

BHD Office of Consumer Affairs (OCA) RFP Q&A
July 17, 2012

Overview of Program

Office of Consumer Affairs (Peer Specialists) – BHD has a long history of employing Certified Peer Specialists (CPS) in our Acute Units, Crisis Services and Observations Units, and has recognized the value of having consumers and peers on all treatment teams and involved in all areas of treatment planning. BHD recognized the need to have a more organized approach to the employment of CPS, and also identify the capacity in which they would be working at BHD.

This RFP was written to address the need for the staffing of our Office of Consumer Affairs in which the selected vendor would be able to hire an individual who is a Certified Peer Specialist in a supervisory capacity, and also employ approximately 12 CPS who will be working on the Acute Inpatient Units, Observation Units, Psychiatric Crisis Services (PCS) and the Stabilization Homes within BHD. The OCA is housed at BHD so the CPS supervisor and all of the CPS employees in this program will be housed here. BHD would like to work in partnership with the selected vendor on the selection of the CPS Supervisor who will be staffing and leading the OCA. That individual will interact with BHD staff on a day-to-day basis. BHD is partnering with the State of Wisconsin with regards to the Wisconsin Peer Specialist Employment Initiative utilizing the Employer Guide to ensure that the employing practices with this vendor are in alignment with the Employer Guide that was established by the WI Peer Specialist Employment Initiative. BHD will work very closely with the selected vendor to ensure that technical assistance is available from the employment initiative to receive guidance on the hiring of CPS that is in alignment with industry standards.

The OCA will also be the entity that will coordinate with BHD regarding the reimbursement policies and practices for consumer related activities. A policy for consumer reimbursement was just published, and OCA will ensure that consumers that participate in BHD activities are reimbursed in accordance with the standards set forth in the Employer Guide. BHD is also asking that the vendor become an active member of the Milwaukee Co-occurring Cadre of Care (MC3). All vendors are expected to become co-occurring capable.

Some of the services that the CPS provide are billable through Medicaid, however BHD understands that there are not a large number of peer specialists who are currently certified. Taking this into consideration, the peer specialists hired will have one year from the date of hire to complete and pass the exam. The CPS Supervisor will be expected to sit in on committees at BHD on a regular basis, including the BHD Division Leadership Team, the Patient Rights Committee and the Acute Executive Committee, in addition to meetings relating specifically to Crisis Services. The CPS Supervisor is seen as a leadership role at BHD, and will be highly interactive with the staff at BHD as part of the inter-disciplinary team.

Questions / Answers

Q: Are there already employees in those roles?

Yes. There is no supervisor at this time, but there are peer specialists assigned to the Observation Unit and the Inpatient Units.

Q: Are they part of this planning then to ensure that those employees stay in those roles?

That decision will be up to the selected provider to interview them and consider them for employment. With regards to the hiring for the CPS Supervisor position, BHD will expect to be a part of this decision making process.

Q: The OCA currently has a policy regarding consumer participation in activities of the hospital. For those individuals who will NOT become employees of the selected vendor, will consumers who participate in these activities still continue to get reimbursement for such?

The new reimbursement policy at BHD does not indicate that a consumer needs to be an employee of this selected vendor in order to get reimbursed for consumer activities. They will not be considered employees of the vendor, and they will not be required to be certified as peer specialists.

Q: Is there a current budget for this program?

The amount is \$160,000 on an annualized basis, although this year it will be pro-rated as the award will not go out until October. This is an increase of approximately \$25,000 to what is currently budgeted.

Q: Is there a sample budget that the applicants can review?

No. It is up to the vendor to determine salaries and expenses.

Q: Of the \$160,000 how much money is specifically consumer reimbursement? How much money is BHD anticipating will be utilized for this reimbursement?

That is not currently identified, no definitive answer. Suggestion to start with salaries first and back into that number based on what is left over after personnel expenses are identified.

Q: Due to the requirement of hiring the supervisor as a full-time employee, the amount increases due to the need to provide health insurance. In looking at the budget allocation it seems as though most of the money will go to salaries, leaving very little left for consumer reimbursement.

The vendor will need to keep in mind that if the peer specialists are certified there is a Medicaid draw down for some of the services that will be provided, and this will help to offset some of the

costs, however the only services that are Medicaid reimbursable are the services that are provided at the stabilization house.

Q: These services are only provided at the hospital?

They are provided on the Acute Inpatient Units, Observation Units and the Stabilization Houses.

Q: Since this program will be housed at BHD, are there rent fees?

No, rent is included as is phone and computer usage, and part-time administrative support. There are a total of 3 computers allocated to this program.

Q: Is there a guarantee that the CPS at the Stabilization House will receive reimbursement from Medicaid?

No, there's no guarantee. First and foremost, the Peer Specialists would need to be certified in order to be eligible to bill Medicaid. Also, there will need to be appropriate documentation and billing and BHD will work with the vendor on this.

Q: How many CPS will be working out at BHD and how many will be out-stationed?

Some will be stationed in the Acute and Observation Units and others will be in the Stabilization Houses, but all will be considered as working out of BHD.

Q: Is administrative support part of the project?

Yes.

Q: What are the daytime hours for CPS listed in the RFP?

The hours can be up to the vendor. It has been the experience of BHD that daytime is preferred among the existing peer specialists. However, BHD would welcome 2nd shift availability, and meetings could be scheduled in the afternoon during the overlap of shifts.

Q: What is the CPS/patient ratio?

There is no industry standard, and it is up to the CPS Supervisor to coordinate staffing and coverage. There are approximately 16 – 21 patients per acute unit, 8 in stabilization homes and 14 currently in Observation, although full capacity is 18.

Q: What does PCS stand for?

Psychiatric Crisis Services – basically the emergency room. There are currently no peer specialists placed there, however in the past, it had been found to be very helpful to have one there and BHD would welcome that addition.

Q: How many patients are on a caseload?

There is no defined caseload, the CPS are not assigned specific patients – they go where the need is. Notes on specific cases only need to be taken at the stabilization houses.

Q: It would be helpful to have a flowchart of the BHD programming to help in determining staffing patterns. It is possible for one to be developed and posted to the website?

There currently isn't a flowchart but program information can be posted.

Q: Reference was made in the RFP to doing Recovery plans, which are generally done once the patient is ready for discharge. How does that fit in with the CPS?

CPS are not currently involved in the Recovery Plan development, however their input is welcome. The plans are done in a prescriptive manner – recovery becomes the assumption.

Q: The budget for this program is small. Supportive agency costs should be included; there aren't enough dollars. Plus CPS are required to have staff development hours over the course of the year?

BHD is applying for a grant that, if received, will be used to provide training to all CPS in Milwaukee County.

Q: What is meant by follow up after discharge?

It may just be phone call to see if the patient has followed-up on recommended contacts, etc. It's not paperwork or reports. CPS have also helped BHD with special projects that have come up; i.e. customer satisfaction questionnaires, phone surveys, etc.

Other Questions Submitted:

Q: Do you have a blurb that describes what exactly the Office of Consumer Affairs peer specialists grant is? Nowhere online do I see a description of what this RFP is?

The Program Description is located on page 5-BHD-4 of the RFP.

Q: How many hours is each of the 12 part time CPS working a week? Or is there a total number of hours required a week to be divided between the 12 CPS depending on availability?

There is no set number of hours required for each CPS to work. Currently, the CPS on staff tend to work anywhere from 8-16 hours per week on average.

Q: Does 12 part time equal 6 FTE?

No, 12 just means "part time" and does not mean it has to equate 20 hours per week per employee. Currently, most of the part-time Peer Specialists work 8-16 hours per week.

Q: Is the total budget documented in the RFP for the remainder of 2012 or does it represent a total annual 12 month allocation?

The amount listed in the RFP is the annual allocation and would be pro-rated for the remainder of this year.

Q: Regarding selection of the Supervisor for this program, this makes BHD a "Co-employer." Was this intended?

The selected vendor will be the employer of record for the CPS Supervisor. However, because this individual will be considered part of the BHD interdisciplinary leadership team and will interface with BHD on a daily basis, we have asked that BHD be included in the hiring process.

Q: By prescribing the number of hours that employees will work (i.e. full time or part time) BHD is functioning as a "Co-employer." Was this intended?

We have not prescribed the number of hours employees will work. We have stated how things are currently structured, but are open to other ideas that vendors may have to best meet our needs.

Q: Will the CPS work day hours only? How was this determined? By BHD determining hours worked it could be construed as "Co-employment."

Currently CPS only work during the day shift and our experience has been that this is the preference of the CPS working here. However, coverage on other shifts would be welcome.

Q: Who determines the educational groups and programming of the consumers? Developing a Recovery Plan while in crisis is not thought of as evidence based or even best practice. Is this a requirement? Are individual services allowed or is everything done in groups?

The interdisciplinary team on each unit or in each house works together to determine the programming needs of those being served. The CPS working in that milieu would be part of this decision-making process. Completion of Recovery Plans is not a requirement, although when appropriate should be encouraged. Individual services are allowed, and in fact that is how the bulk of the CPS services are delivered.

Q: Is developing referrals part of the job duties of a CPS or a Social Worker or the discharge team? How will that be tracked? Will the CPS be expected to contact the consumer post discharge?

Developing referrals is not traditionally part of the CPS duties, although if the CPS has specific recommendations to make, this input is welcome. It would be the preference of BHD that, when appropriate, the CPS make contact with consumers shortly after their discharge to ensure their needs are being met in the community.

Q: What is the payment scale and how much is budgeted for consumers participating in BHD-sanctioned activities in accordance with the BHD Consumer Reimbursement policy, and how much is budgeted for these activities per year?

BHD has an expectation that CPS will be paid according to industry standard. The annual allotment of funds is intended to cover both CPS employees and the pool for reimbursement, though it is not identified how much of those funds are to cover each function. The applicants will need to work a budget to determine how much is potentially available for each activity and include this in their proposal.

Q: Who is in charge of the post-discharge follow up protocol? What is the protocol?

It is the preference of BHD that the CPS engage in some post-discharge follow up activities. This has been done at times in the past, but there is currently no specific protocol around this activity.

Q: Is the collection and recording of client satisfaction for all services or just CPS services?

The collection and recording of client satisfaction is for the client's overall experience in the treatment program and is not specific to CPS services.