

IHBT Capacity Building RFA FAQs 2024

THE CHILD AND ADOLESCENT BEHAVIORAL HEALTH CENTER OF EXCELLENCE

REQUEST FOR APPLICATIONS: Intensive Home-Based Treatment Capacity Building and Implementation Support

Questions and Responses

The Request for applications was released on January 5, 2024. The bidder's conference was held on January 12, 2024. This document includes all of the questions that the Center of Excellence received from January 5, 2024 - January 23, 2024 **and** includes the questions asked during the bidder's conference that were unable to be answered during the conference. As of the posting date of this FAQ (1/23/24) no further questions will be answered about the technical aspects of submission. All questions received after 1/23/24 will be referred back to this document, the RFA outline document and materials on the socohio.org website. Model specific questions can continue to be discussed with each of the model experts.

1. The announcement above states "Treatment Models". Does that include FFT as an intensive home-based model?

As listed on page 2 of the RFA document, section I. Introduction: Other service models with required modifications to achieve consistency with the IHBT service delivery model are also eligible once modified by the developer. These include Intercept®, Multidimensional Family Therapy (MDFT), Integrative Family and Systems Treatment (I-FAST), and Functional Family Therapy (FFT). For additional information about the service models refer to the attachment, Inventory of Evidence-Based and Evidence-Supported In-Home Service Models in Ohio (Inventory). You can find the Inventory [here](#)

Also referenced in the RFA on page 5, section IV. Target Population and Selecting an In-Home Service Model: **If the applicant proposes to implement evidence-based and evidence-supported in-home service models requiring modifications to be consistent with Ohio's IHBT service delivery model (i.e., Intercept, MDFT, I-FAST and FFT) as referenced in the Resources Appendix they should contact model experts to determine the feasibility of required modifications and work with the model expert in the development of the application.**

Applicants must secure from the model expert an email verifying they were consulted in the development of the proposal. For models requiring modifications to be consistent with Ohio's IHBT service delivery model, the model expert must specify in the email the modifications that will be made to be consistent with Ohio's IHBT Service Delivery Model. The required modifications are contained in the previously referenced attachment - Inventory of Evidence-Based and Evidence-Supported In-Home Service Models in Ohio. The email from the model expert must be submitted with the application.

2. **Our agency operates IHBT teams in 4 counties. Is it fair to assume that our agency can create one application that subsumes consideration for the multitude of efforts, spread across different IHBT teams, in different geographic regions, which we hope to pursue through this unique opportunity? Or instead, would it be your expectation that each distinct team provides a separate application?**

Please review this section of the RFA: Page 4 "Eligible Applicants" - "Applicants may request funds to create or expand multiple IHBT models in a geographical area AND/OR create and expand models serving multiple geographical locations with multiple teams. Also supported in RFA on page 10 "Selection Criteria" second and third line, "If an applicant proposes to create and/or expand multiple IHBT model teams, clearly define geography, model type and staffing for each team." This means that you can submit one application, but under project description you need to respond to/address the sections for each geographical area

Additionally, If geography prevents adherence to fidelity because county reach is too far, then separate teams with their own fidelity would be required.

3. **In instances where partial awards are provided, do you anticipate COE redlining the portions of the application that it doesn't wish to see funded, or will the belt-tightening decisions be left to the organization?**

The CABH COE reserves the right to make no award; make an award for a lesser amount; make an alternative award for the specified project; or make an award for a shorter duration. The CABH COE reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final application with one or more applicants.

In instances where a conditional award or partial award is being made, there will be a discussion between the applicant and the COE regarding the proposed alternative, wherein an applicant could share their preferences for consideration.

4. **Please clarify allowable use of funds for the following items: Can funds be used for**
 - a. Salary and the cost of benefits Yes
 - b. Funding the costs incurred during the time of training prior to clients being assigned and billing for services is not yet occurring. Yes, however your application and budget should include a projected ramp-up time for each staff

person not to exceed 4 months for direct care staff and 6 months for supervisors.

- c. Costs incurred to the agency when the staff is not billing due to vacation time or illness Yes, but only during the applicant's projected staff ramp up time that is indicated in your submitted budget.
- d. Funds for transportation and mileage reimbursement No, this cost is included in the HCPC code reimbursement.
- e. Programming or treatment items like workbooks, toys for play therapy and crayons This cost could be considered within the context of your larger project, consideration will take into account whether these items are required of your selected model, align with the model and target population being served etc. These may be considered by the scoring team as a one time cost but not an ongoing cost and must be well justified as aligned and necessary for your selected model and/or include an agency match or sustainability plan for the ongoing replenishment of requested resources.

5. Can we start the grant process while we are adding IHBT to our OHMHAS credentialing? Yes, Applicants may be in various stages of the OhioMHAS licensure and certification process. In your application, you will outline the steps your organization is and/or will take to obtain licensure and certification, inclusive of projected timelines to achieve each milestone.

6. Is there an example letter that these community partners can use?

We do not have a sample letter at this time, but will take this back and if a letter is developed, will post it with the FAQ.

7. So would we be able to use this for funding for children that have private insurance?

No. Allowable use of funds is for program implementation support. Applicants should work with community partners and explore local funding options and resources to support youth who have a need for Intensive Home-Based Treatment services but have private insurance. (i.e local ADAMHS board support dollars, MSY applications, FFPSA funding for eligible youth and models, commercial insurance reimbursement etc)

8. After looking at the RFA, there are no attachments. How can we get these?

You can find the attachments at the scoohio.org website, where the RFA announcement and documents live. This is the same website where you will find the FAQ post-bidders conference.

9. Is there a timeframe to achieve fidelity if we are not currently certified by OHMHAS?

Fidelity requires at least 6 months of operation.

10. What is the timeline to obtain OhioMHAS certification?

Applicants should contact the Ohio Department of Mental Health and Addiction Services to obtain information pertaining to OhioMHAS certification timelines.

11. When do the applicants need to get certified? Can there be guidance provided through the process?

Yes, OhioMHAS IHBT certification is required.

See answer in #5, you can access additional information about OhioMHAS certification on their website: <https://mha.ohio.gov/supporting-providers/licensure-and-certification/how-to-apply>

You can also receive additional information through consultation with the IHBT fidelity team by emailing Kim Meyer at kxm598@case.edu

12. My agency has a certified IHBT team serving two counties and if we want to start a new team in another county, I assume we can request funds for that new team prior to that new team going through their certification process?

See answer listed in question #5 above

13. Are there Required headers for the Timeline?

Headers are not required, but are helpful for the applicant and the application reviewers.

14. So the funds are for program implementation support- we still bill Medicaid for each service?

Yes services should be billed for each service provided to Medicaid, commercial insurance etc. as well as other funding sources (MSY etc)

15. Does each person covered under this grant need to be IHBT certified, or is it just the agency that needs certification?

IHBT certification is by organization not by individual practitioner

16. Are you able to bill the FFS rate and case rate prior to obtaining IHBT certification?

Case rate through Aetna and H codes are reserved for the IHBT certified teams.

17. If you can't do current teams for bonuses, why is there a 2 year longevity bonus?

The RFA is for new teams developing and expansion of existing teams. Here is an example of an IHBT clinician receiving a 2 year longevity bonus under this grant; this could occur if an IHBT clinician with 21-months experience is moved into an IHBT supervisory role for which funding is requested to support the development of this staff member as a new supervisor and the new supervisor reaches the milestone of 2 years during the grant period.

18. Can furniture/desks/copy machines and such count under equipment

No. Furniture, desks and copy machines are not included in the "Purpose" and "Use of Funds" sections of the RFA.

RFA, page 3, II. Purpose - This RFA has been developed to provide grant dollars, training and technical assistance to eligible and awarded behavioral health providers proposing to create new or expand services consistent with Ohio' IHBT service delivery model. Through this RFA and grant awards, CABH COE will provide funding to recruit, hire, train, and support new staff. This includes staff expenses during on-boarding and caseload ramp up, model training not provided by the CABH COE, and one-time expenses such as computers and phones.

RFA, page 6, VI Use of Funds - This section of the RFA specifies how providers may use funds and does not include furniture, desk, copy machines. It does include in the first paragraph in item #7, "One-time costs associated with establishing, connecting, and enhancing health information technology infrastructure needed to support staff in delivering high-quality specialized behavioral health services, and to deliver such services using telehealth when clinically appropriate." The following paragraph provides examples and guidelines of expenses typically associated with startup and expansion, and it specifies in item #8. "Paying one-time costs of laptops, cell phones, and information technology for new staff."

19. Is OhioMHAS interim certification status ok or do you need full certification?

Per the RFA on page 4, section III.; Eligible applicants are **behavioral health providers certified by the Ohio Department of Mental Health and Addiction Services.**

This means that the applicant has a current OhioMHAS certification for general services at the time of application.

Each applicant is expected to either have OhioMHAS IHBT certification OR document the steps the organization will take to obtain OhioMHAS IHBT certification. OhioMHAS IHBT interim is a milestone to achieve working towards full certification. Each applicant is required to document their plan to obtain interim and full certification.

20. Where do we find the application and budget?

You can find all the IHBT RFA documents, the RFA budget and the Model Inventory at <https://socoohio.org/> Please note that there is not an application form, each applicant is expected to respond with a written grant submission.

21. For clarity, can the entire salary of a staff person be covered by the grant or is it only covered during the period of training and client start up period?

Please see page 6, section IV. Use of Funds, and pages 7-8 of the RFA, where it outlines and provides examples of allowable uses of funds. Staff salary and fringe can be included during on-boarding and model training, and paying staff salary and fringe for up to 4 months after completing model training while they build up their caseload (page 6, second paragraph, #1 & #3. Also permitted is paying the costs of the supervisory salary for up to 6 months while their IHBT team is ramping up - at an amount not to exceed half of their salary and fringe benefits (page 6, paragraph 2, #4.

22. Are retention bonuses and longevity bonuses mutually exclusive? I.e if a therapist or supervisor has been with the team for longer than 2 years are they eligible for both bonuses?

Longevity is an additional incentive designed to encourage those who have been committed to an intensive home-based program for 2 years or more to remain committed. Those staff would be eligible for both.

23. Are you able to bill the FFS rate and case rate prior to obtaining IHBT certification?

Prior to obtaining OhioMHAS IHBT certification status, a provider would be able to bill unbundled service codes like psychotherapy and TBS/CPST codes. Once a team receives an OhioMHAS Interim or Full IHBT certification, they are eligible to be reimbursed through the bundled IHBT HCPC code rates and are eligible to request an Aetna case rate contract for IHBT services.

24. If a portion of the awarded grant is not spent due to staff leaving or unforeseen circumstances, are the funds to be returned?

Awards are not distributed in one lump sum. Organizations will invoice the COE quarterly, based on their expenses encumbered during the time period, so there would not be a situation where a distribution of funds occurred that would need to be returned.

25. Are the incentives just for new teams or does it include the existing teams?

Through this RFA, incentives (recruitment, retention, longevity) are **for new and/or expanding teams**. (expanding may include adding as few as 1 person to your current team) If submitting an RFA for expansion teams, you will include both your current staff and those you intend on recruiting in your RFA submission for incentives.

The COE also has access to universal funds for **currently operational IHBT, MST, FFT fidelity teams, who do not submit an RFA**. Information about this universal funding opportunity will be sent directly to eligible fidelity certified IHBT, MST, FFT teams, in mid-February.

26. Are group homes able to apply for the RFA to provide IHBT?

Group home providers, who meet the eligible applicant criteria on page 4, section III; are eligible to apply IF the provider develops a program that serves their community and the provider does not serve the youth placed in their group home. It would be expected that the provision of Intensive Home-Based Treatment services is a separate and distinct line of business from the group home.

All Providers and applicants need to ensure that they are serving only those youth who are eligible for Intensive Home-Based Treatment services as defined in the OAC Rule 5122-29-28

27. If we plan to use this opportunity to expand all of my organization's existing teams, as well as develop a new team, is it allowable to seek to address retention payments for existing staff on those expanding teams through this RFA?

Yes, it is allowable to include in the application retention payments for existing staff on those expanding teams.

28. One of our goals is to develop a new FFT team for one county. We understand the need to collect letters of support from public partners, which will speak to the needs of the community, the expected number of referrals, etc. The language is clear about the needed feasibility assessment from the FFT model experts, as well as the email verifying an intent to make modifications in accordance with IHBT rules, etc. Given that we already have a functional, certified FFT team, is there any chance we're exempted (for the sake of this RFA) from collecting this supporting documentation from the model experts?

No, the applicant is not exempted from collecting the supporting documentation from the model experts. RFA page 5, paragraphs 2 & 3, "If the applicant proposes to implement evidence-based and evidence-supported in-home services models requiring modifications to be consistent with Ohio's IHBT service delivery model (i.e. Intercept, MDFT, I-FAST and FFT), the model expert must specify in an email the modifications that will be made to be consistent with Ohio's IHBT Service Delivery Model. The required modifications are contained in the previously referenced attachment - *Inventory of Evidence-Based and Evidence-Supported In-Home Service Models in Ohio*. The email from the model expert must be submitted with the application." Also, RFA page 12, item #5, requires all applicants to provide an email from the model expert(s) verifying consultation during the development of the application.

29. We'll be working with model experts and public partners to develop a new (FFT) team and expand existing teams in multiple counties. Are letters required from all model experts and public partners?

Yes, letters are required from model experts and public partners. As referenced in question #28 above, emails from model experts are required. Also from RFA page 10, VII. Selection Criteria, #2, letters of support are required from collaborating partners and should specify commitment to the creation or expansion of the proposed services and include the projected number of youths to be referred annually once the services are established.

30. A provider asked me today about the quarterly invoicing and could they bill immediately for hiring costs, and other immediate onboarding fees. She indicated budgets for this year were already set up and they did not have ability to handle the costs up front.

Quarterly invoicing is the preferred invoicing interval. If you are selected, you can negotiate invoicing terms at the point of contracting.

31. Considering the guidelines on furniture, technology, and programming materials, am I correct that it is allowable to include direct costs related to occupancy (i.e. rental expenses) for a new team in a new geographic region?

Allowable costs include administrative, program support, and overhead (including new office space / satellite office / rental expense) until the new staff member(s) is/are able to assume a full caseload - but not to exceed 20% of the requested funds and not to exceed the first 6-months of program start up.

RFA page 6, VI. Use of Funds, includes “One-time costs associated with establishing, connecting, and enhancing health information technology infrastructure needed to support staff in delivering high-quality specialized behavioral health services.” Also included in the “Use of Funds” section is, “Paying one-time costs of laptops, cell phones, and information technology for new staff.” The “Use of Funds” section of the RFA includes pages 6-8 and permits programming materials.

32. With regard to formatting, we understand that our proposal needs to be double-spaced. We believe that certain distinctions between our IHBT teams can best be represented using charts. Must the spacing within an embedded chart also be double-spaced or can we use single-spacing here?

Single spacing in charts is permitted.

33. Apart from our submission due Feb. 2, we have a responsibility to formally make COE aware of our intention to pursue the development of a new FFT team, yes? And am I correct that you are the party to inform? If I have any of that right, should we send a formal letter? Schedule a conversation?

RFA Page 4, section IV. Target Population and Selecting an In-Home Service Model, includes direction on selecting a model. To help behavioral health providers decide which program model best fits the needs of the youth and families in their community, they should contact model experts for information about models, start-up services available, ongoing support they may receive, implementation costs, viability considerations, number of clinicians on treatment team, caseload sizes, and expectations. Applicants are expected to contact model experts, who will help them determine the feasibility of developing or expanding services in their community. From RFA page 5, once the applicant has selected a model, they should work with the model expert during the development of their application. If the applicant proposes to implement evidence-based and evidence-supported in-home service models requiring modifications to be consistent with Ohio’s IHBT service delivery model (i.e., Intercept, MDFT, I-FAST and FFT) as referenced in the *Inventory of Evidence-Based and Evidenced-Supported In-Home Service Models in Ohio*, they should contact the model experts to determine feasibility of required modifications and work with the model expert in the development of the application. Applicants must secure from the model expert an email verifying they were consulted in the development of the proposal. For models requiring modifications (i.e., Intercept, MDFT, I-FAST and FFT), the model expert must specify in the email the modifications that will be made to be consistent with Ohio’s IHBT Service Delivery Model. The email from the model expert must be submitted with the application.

34. Is our group practice able to apply if we are in the process of being certified for general services?

RFA, page 4, section III. Eligible Applicant; Eligible applicants are behavioral health providers certified by the Ohio Department of Mental Health and Addiction Services (at the time of application).

35. For new providers who need to hire and train staff, is there a suggested method/timeline to ramp up staffing for this potential funding? For example, if we intend to hire a full team of 4 practitioners and 1 supervisor, should we propose to hire all 5 positions at the same projected start date or should we incrementally add staff based on cases referred?

Staff ramp up is a projection that the organization will develop based on a multitude of local factors and factors at the organization. (HR resources to recruit and on-board, local workforce, etc.) Each organization should include in their application a projection of how staff are assumed to be on-boarded. In past projects, it has been atypical to onboard the entire team of staff at the start date of the project (unless the organization had pre-existing staff). Provider experience has typically been an incremental on-boarding.

36. The RFA includes scoring for each section. Could you provide the standard criteria for which we will be evaluated peer section (e.g.; how will we be evaluated for the 40 points for project description – what qualifies for the full 40 points vs a 20 point rating?).

The scores for each section will be determined by how well responses address the requested information. Applications providing highly developed responses to all selection criteria will score higher, while responses lacking requested information will score less points. Applicants are to format their proposals to address each selection criterion.

37. If we will be using evidence based practices but not requiring modifications to the IHBT Service Delivery Model, may we include the training cost for those models in the proposal?

Yes, the applicant may include in the funding request the costs of training to enhance the delivery of IHBT services for consideration. Respondents should include justification of the type of enhancement training aligned with the model and include in the budget how these training costs are sustained in subsequent years.

38. I am noticing in the FAQs that funds for mileage reimbursement are unallowable. I thought I remembered that this expense was allowable for travel to/from trainings and conferences, just not direct client care. Am I remembering that correctly or is mileage reimbursement strictly unallowable?

If the model you are implementing requires in-person training that results in travel expenses, those can be included in the budget for consideration.

39. My question is if awarded will the grantees be able to invoice right away to get things going due to the fact that operating budget expenses are already accounted for? If we are forced to wait this may prolong the delivery of services as we will not be able to prepare and pay new employees for their work.

Invoicing is by default quarterly, however if awarded an organization can negotiate during contracting to request a monthly invoicing structure. Invoices should include expenses for recent program activities; advance payments will not be made.

40. For retention and longevity, if we have interns that were on our team as interns and are now full time hired employees, when does their timeline start for longevity. The timeline for longevity starts at the onset of their IHBT employment date. Staff providing or supervising IHBT services for 2 years from onset of their IHBT employment date are eligible for a longevity bonus.

41. The 90%+ dedicated supervisor left for FMLA maternity leave Monday, and the program manager is covering the supervision role until her planned return in 3 months. Does this covering supervisor qualify for any retention bonus?

The agency should budget retention bonuses every 3-months during the project period for the supervisor position. An IHBT FTE staff or supervisor who is on active pay status through approved leave, would be eligible for the retention bonus once they return. A person "covering" a role is not really being "retained" in the IHBT program, but performing a temporary role and not eligible for the retention bonus.

42. Are equipment upgrades/expenses permitted for the entire team (new members targeted in the grant and existing team members), or just for new members (new laptops, hotspots and cells for the new members, or can funds be used to upgrade all equipment so everyone has the same)? Requesting funds to upgrade existing staff persons equipment would have to be highly justified by the submitting organization for consideration. The provider should include the reason why the computers and phones of existing staff need to be replaced.

43. A juvenile court has communicated that they have been advised not to provide letters of support to local treatment providers seeking grant funding. How should this situation be handled?

When a juvenile court is not able to provide a letter of support but is a collaborating partner, the applicant should note this in their response to VIII. Selection Criteria, item e., page 11.

Item e. requests the applicant to, "describe the local collaborating partners which will be referring youth to the IHBT model services, the intended roles of each partner throughout the various phases of the implementation and how the project aligns with the strategic initiatives of

each of the partners. Include in this description any experience the provider or partners have implementing evidence-based practices or systems of care quality improvement initiatives.” The applicant should include in their project narrative a description of the court’s collaborative partner role outlining the elements in item e and add a notation that the juvenile court letter of support was not provided.

Video Recording of the bidders conference can be found here: Please note **Additional clarifications on discussions during the bidders conference are outlined in the above FAQ**

https://cwru.zoom.us/rec/share/RmxXIMuT491ZrAnHPR7i6rbr-HfpHxmEk0b1_bSyUCIDcnKV4s1Z1erpVy-RHX5q.ilqwUr-p6WqbRkCV?startTime=1705078431000