

## Division of Mental Health and Addiction (DMHA)

### RFF-2021-004 Questions and Responses

- 1) I got the link for the IPS RFF overview and Q&A call webinar after it happened. Did you by any chance record it and if so, can you share that recording with me?

**RESPONSE:** The webinar was recorded, and a link will be posted on the DMHA funding webpage shortly.

- 2) I am a single employee for my company - do I still qualify despite not having staff and being self-employed? I currently provide mental health treatment in the community.

**RESPONSE:** No, a self-employed individual does not meet the eligibility criteria for this RFF. The RFF outlines two eligibility criteria:

1. Respondent is a Community Mental Health Center (CMHC), licensed by DMHA, and
2. CMHC is an approved VR service provider for the provision of employment services, OR CMHC is not currently a VR provider for employment services but provides written assurance that, within 45 days after notice of award, CMHC will register to become a VR provider of employment services.

- 3) I noticed only 4 companies will be rewarded - am I correct?

**RESPONSE:** Yes. It is anticipated there will be \$350,000 available for equitable distribution to up to four CMHCs.

- 4) I am writing on behalf of Grant-Blackford Mental Health in regard to RFF 2021-004 Individual Placement and Support. We would like some clarity on whether a CMHC (Grant-Blackford) can partner with an approved Vocational Rehabilitation (VR) CRP, with the VR CRP as a sub-contractor, to provide the services outlined in the RFF. Grant-Blackford has an established relationship with Carey Services, which has been a long-standing VR CRP partner.

**RESPONSE:** DMHA and VR intend to work directly with CMHCs for the early adopter IPS initiative, however a proposal that utilizes a subcontractor may be considered if it is clear that all IPS principles will be met. The proposal would need to clearly explain that the CMHC is committed to be an early adopter of IPS, a recognized evidence-based practice. This commitment includes implementing IPS with fidelity following the eight principles detailed in the RFF. For instance, the IPS fidelity scale specifically details employment specialist's activities to include participating in weekly mental health treatment team meetings that discuss individual clients and their employment goals with shared decision-making. The employment specialist's office is to be in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and

employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who have not yet been referred for employment services. Through the adoption of IPS, employment becomes the 'golden thread' woven throughout the entire CMHC treatment protocol.

DMHA will contract with the selected CMHC as an early adopter. In order to receive the contract, the CMHC must already be an approved VR service provider for the provision of employment services OR provide written assurance that the CMHC will register to become a VR provider of employment services within 45 days after notice of award. VR will provide fee-for-service payment to the early adopter CMHC for services rendered, using payment codes/rates specific to the provision of IPS.

- 5) Target Population: Will the grant require CMHCs to provide VR to anyone who presents to a clinic, OR can an agency require the individual be enrolled in behavioral health or similar services as well to access VR services?

**RESPONSE:** The target population are individuals with mental health diagnoses who are served by a CMHC, who want to work, and who are eligible for Indiana VR services. Involvement of VR is an essential component of IPS because some employment service activities, such as job development, are not billable under other typical payment sources, e.g., the Medicaid Rehabilitation Option. Part of the early adopter work, following the IPS evidence-based practices, will be to review CMHC policies, practices and procedures that may be barriers to implementation. For example, *IPS Eligibility Based on Client Choice*: People are not excluded based on readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement. Another example is *Attention to Worker Preferences*: Services are based on each person's preferences and choices, rather than providers' judgments.

- 6) Eligibility: On p. 7, the guidance states "CMHC is an approved VR services provider for the provision of employment services OR provide written assurance that CMHC will register to become a VR provider of employment services within 45 days after notice of award." What does it mean to become a VR provider of employment services? What are the overall requirements to fulfill this RFF eligibility checkbox?

**RESPONSE:** The CMHC, if not already a VR provider, will complete information electronically in the VR Claims Payment System (VR-CPS). The registration process and submission of claims for services rendered, will be completed through VR-CPS. Information about the registration process can be viewed in the [VR Services Manual](#). A VR-CPS user guide and training on accessing VR-CPS is located [here](#). Technical assistance is available.

- 7) IPS: What are the baseline IPS expectations of the grant?

**RESPONSE:** Early adopter CMHCs will work toward implementation of required components of IPS during the contract period of performance, with technical assistance

provided by state and national partners. Early adopter CMHCs will be expected to provide feedback to the State on the local implementation, which will inform systemic alignment of policy as well as braiding and sequencing of funding to support widespread implementation of IPS long-term. Please review the RFF for more information about the scope of work.

- 8) IPS: Are there caseload requirements/caps for the IPS model? Employment specialists vs clients served: Does DMHA have expectations (a) regarding number of unique clients served (as this is being reported to them quarterly) and (b) appropriate employment specialist caseload sizes?

**RESPONSE:** The IPS fidelity scale reflects a ratio of no more than 20 clients per employment specialist as the optimal caseload. This ratio is not a requirement at the time of application. Early adopter CMHCs will work toward implementation of required components during the contract period of performance. It is anticipated that as IPS principles are implemented, an increased number of individuals with mental health diagnoses will pursue employment.

- 9) Fidelity: There is a fidelity scale that will be used by evaluators at the 6 month and 1 year points. Is there a fidelity expectation that could impact funding if not at an acceptable baseline?

**RESPONSE:** The purpose of the fidelity scale is to inform the CMHC and State leadership of the technical assistance and training needs to support the early adopter CMHCs to implement IPS. The outcome of the fidelity review will not impact funding during the contract period.

- 10) Training: Does the training cost exist outside of the grant award to the CMHC (is it encumbered by the state) or does the roughly \$90,000 include cost of training?

**RESPONSE:** Initially Federal subject matter experts and eventually state staff will be available, at no cost, for training and technical assistance. If, as feedback is provided by the CMHC to DMHA, additional training is identified as a need, there will be opportunity for contract budget revisions.

- 11) Post-Award: Can you confirm if this will be an expense-based or deliverable-based grant contract? This may impact how we structure our agency's response to the RFF.

**RESPONSE:** The CMHC IPS early adopters' contract will be based on expenses. Additionally, a designated VR IPS hourly fee-for-service will be utilized exclusively by IPS early adopter CMHCs awarded through this RFF, along with traditional VR milestone funding, to support clients in obtaining IPS during the term of awarded contracts. VR dollars may be braided with MRO dollars or other resources to support eligible individuals with mental health conditions who receive IPS services through the early adopter CMHCs.