

**Mobile Restoration for Competency HS-00004 MH  
Q&A Document**

Please confirm whether this Mobile Restoration of Competency program is a new program for the County or currently under contract. If this program is under contract, please provide applicants instructions on how to view the current contract. **The Mobile Restoration of Competency is a new program for Delaware County.**

Please identify how the Delaware County Department of Human Services (County) will notify applicants of selection to contract for the requested services. **Once the review process is completed, all applicants will be notified whether or not we wish to move forward with an applicant's proposals.**

Please specify the anticipated effective date, base term date, and full term expiration date for an agreement specific to HS-00004 MH. **The anticipated effective date would be determined on the length of time for development of the service, and the timeline identified by the chosen provider to bring the service up. Delaware County typically contracts with our provider agencies on a fiscal year basis and we seek our Council's approval for renewal based on provider performance, their ability to meet targeted metrics, and the availability of local, state and federal funds.**

Please allow mutual termination for convenience in the final agreement for the provision of Mobile Restoration of Competency services. **No response required.**

Please identify the funding currently allocated for the provision of Mobile Restoration of Competency services specific to HS-00004 MH. **Funding for the provision of Mobile Restoration of Competency services specific to RFP HS-00004 MH will be through the Community Hospital Reintegration Project Plans.**

The County intends to post responses to Applicant Questions on Friday, June 16, 2023. In an effort to provide applicants sufficient time to adjust their proposals based on the County's responses, and to ensure accurate, competitive, and timely submissions, we respectfully request the County extend the RFP Responses Due Date to allow applicants a minimum of ten (10) business days to submit proposals following the posting of responses to Applicant Questions. **The deadline to submit proposals in response to HS-00005 – MH for the provision of Forensic Rehabilitation Services remains as outlined in the proposal timeline.**

In addition to the extension, please permit a 2nd round of Applicant Questions. Due to the complexity of this solicitation, we anticipate having some additional questions that could provide applicants with valuable information to provide the most competitive proposals. **The deadline to submit questions with regards to HS-00004 – MH for the provision of Mobile Restoration for Competency services remains as outlined in the proposal timeline.**

Please specify whether an applicant is expected to provide services related to HS-00004 MH virtually using audio/video technology, in a participant's home, or at a specific location in the community. a. If at a specific location, please explain what types of other locations b. Does the applicant need a community based facility to bring these individuals to or is the goal to provide the service where the individual is located? **We anticipate services to be provided to individuals wherever they are located.**

If the awarded applicant is expected to provide Mobile Restoration of Competency services virtually, please specify who will be responsible for providing and paying for the appropriate technology to the participant if they don't have it or have appropriate access. **The expectation is that services be provided in person where the individual is located.**

Will the provider of the Mobile Restoration of Competency services be responsible for the prescription and administration of medications that support restoration of competency? If so, will the provider need to include the medication costs in their budget? **The prescribing and administration of medications is not an expectation of this program. If the chosen provider has the capability to support the prescribing and administration of medications as Medicaid enrolled provider, we will support this continuity of care. The chosen provider would then bill the Physical Health/Behavioral Health Managed Care for services rendered.**

Is the County seeking only restoration of competency services using the PA COMPKIT, or should the provider propose additional services to support the participant's wellbeing (i.e., substance misuse treatment)? **Although not an expectation of this program, we cannot inform applicants what to include in their submitted proposals. If the chosen provider has the capability to support behavioral health treatment as a Medicaid enrolled provider, we will support this continuity of care. The chosen provider would then bill the Physical Health/Behavioral Health Managed Care for these services rendered.**

Please identify if there is a need for other services that would enhance Mobile Restoration of Competency services for the target population (e.g., peer mentoring, emergency transportation, etc.). **Although not an expectation of this program, we cannot inform you applicants what to include in their submitted proposals.**

Please confirm that an applicant's Letters of Support are not restricted to the two page limit specified in Technical Proposal Question 6. **Applicants are encouraged to adhere to all specifics outlined in the Request for Proposal.**

Question: 14. Please elaborate on the following statement: This RFP is not subject to the competitive bidding process, and any contract entered into as a result of any response submitted will not be based on the concept of the 'lowest responsible bidder'. **Because we are a service driven organization, the evaluation of all proposals includes programmatic aspects as well as costs.**