

**E&T RFP Bidders Conference**  
**January 13, 2015, 11:00 am**  
**NSMHA Suite 7 Conference Room**

**Present:** Sandy Whitcutt, Margaret Rojas, Bill Whitlock, Mandy Iverson

**By Phone:** Compass Health, Telecare, Fairfax Hospital (the audio was cutting in and out throughout the call, we apologize)

**1. Is there any additional information available regarding the data submission requirements referring to the NSMHA approved format in CIS?**

NSMHA utilizes a Consumer Information System (CIS) to transfer encounters to the State of WA. Our providers are in the process of converting to an electronic health record, and we are also performing internal programming and conversions to allow those encounters to come through. It is required that all encounters for service come through our CIS. There is a data dictionary available on the NSMHA website. If you're new to our system there may be some infrastructure costs and additional time to allow your IS/IT system to convert for encounters to be submitted to our system.

**2. In the RFP there was a dollar amount listed, could you please provide additional funding details and particulars (total funds, for indigent clients, etc.)?**

The number provided is a target annual operating cost, to operate the facility 24/7 for one year. The rent for the facility will be paid by the RSN and not be taken out of the funding amount listed. NSMHA operates a facility in Snohomish County for approximately the same budget, however the lower facility cost of the new E&T will be offset by higher projected transportation costs, so the overall budget should be roughly the same. However, this is an estimate.

**3. Does NSMHA provide peer certification training?**

The State usually provides one peer certification training in the North Sound region per year, and NSMHA usually provides at least one more in addition to that one. At a minimum there will be two trainings in 2015.

**4. Historically, how has food service been provided to this facility?**

Historically it has been provided by Job Corp, which is currently located on the property, however, this is not mandatory service. It may be a little more expensive but less work for your staff. The facility has a staff break room kitchen, but not a professional kitchen. (Chris Starets-Foote clarified this question later in the session: "The E&T staff would pick up food three times a day from Job Corp.")

**5. Is there a floor plan available for the facility?**

NSMHA will make sure a floor plan is made available. A request has been made to Enterprise Services, the leasing agent.

**6. Is there on site court or are folks transported?**

There is onsite court. Historically in the North Sound our courts move from facility to facility, our understanding is that the practice will be reinstated, the court will have to build in the court days into their current schedule. The facility does have a courtroom with two doors, access for the individual/staff and access for the court personnel.

**7. What do you project the average daily census to be?**

Mukilteo is running full, so we project about 15 a day. Historically the facility was running at 92-94% at the time it closed.

**8. Can a tour of the current facility be arranged?**

NSMHA will be requesting a site visit from the Enterprise Services, the leasing agent for the building.

**9. What is the total square footage of the facility?**

The facility is 8,900 square feet.

**10. Is facility code compliant?**

Yes. There are a few minor issues that will be resolved. Because the State owns building, they have to keep it maintained and up to code.

**11. What will happen after the three year lease ends? Will NSMHA establish another facility?**

This is uncertain, we will be evaluating as we move forward to assess the needs in the region and statewide.

**12. Will counties contract per diem beds? Are counties looking for dedicated beds?**

Not at this time. Due to the Single Bed Certification issue and demand, beds will be on a first come-first serve basis. There is no discussion at this point with counties regarding per diem beds. (This question was unclear, the questioner was asked to elaborate.)

**13. Who are the beds are open to? Only to clients in the region of the RSN?**

The beds will be open for statewide admissions. As noted earlier, the beds are running at an approximate daily census of 15.3 beds, admission is based on first come-first serve availability.

**14. Should we budget for cost of transportation Statewide for discharging?**

Historically a taxi service has been used for this purpose, and it was part of the regular operating budget. If the individual is going to Western or another hospital, it is paid for by the State with Medicaid transportation funds. This mode of transport may require an ambulance since they have to be licensed and bonded to use restraints for involuntary admissions. For individuals discharging to the community, those costs would be covered by the provider.

**15. Historically, how has medical clearance been provided?**

Medical clearance is done at the Emergency Department prior to admission. There is an additional nursing assessment to occur at the facility, per Policy #1542, 1543 and 1555.

**16. What happens when an individual doesn't meet medical criteria? Do DMHPs, determine which of the E&Ts to refer?**

If an individual does not meet medical clearance for the E&T they will be referred by the DMHP to the appropriate inpatient unit. An individual normally goes to an Emergency Department to receive medical clearance. Because the resource is available statewide individuals will be referred from a variety of Emergency Departments. There is a protocol in place to coordinate individual need and bed availability.

**17. Is there a possibility to get labs on admission?**

The preliminary work will usually be done before the individual is sent to the facility. There may be an option for additional labs. If there is a need for additional labs at the E&T, the facility will coordinate.

**18. Is it possible to see the functional plan that was submitted for the facility?**

NSMHA has the original drawings. We may be able to locate the floor plan through the State Department of Enterprise Services or the Department of Health; we will do our best to find a copy.

**19. Since the facility has been closed for about four years, has there been a recent fire inspection? Is the facility up to code?**

Everything in the facility is up to code. There are a few minor safety issues, for example the fire extinguisher needs charging. Snohomish County inspected the facilities in November 2014, they report it is in good condition. The State of Washington will be handling the inspections.

**20. Has the Fire Marshal inspected the facility? Is the facility up to code considering code changes that may have occurred in last couple years?**

Yes. Once we identify the successful bidder we will work with them to complete any minor repairs and facility enhancements.

**21. Who will have responsibility for transportation costs?**

The ITA costs are covered by the State, they are not included as part of the cost of running the facility. Involuntary Treatment Act (ITA) detentions are transported and paid for, individuals discharging to the community will need transportation costs covered to return to their community, when necessary.

**22. Is there an emergency power source on campus?**

The entire campus has its own backup power supply.

**23. Is there condition availability of the facility's furniture, fixtures, equipment, etc.?**

These items are currently in the facility and are included in the lease. We are estimating a cost of \$70,000 to \$100,000 for additional items in the startup budget. There is an existing phone

system but it may need to be updated. There are beds but no mattresses, and no supplies such as a refrigerator. Additionally, NSMHA expects the facility to be welcoming and recovery oriented, to make these changes the items/work will be part of the startup costs.

Additional Comment: NSMHA will schedule a walkthrough of the facility for the bidders within the next month or so.

#### **Additional Questions Submitted Post Bidders Conference:**

**1. What % of the clients do you anticipate will have commercial insurance?**

We do not have access to this information, our current provider at the Mukilteo E&T tracks

**2. What % of the clients do you anticipate will have Medicare?**

We do not have access to this information, our current provider at the Mukilteo E&T tracks

**3. What % of the clients do you anticipate will have Medicaid?**

67%

**4. Will providers be required to pay property taxes? If so, how much?**

No, the facility it owned by the State and NSMHA will be paying the lease cost.

**5. Will providers be required to pay utilities? If so, for which utilities?**

The provider will be responsible for the utilities.

**6. Will providers be required to subcontract and pay for janitorial services?**

Yes, janitorial services are the responsibility of the provider.

**7. Can you provide a listing of the available furniture and equipment?**

No, we do not have an inventory

**8. Will the doctor/prescriber functions be provided and paid for by North Sound Region or will they need to be paid for by the provider?**

They will be employed/contracted and paid for by the provider.

**9. What is the anticipated average length of stay of the clients?**

Currently it is approximately eight (8) days. (All admissions are ITA)

**10. It was stated during the pre-bid conference that transportation costs may be higher than in other E&T facilities. Can you please detail the type of client transportation costs the provider should account for in the budget?**

For costs not covered by ITA transportation, the provider will need to pay, such as a taxi, bus ticket, etc. We anticipate higher transportation costs due to the location of the facility. NSMHA will build in additional funding for transportation costs from the facility.

**11. What percentage of clients are likely to come from the North Sound RSN area. What other RSNs besides North Sound could refer clients to the E&T?**

Because we will be receiving state funding theoretically referrals could come from any geographic area (RSN) in the State. Generally most referrals will come in from St Joe's in Bellingham, Skagit Hospital in Mt Vernon, Island Hospital in Anacortes, Cascade Hospital in Arlington, Whidbey Island Hospital in Coupeville and United General Hospital in Sedro Woolley.

**12. If clients from outside the RSN are served, is the provider expected to bill other RSNs, and if so, is that revenue retained by the provider?**

Third party billing is an expectation and yes the revenues may be kept by the provider and used for mental health related costs. They need to be reported to NSMHA on the Third Party Billing Report, attached.

**13. On page 12, Section VI, Part F, #6 states "Describe how records will be maintained identifying the source and application of funds provided." Can you please be more specific in what you are looking to be addressed?**

This again is identifying third party billing and payment, if you are billing commercial insurance or Medicare you will need to report it on the Third Party Billing form and submit to NSMHA.

**14. From the RFP it is clear that peers are integral in the staffing. Can the RSN provide any more detail about the expected level of peer staffing?**

NSMHA didn't specify the FTE for Peers in the RFP, we'd like Peers present at the facility seven (7) days a week.

**15. If data submission requirements go beyond encounter data, please detail what these requirements will be.**

Currently, we ask for reporting on the number instances and reasons for admission denials, Western State Hospital referrals, seclusion and restraint usage, and/or any specific requests from NSMHA.

**16. Are there any constraints regarding the use of ARNPs as prescribers?**

ARNPs can prescribe. However, we encourage providers to read WAC 388-865 for more information on Medical services and oversight.