

**North Carolina  
Department of Health and Human Services**

**Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

**REQUEST FOR APPLICATION No. DMH22-007BG-RFA**

**Questions and Responses**

**Q) There are conflicting due dates in the RFA. Can you please confirm the due date of the RFA applications?**

**A) The RFA applications are due on or before, Tuesday, April 19, 2022 at 5:00 pm EDT.**

**Q) Can existing CCBHC-E recipients whose contracts are expiring, apply for funding under this RFA?**

**A) Yes, existing CCBHC-E recipients whose contracts are expiring, are eligible to apply for funding under this RFA.**

**Q) In the Introduction – Section 1.0, there are goals listed as #1 and #3. Is there a second goal?**

**A) Goal #2 from the NCDHHS 2021 – 2023 Strategic Plan is not applicable to this RFA and therefore is not listed.**

**Q) What is the anticipated maximum amount of funding for each award?**

**A) The anticipated maximum amount of funding for each award is \$4 million**

**Q) Are applicants required to have all subcontracts/formal agreements in place by April 19, 2022?**

**A) No, all subcontracts/formal agreements are not required to be in place by April 19, 2022. Please refer to the RFA for all subcontractor requirements.**

**Q) What is a Performance Based Budget? Can you please provide an example?**

**A) Please refer to Section 12.0 (I) Application Content and Instructions – Performance Based Budget.**

**Q) Currently only one provider is contracted to provide Mobile Crisis Service in each county. Would we still be considered an eligible provider if we**

**subcontract/DCO for the Mobile Crisis Service to the contracted provider in our county?**

**A) Subcontracting/collaborating for services is allowable.**

**Q) Can we subcontract/DCO for services with a for profit provider?**

**A) No, we are not able to subcontract with a for profit provider.**

**Q) If the CCBHC refers a patient to a DCO for a service that the service recipient cannot afford and/or DCO cannot bill for, is the intent for the CCBHC to pay the DCO directly (from grant funds) for the service provided by the DCO?**

**A) Yes, the CCBHC will be required to pay the DCO directly for the services provided by the DCO if it is medically necessary and the service directly addresses the identified need with no other comparable billable services**

**Q) If the CCBHC refers an individual to Mobile Crisis (state/MCO sanctioned provider), and the Mobile Crisis provider is unable to collect payment, would the expectation be for the CCBHC to pay the Mobile Crisis provider for services rendered? If yes, what if the Mobile Crisis provider also has a CCBHC designation?**

**A) Yes, the CCBHC may be required to pay the Mobile Crisis provider for services rendered. However, this would be determined on a case-by-case basis with the project director providing technical support**

**Q) In Section 12.0 Application Content and Instructions of the RFA, D.g. states: "Describe how your organization approaches working with service providers at the individual, family/youth level and the system level". What is the scope of term "service providers" and what is the intent of this question?**

**A) The scope of the term "service providers" is as follows: community mental health and/or physical health providers who are non-profit entities, universities, government organizations or counties. The intent of the question is to determine the level of collaboration and partnership with your organization and others on different levels.**

**Q) In Section 5.0 Programmatic Requirements and Priorities of the RFA, per Program Requirement, B.h. "Assertive Community Treatment, Community Support Team, or Substance Abuse Intensive Outpatient Program (SAIOP)", should this "or" be an "and", or, is the intent for at least one of these services to be provided based on the needs assessment?**

**A) Yes, the intent is for at least one of these services to be provided, either directly or through a DCO.**

**Q) Would two (2) CCBHCs be considered in neighboring cities (where both agencies currently serve individuals in both cities) if the applicant is proposing specific services not provided by the other CCBHC?**

**A) Yes, we would want to ascertain that the level of need is there and will not create competition as opposed to collaboration.**

**Q) In Section 2.0 Eligibility of the RFA, what is the definition of enhanced service?**

**A) Enhanced services refers to any service that includes care coordination elements and/or additional services as opposed to outpatient therapy, medication management or case management. Examples include: Multisystemic Therapy, ACTT, Intensive In Home, Day Treatment.**

**Q) In Section 5.1 Programmatic Requirements and Priorities of the RFA, A.a states that “Applicants must provide the following services, in compliance with CCBHCs criteria: Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization”. Are applicants allowed to use partner/DCO for one or more of these services listed in A.a?**

**A) Yes.**