

Restore Hope in Linkage to Care Collaboration

Amendment 2 - Answers to written inquiries

Below are the answers to written inquiries received for this solicitation.

Q1. Is a behavioral health nonprofit entity that provides substance use treatment and reentry services, among other services, eligible to serve as lead applicant, or would they need to find an agency that is certified/licenses as an emergency responder agency? Is there a list of such agencies?

A. See sections 1.01 and 3.01. Eligible applicants are either certified and/or a licensed entity by the State of Alaska, as an emergency responder agency. There is not a list of agencies but a search may be made on the EMS Certification Management system for EMS personnel.
(<http://dhss.alaska.gov/dph/Emergency/Pages/ems/certification.aspx>)

Q2. Is an agency required to be registered with SAMS and/or Grants.gov to apply for/receive funds for this State administered federally funded grant?

A. See sections 3.01, 4.01 and 4.02. It is not required to apply for a grant but is required upon receiving an award with federal funding.

Q3. Will we be able to bill under the 1115 Waiver for Outreach (referrals) under the Mobile Outreach and Crisis Response Services (MOCR) via procedure code T2034 V2?

A. In order to bill for 1115 Waiver services, a provider would have to meet all applicable enrollment requirements and enroll with Alaska Medicaid.

Q3.1. If yes, will we need to meet all requirements/expectations found in the "Alaska Behavioral Health Providers Services Standards & Administrative Procedures for Behavioral Health Provider Services", dated May 27, 2020, pages 39-41?

A. All enrolled and approved 1115 waiver Alaska Medicaid providers are required to follow the required service components, staffing requirements, documentation, service authorization and other service-related criteria established in the "Alaska Behavioral Health Services Standards & Administrative Procedures for Behavioral Health Provider Services" manual.

Q3.2 Specifically, the requirements to respond within 1 hour and available 24/7.

A. All enrolled and approved 1115 waiver Alaska Medicaid providers are required to follow the required service components, staffing requirements, documentation, service authorization and other service-related criteria established in the "Alaska Behavioral Health Services Standards & Administrative Procedures for Behavioral Health Provider Services" manual.

Q3.3 Will a Paramedic qualify as a second qualified health provider in addition to the mental health professional clinician?

A. MOCR services can be performed by enrolled Alaska Medicaid providers and include a mental health professional clinician and a qualified behavioral health provider as described by applicable statute and regulation.

Q3.4 Could the primary mental health professional clinician be accessed via telehealth with the paramedic/ambulance being the only entity physically on site?

A. Portions of the service could be provided via telehealth, however both providers would have to be enrolled with Alaska Medicaid.

Q4. Will a qualifying partner also be able to bill for services? For example, with the CMMS ET3 Pilot Project both a qualified health care provider and the EMS agency can bill for treatment in place when an individual calls 911 and agrees to the treatment. Both the ambulance crew and the mid-level provider (either in person or telemedicine) will bill at a similar rate for the same client. In our instance, hypothetically, we partnered with a local hospital to provide the clinicians. Would they get to bill their time as well as our agency getting to bill for our time?

A. Recent clarification from the CDC indicates that grant funds cannot be used for treatment activities. This would include any activity which directly provides a diagnosis and treatment. Consequently, the grant funds themselves cannot pay for staff engaged in diagnosis and treatment. However, the project can collaborate with staff that provide services which include diagnosis and treatment (SBIRT, Short-term Crisis Intervention, and Mobile Outreach) as long as those activities are not also paid through grant funds.

Q5. American Society of Addiction Medicine (ASAM) Criteria assessments, do we do those in field? Do they have to be completed within one hour of response? Are they billable?

A. No, we are not expecting ASAM Criteria assessments to be completed with the OD2A funding.

Q6. Is the \$375k split between the three possible recipients or can each recipient receive up to \$375K?

A. See section 1.06. The \$375k will be split between a maximum of three recipients.