends.

36. Question:

What is the minimum simultaneous inbound call capacity?

Answer:

There is no minimum simultaneous inbound call capacity. It is dependent on the number of staff logged in and how many are available to take a call.

37. Question:

What percentage of inbound calls must be answered by a live operator?

Answer:

At a minimum, 95% of inbound calls, must be answered by a live operator.

38. Question:

What percentage of calls must be resolved without a transfer, second call, or a return call?

Answer:

At a minimum, 80% of calls should be resolved without further assistance.

39. Question:

What is the maximum percentage of calls that can be terminated by the caller without resolution?

Answer:

There is no established percentage for this.

40. Question:

Is there a minimum or maximum number of operators and supervisors?

Answer:

Currently, there is a minimum of eight operators during peak hours with at least one shift lead per shift and two supervisors for the entire program.

41. Question:

What are the required language options?

Answer:

Languages are not specified only access to interpretive services is required. However, access to languages that are reflective of the community is important.

42. Question:

What is the required degree of dedication for the call center?

Answer:

Please provide more information, question is unclear. However, the call center shall be available 24/7.

43. Question:

What is the required degree of dedication for the operators?

Answer:

Please provide more information, question is unclear. However, the call center shall be available 24/7.

44. Question:

Are callers required or allowed to connect with a message verification system or pre-recorded message before connecting to a live operator, or must a live operator be the initial contact?

Answer:

Currently a pre-recorded message is used, however connecting to a live operator is preferable.

45. Question:

What are the recording requirements for inbound and outbound phone calls and how long must recordings be maintained?

Answer:

Recording is not required but preferred.

- 46. Question:**
What are the recording and storage requirements for non-phone communications?

Answer:
If non-phone communications involve Protected Health Information (PHI) then HIPAA requirements for storage is followed. Otherwise, maintaining such records for up to a year is expected.

- 47. Question:**
What was your average monthly call volume over the past year?

Answer:
For 2021, the monthly average call volume is over 8,000 incoming calls.

- 48. Question:**
What is the current number of seats for operators and supervisors at your existing call center?

Answer:
Currently, there are ten workstations available for both call center operators and team leads who manage incoming calls. Supervisors and Program Director position have separate offices.

- 49. Question:**
What is the current average wait time for phone calls?

Answer:
The average wait time is ten seconds.

- 50. Question:**
What is the current average handle time for phone calls and other types of communications?

Answer:
The average handle time is three minutes.

- 51. Question:**
What is the current average after-call work time for operators?

Answer:
The average is one minute unless dispatching a CMO then ten minutes is the average.

- 52. Question:**
Over the past year, what is the percentage of calls received in English versus non-English?

Answer:

Data is not available, however the majority of calls are managed in English.

53. Question:

Over the past year, what percentage of calls received were in Spanish?

Answer:

This data is not available.

54. Question:

What time of day, days of the week, or times of the year do calls typically peak?

Answer:

The call volume normally peaks during weekdays between 9:00 am – 11:00 am Hawaii Standard Time (HST) and 1:00 pm to 4:00 pm HST.

55. Question:

Is the DIVISION going to provide training to the bidder receiving the contract award for this service? If so, how will the training be provided? In person or via telework?

Answer:

The Division will provide training on specific workflows that currently exist and will be required. This training may be done in person or virtually.

56. Question:

How much time will the awarded bidder have to implement the new service?

Answer:

The service should be in place by April 1, 2022.

57. Question:

How does the DIVISION expect the Crisis and Suicide Call Center to receive the “emergency” calls? Is there a specific database that needs to be utilized to input consumer data? A specific MIS program?

Answer:

There should be a designated line to receive calls from 911 dispatchers across the State as well as from the Mental Health Emergency Workers. Consumer data would be entered into the Avatar system either directly or through an interface.

58. Question:

Does the DIVISION have office space for the call center that applicants may utilize?

Answer:

No, the DIVISION does not have any office space to provide for this service. The Provider will be required to identify where they propose to provide services, and ensure the facility meets HIPAA requirements.