

<b>QUESTION SUBJECT</b>	<b>QUESTION_TEXT</b>	<b>ANSWER_TEXT</b>
Vendor Email	Can you confirm for me this opportunity is a contract and not a grant?	This opportunity is a solicitation for a contract with the State of Nevada to provide services as outlined in the Request for Proposals.
Staffing Plan	Given the call/SMS/live chat volume defined in Facts And Figures, what is the state's thoughts on number of resources needed for calls, SMS and live chat?	Proposing vendors should draw on their expertise to address the needs of the State with the requisite resources.
Vibrant/Unified Platform	Which agency is currently responding to live chat and SMS for the state of Nevada? Is this on the Vibrant Emotional Health unified platform?	The Crisis Support Services of Nevada is responding to calls, texts, and chats for the State of Nevada. No, they are not on Vibrant Emotional Health unified platform.
Current Call Center Provider	Confirng Crisis Support Services of Nevada is currently responding to 988 calls for the state of Nevada.	Yes, the Crisis Support Services of Nevada is currently responding to 988 calls, texts, and chats for the State of Nevada.
Warmline	Is it the intention of the State of Nevada to have the selected vendor operate a warmline and manage warmline calls, in addition to the 988 calls, chats, and texts managed through the Behavioral Health Crisis Care Hub?	No warmline needs to be operated by the awarded vendor. However, warmlines need to be integrated with Nevada's Behavioral Health Crisis Care Hub.
911/PSAP Colocation	What is the State of Nevada's expectation of the role and work completed by the Behavioral Health Crisis Care Hub staff co-located in PSAP/911 facilities? For example, are these staff serving in a crisis line operator function, or in a program liaison capacity?	The state will work with the awarded vendor and request to colocate vendor staff within the identified PSAPs who are responsible for crisis line operator function as needed.
Funding Sources	Is the State of Nevada expecting that the vendor will access multiple funding sources, such as Medicaid? If so, what is the State's anticipated breakdown of these funding sources?	Please review the revised cost schedule attachment as it does not have this request present.
On-Site Mental Health Personnel	Regarding the value-added service of on-site mental health personnel, is the State requesting that the vendor have staff available that can be dispatched to a location for on-site support following a critical incident? Or is the request to have staff available that can be dispatched to a location to intervene on-site during a critical incident?	The state will work with the awarded vendor to request the awarded vendor to deploy the awarded vendor's On-Site staff to support following a critical incident as needed.
Bilingual Staff	In lieu of bilingual staff, is use of certified medical interpreters acceptable?	Yes, use of certified medical interpreters is acceptable, if it is at no additional cost to the state versus bilingual staffing.

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Mutual Termination	Should we expect that the 30-day mutual termination clause in the Standard Form Contract will be what is listed in the contract for this solicitation?	The state contract form contains 30 day no cause termination language as well as termination with 30 days notice where both parties are in agreement. It does not include termination on the part of the vendor alone. The state standard form is the contract that would then be used between the parties and vendors are encouraged to accept the language presented therein as is. If a vendor does not include any requested redlines in their proposal, the contract will be deemed accepted and vendors cannot propose changes after submission of their proposal.
211 Services	Is it the intention of the State of Nevada to have the selected vendor operate 211 services, in addition to the 988 calls, chats, and texts managed through the Behavioral Health Crisis Care Hub?	No, awarded vendor is not required to operate Nevada 211. However, Nevada 211 must be integrated with the Nevada's Behavioral Health Crisis Care Hub.
Remote/Telecommuting Staff	Regarding the vendor's responsibility to establish two physical contact centers, would the State of Nevada be open to alternative solutions, such as operating from a single brick-and-mortar office in Nevada and utilizing remote/telecommuting staff from Nevada? If allowing the use of remote telecommuting staff, will the state require any minimum on-site time for remote employees?	<p>The state does not accept operating from single brick-and-mortar office in Nevada. The State requires awarded vendor to establish and operate two physical locations in Nevada - one for Northern Nevada and another one for Southern Nevada.</p> <p>Telecommuting staff to each physical staff is acceptable as long as the staff is from Nevada. Vendor to manage the on-site time for remote employees.</p>
In-State Answer	Regarding the requirement to have all Nevada 988 calls answered within the Nevada contact centers, would the State of Nevada be open to alternative solutions, such as having the majority of calls answered within the Nevada contact centers, backed up by a national network of 988 trained staff residing outside of Nevada?	It is expected to follow vibrant call routing procedures including back up/ over flow of calls. It is not acceptable to be routing Nevada calls to outside of Nevada to meet SAMHSA KPI standards.
Grant Funding Coverage	Specifically, what costs will the grant cover, and are there any expenses that are not eligible for grant funding?	Please review the revised cost schedule attachment as it does not have this request present.
Mobile Crisis Providers	Would we be billing on behalf of the mobile crisis providers in the field?	No. The awarded vendor will not be billing on behalf of the mobile crisis providers in the field.

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Conflicts of Interest	Is there a prohibition for an ASO to operate any of the services outlined in the RFP?	<p>This question appears incomplete. If the question is about additional DMCT and CSC services provided by the awarded vendor, the State is willing to collaborate with vendor in provisioning of behavioral health services.</p> <p>If the question is whether tasks solicited in the RFP can be performed by the state, please refer to the RFP for the expectations of what a vendor (and not the State) will perform.</p> <p>If the question is whether a current state staff member can be employed by the vendor, that is not permissible.</p> <p>If the question is whether a former state staff member can be employed by a vendor, there are specific rules and regulations including ethical prohibitions.</p> <p>The State cannot give proposing vendors legal advice – if the vendor does have a perceived or actual conflict of interest, please disclose it in the proposal.</p>
Established Partners	Do we need to come in with established partners or do we need to build out a partner network once awarded the contract? Are there specific partners already established we need to consider?	The awarded vendor is expected to build out their own partner network that is required to fulfill the scope of work and all functional, security, and operational requirements.
Co-responder Model	Will there be a co-responder mobile crisis response model in addition to purely civilian mobile crisis services?	<p>The State is open to creative and intuitive solutions to meet the needs of Nevadans. Vendor may submit their best proposal.</p> <p>Should there be a need for co-responder mobile crisis response model, the State will work with the awarded vendor to establish the partnership as mentioned in Attachment_02_RTM_Functional requirements Vendor section - FR12.07 through FR 12.16.</p>
Technology Infrastructure	Could you specify the technology and infrastructure needs for the call centers and mobile crisis dispatch? Are there particular platforms or systems the state prefers?	If the question is specific to the type of solution, then the State would prefer a modern, scalable, and secure unified cloud solution. However, it is up to the awarded vendor to implement the technology to meet or exceed the RFP requirements.
Local and State Coordination	How should the ASO coordinate with local and state-level behavioral health resources and services to ensure a comprehensive care approach?	The State is working on 988 Task force for community engagement. The 988 task force will be the liaison between the awarded vendor and the community partners to ensure a comprehensive care approach.
Financial Reporting	What are the expectations for financial reporting, and how frequently must financial updates be submitted?	Please refer to the RFP section 8.7

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Specific Collaborative Activity Requirements	In attachment 06, the necessity of collaborative work is mentioned. Are there specific collaborative activities or programs that should be included in the cost schedule?	If you are referring to 988 Task force collaboration then please refer to functional requirements in the Attachment_02_RTM_Functional requirements "vendor" tab (FR12.24, FR12.25, FR12.26).
Subaward Funding	It's noted that subaward funding will be disbursed as reimbursements. What documentation or proof of expenditure is required for reimbursement, and how will this process be managed to ensure timely funding flow?	Please review the revised cost schedule attachment as it does not have this request present.
Advance Monthly Payments	In attachment 06, the document allows for the possibility of requesting advance monthly payments. Under what conditions are advance payments approved, and what accountability measures are in place for such disbursements?	Please review the revised cost schedule attachment as it does not have this request present.
Crisis Lifeline Framework	Can you provide more details on the expected operational framework for the 988 Suicide and Crisis Lifeline call centers? How should the call, text, and chat services be integrated and managed?	Please refer to Scope of work, functional, security, and operational standard requirements.  The State is looking for a unified platform to accept and respond to calls, texts, and chats from SAMHSA's administrator Vibrant 988 Suicide and Crisis Lifeline network. Please refer to Attachment_01b_Minimum_Standards_for_Crisis_Contact_Centers for more information.
Budget Breakdown	In attachment 06, the document asks for the percentage of total cost covered by the grant but does not provide a specific total cost or detailed budget breakdown. Can you provide a detailed budget breakdown that includes all expected expenses and revenues?	Please review the revised cost schedule attachment as it does not have this request present.
Percentage of Total Cost Allocation	In attachment 06, the document asks what percentage of the total cost is allocated to direct service provision. Can you specify the categories or types of expenses considered as 'direct service provision'?	Please review the revised cost schedule attachment as it does not have this request present.
Wait List Clarifications	In attachment 06, what are the expected timeframes for managing and addressing the waiting list? How does the waiting list impact the budget and resource allocation?	Please review the revised cost schedule attachment as it does not have this request present.
Sliding Fee Clarification	In attachment 06, the document mentions the use of a sliding-fee scale or other mechanisms to determine client fees. How should the sliding-fee scale be structured, and how does it impact the overall budget and funding requirements?	Please review the revised cost schedule attachment as it does not have this request present.
Flow of Funding	Can you explain the flow of the funding and how does the current entity currently get paid?	The current operator is paid using grant subaward process. The awarded vendor will be paid by mutually agreed upon payment terms.

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Telephony Platform	Is funding a telephony platform within the scope of this RFP? If not what platforms are currently utilized? Could you specify the telephony technology and infrastructure needs for the call centers? Are there particular platforms or systems the state prefers?	If the question is specific to the type of solution, then the State would prefer a modern, scalable, and secure cloud solution. However, it is up to the awarded vendor to implement the technology to meet or exceed RFP requirements.
Medicaid Billing	Is the expectation the ASO will be involved in paying Medicaid medical claims?	Please refer to Attachment02 - functional requirements - FR12.23, FR10.37
Bed Registry	What is the current Bed Registry solution's technology?	Currently, the State is using OpenBeds technology for bed registry.
Bed Registry	<p>"The System must allow MCTs, DMCTs, CSCs, treatment providers, CCBHC and other bed providers to interface with system for required data collection/process management, including but not limited to:</p> <ul style="list-style-type: none"> <li>a. appointment availability</li> <li>b. Updates of available beds</li> <li>c. Slot/bed reservation process</li> <li>d. Dispatch process</li> <li>e. Data collection/sharing between CSC, DMCT and other systems"</li> </ul> <p>Question: Will the NBHCCH be the source of truth related to the above data points such that the MCTs, DMCTs, CSCs, providers will update NBHCCH with their information?</p>	<p>No, each data provider would be the source of truth. NBHCCH would use the input to assist with person in crisis with a potential behavioral health provider. It may be possible that the State may provide access to the current enterprise solution - OpenBeds.</p> <p>Yes, MCTs, DMCTs, CSCs must be able to update their service availability with NBCCH on a near-realtime basis.</p>
211	The System must have the capability to interface with externally maintained resource lists/providers - Nevada 211. Questions: What is the 211 solution's technology?	Nevada 211 uses iCarol.
Legal Status	The System must have the capability to capture and display the legal status (court ordered treatment, legal hold, civil commitment, etc.) of the person needing assistance, to inform the designated mobile crisis team accordingly. Question: What is the source of this data? A system? Or provided by the caller?	The source of this data will be from the individual in crisis, and or the third party caller for the individual
Designated Mobile Crisis Team (DMCT)	"The System must have the capability for real time tracking of available designated MCTs - includes availability,-current GPS location, ETA to destination for each MCT, and length of time at a particular location."Is it safe to assume the DMCT teams will adopt a new technology as a result of this project that will initiate dispatch? Or, does the state envision and integration with their existing dispatch initiation technology solution?	<p>It is assumed that DMCT teams will adopt to a new technology as a result of this project.</p> <p>The State does not have a dispatch initiation technology solution.</p>

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Reimbursement	1.The Purpose section states, any contract resulting from this solicitation will be on a fixed price deliverable basis? a. Does this mean a fixed amount every month or a fixed rate x # of deliverables-every month a different amount? b.How are deliverables defined?	Please refer to Attachment_04a_Change_Contract_Deliverable_Management and Attachment_06_Cost Schedule
Post Go Live Phase	For the Post Go Live Phase, 6.9.2.2 states that DPBH will hold back 10% of costs until stabilization period is complete which will take 90 days. What are the criteria and rating that DPBH will use to declare the stabilization period is complete?	The criteria will be developed in the GoLive/Implementation Plan and will be agreed upon by the State and the awarded vendor. The criteria will revolve around KPIs being met.
Contract Type	Will this contract be considered a reimbursement grant? a.If so, will the contractor be considered a subrecipient? b.How will invoices be submitted for reimbursement?	Please review the revised cost schedule attachment as it does not have this request present.
DCMT	How many Designated Criss Mobile Team providers are there? What is the current volume of Crisis Mobile Team dispatches per month?	The number of Designated Mobile Crisis Team providers and the volume of Crisis Mobile Team dispatches per month has not been determined yet.
DCMT Dispatch	What technology solution does the current contact center utilize to dispatch the Designated Crisis Mobile Teams?	There is currently no formal process for dispatching Designated Crisis Mobile Teams.
Data Sharing	There is a requirement to have the capability to integrated with DMCTs, CSCs, and Bed Registry system. What data points are intended to be shared across the crisis system and what is the anticipated timing of exchange of those data points?	Integration capabilities has not been determined yet. Will be discussed during the discovery phase of the project.
On-site Services	Regarding the requirement for on-site mental health personnel during emergencies, what is the anticipated utilization of these services based on past events per year?	The anticipated utilization of on-site mental health personnel during emergencies has not been determined yet.
PSAP Co-Location	Regarding the requirement to have personnel co-locate with PSAPs, how many co-locations are anticipated for staffing purposes? Are these co-locations anticipated to be permanent or temporary training events occurring at regular intervals throughout the year?	Co-locating vendor staff within PSAPs has not been determined yet. It will be discussed during the discovery phase of the project or as need arises.
Bed Registry	Based on the section in the SOW regarding the technology scope for the crisis contact center to be interoperable with the bed registry. Is the bed registry interface provided by the bed registry vendor? Is it the expectation for the crisis contact center to build an interface with the data points provided from the bed registry system?	Bed registry interface has not been determined yet. Will be discussed during the discovery phase of the project. Please refer to Attachment02 Functional requirements "FR09 Bed Registry" tab.

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RFP Section 2 Project Overviewp. 2 of 7	<p>2.1 The State of Nevada Purchasing Division, on behalf of Nevada Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH) is seeking proposals from qualified vendors to provide an establishment, physical infrastructure, workforce, technology, and administration of a centralized Nevada 988 Suicide and Crisis Lifeline call center(s) that are operated 24/7/365 days to answer calls, texts, and chats routed to Nevada (NV) from National 988 Suicide and Crisis Lifeline, pursuant to NRS 433.702 through NRS 433.706. as further described in the scope of work and attachments.</p> <p>Question: Would the DPBH like vendors to provide the crisis platform only or are tablets and mobile phones also required to be included in the cost proposal for crisis responders? Is there an estimated number of users that would need to have this equipment?</p>	<p>This question appears incomplete. If the question is about technology for Designated Mobile Crisis Teams, then please provide your preferred solution in the proposal.</p> <p>If the question is about the hardware for call centers, then awarded vendor is expected to bring their own hardware and maintain the hardware to run the operations.</p>
RFP Section 5, Timeline p. 3 of 7	Please confirm that the initial contract start date (upon BOE approval) is not the operational go live, but rather that 1/1/25 (Phase I) and 7/1/25 (Phase II) are the estimated operational go live dates, as indicated in the Scope of Work, Section 8, Implementation and Timelines, p. 43.	Any timeline negotiated in a given scope of work controls any "go live" milestones. The Board of Examiners' approval is required for a contract to be established and no work (including any kickoff or information gathering activities) prior to that date is compensable.
RFP Section 5, Timeline p. 3 of 7	Please confirm that the awarded contractor will begin to be paid as of the initial contract start date.	Vendors cannot be paid in advance for work and must perform satisfactorily according to the scope of work as contracted in order to invoice in accordance with their cost proposal and ultimately be paid. The contract start date upon approval of the Board of Examiners does not entitle a vendor to payment, work performed under the contract is paid in accordance with any negotiated cost proposal and scope of work.
RFP Attachment 1, Section 1, Background Information p. 5 of 46	<p>SOW Section 1.1 states: Any contract resulting from this solicitation will be on a fixed price per deliverable basis. There will be no opportunity for Best and Final Offers (BAFO). Vendors must prepare cost proposals reflecting the best available pricing to meet the requested scope of services.</p> <p>Question: Is it the State's intent to pay for each individual deliverable in the time period it is delivered? What level of documentation is anticipated to trigger the payment of the fixed price?</p>	Please refer to Attachment_04a_Change_Contract_Deliverable_Management

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RFP Attachment 1, Section 6, Scope of Work	Some entities interchange project management plan, project schedule, and project plan. All three are referenced in the NBHCCH (988) - Scope of Work. For this response, we interpret that project management plan is the collection of management plans (+ R&Rs) referenced in 6.2.2.1, the project schedule is the list of tasks with related detail referenced in 6.2.2.2, and the project plan is an overall reference to the vendor's approach to delivery. Please confirm or clarify if otherwise.	Project Plan and Project Schedule are used interchangeably. Project management plan is the collection of management plans.
RFP Attachment 1, Scope of Work, Section 4, Requirements Matrix p. 11 of 46	Please clarify what is expected by Reference each data element/function to vendor project plan by task number. Please provide an example response.	Requirements in the RTM relate to deliverables required by the Scope of Work. (One to one or one to many). Each deliverable will be listed in the project plan and those requirements will be included as tasks to complete that deliverable.
RFP Attachment 1, Scope of Work, Section 6, Scope of Work p. 14 of 46	Our Staff Vice President of Implementations has a PMP certification, a minimum of 10 years of experience with complex enterprise implementations, and a minimum of five years of experience managing vendor's solution and associated implementations. This resource oversees a team of Implementation Managers, most of which also meet RFP requirements. Is it acceptable to name the Staff Vice President of Implementations in the proposal response and assign a dedicated resource who also meets qualifications upon award?	The Vendor Project Manager will be the point of contact and responsible for managing this project and they need to meet the criteria set forth in the RFP. Lower-level managers can be included in the project organization as the Vendor sees fit. The State Project Manager will work directly with the Vendor Project Manager, therefore, the requirements need to be met with that individual.
RFP Attachment 1, Scope of Work, Section 6, Scope of Work p. 29 of 46	6.9.2.2 Accept of a 10% hold back of implementation costs until the "Stabilization Period" is complete and the Production System Acceptance sign off has been completed by all parties. (SR08.02)  Please define stabilization period.?	The stabilization period is the period that the system is being evaluated post GoLive. In this case, the period is 90 calendar days. During this period, the KPIs will be monitored to confirm they are being met per the RFP/Scope of Work. At the end of the stabilization period, the State will sign off on the Production System Acceptance so the 10% hold back can be released.
RFP Attachment 2_RTM_Functi onal, FR01, Call Center Services	FR01 The costs of operating a call center are directly related to call volume. Will there be opportunities for periodic evaluations of call volume and associated funding adjustments if such adjustments are warranted based upon changes in necessary resources to meet service demands?	The State encourages vendors to provide accurate and complete pricing in their proposal. The state welcomes proposals which seek to address communication and collaboration between the parties through a documented change management process. The State cannot prospectively agree to adjustments if additional capacity is required, but Vendors may wish to address pricing scales so that the State can budget for possible future volume in budget cycles.



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RFP Attachment 2_RTM_Functi onal, FR01, Call Center Services	FR01 Recognizing the state's preference for in-state staff, would the state be open to out-of-state staff (e.g., in contiguous states) who have knowledge of the Nevada crisis system?	It is the State's intent for the awarded vendor to recruit in-state staff to answer all contacts - calls, texts, and chats.
RFP Attachment 2_RTM_Functi onalm FR01, Call Center Services, FR01.15	<p>FR01.15 The Call center staff must stay on the phone with the caller during any and all call transfers and practice warm hand off procedures. That means, call center staff shall stay on the phone with the caller until the caller has verbalized they are no longer in need of 988 assistance.?</p> <p>Question: For staffing considerations, please clarify the expectation of warm handoffs to mobile crisis. If the three-way call is managed once the Mobile Crisis Response team arrives (could be up to one hour away), the call taker would have to remain on the line for the duration and this will affect call center staffing models. Is the expectation that warm phone hand-offs to Mobile Crisis Response teams occur once they arrive only in certain cases or in most or all cases? Have criteria been established for what situations warrant this process, or will these criteria be developed as part of the contract negotiation?</p>	The Triage protocols and workflow will be discussed during the discovery phase. Please provide the response with your best practices.
RFP Attachment 2_RTM_Functi onal, FR10, Reports, FR10.37	<p>FR10.37 The vendor must provide a report on Medicaid billing. The details of the report will be discussed when Medicaid reimbursable services are available in state of Nevada.?</p> <p>Question: Are there any other population (i.e., private insurance) that the contractor will need to verify benefits for besides the Medicaid population?</p>	The details on Medicaid billing and private insurance has not been determined yet.
RFP Attachment 2_RTM_Functi onal, FR13, Performance KPI, FR13.05	<p>FR13.05 The vendor must maintain average speed to answer for Calls - 95% of contacts in 20 seconds and 90% of contacts in 15 seconds.?</p> <p>Question: The requirement for at least 95% of calls answered within 20 seconds, and 90% of the calls answered within 15 seconds is in excess of industry standards. Would the State be open to suggestions of industry standard call center performance measures?</p>	Proposing vendors are aware of the State's standard through the RFP. Vendors are scored/evaluated in relation to their conformance to the terms of the RFP. Vendors are therefore encouraged to state whether they can meet the functional requirement and if not, how far they deviate from the requirement to allow for evaluation and scoring of their proposal. This offering is crucial to the health and safety of those using it and industry standards for call centers may relate to answer times for commercial purposes and not health and safety ones.

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RFP Attachment 2_RTM_Functional, FR13, Performance KPI, FR13.10	FR13.10 The vendor must not exceed 2% of monthly contacts that are inappropriately transferred out to 911.?  Question: How will this performance standard be measured?	Vendor to propose their best approach to measure and monitor the metrics and report to the State.
RFP Attachment 06, Cost Schedule, Call Center ? One Time tab	The cost schedule contains a significant level of detail, with many items not involving specific costs but indicating a certain level of progress towards completed implementation. Is it the State's intent to require invoicing for each deliverable upon completion? Is the State open to accepting certain gating deliverables or an estimated percentage completion methodology for invoicing and payment of the implementation costs?	Please refer to Attachment_04a_Change_Contract_Deliverable_Management
RFP Attachment 06, Cost Schedule, Call Center ? One Time tab	It is not anticipated that there will be implementation costs in all five (5) years of the contract. Our typical approach is to amortize initial implementation expenses evenly over the life of the contract. By including columns for multiple FY periods on the One Time tab, is the State's expectation to pay initial costs at the start of the contract or spread over the multi-year contract term?	Please reflect costs in the columns provided to align with State budgeting processes and requirements. While private sector businesses may prefer amortized startup costs, the State budgets for costs in relation to the fiscal year when they are incurred. This is advantageous to vendors because there is a correspondence between work performed and payment for that work, especially considering that state contract terms include the right to terminate for non-appropriation (which would have a negative impact to a vendor where it had amortized startup costs into future years only to have those remain unrealized). If there are no start up costs in later years of a contractual relationships, those amounts would be reflected as zero.
RFP Attachment 06, Cost Schedule, Call Center ? On-going tab	Please clarify what 500 service hours on Ongoing tab, row 25 represents.	The 500 Service Hours referenced in the Ongoing tab on row 25 represents the need for the state to reserve additional hours at a set price within the contract authorized value to allow for change management.
RFP Attachment 06, Cost Schedule, Call Center ? Call Center Summary	The light blue cells on the Summary tab, row 12, reference totals from the first tab in the spreadsheet. The light blue cells on row 13 are all set to zero. Should these cells be modified to represent the totals by FY from the Call Center Ongoing tab?	Please view the updated cost schedule.

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RFP Attachment 06, Cost Schedule, Call Center ? Co-locating and Onsite Emergency tabs	Will the hourly rates for any Co-located and Onsite Emergency staff be invoiced separately from the costs included in the Call Center Summary on as as-needed basis? For staffing and budgeting purposes, does the State have an estimated number of staff that will be required for each function?	Please reflect a complete pricing proposal inclusive of any rates related to. The Not to Exceed Value reflected in a state contract sets forth the fiscal authority for the contract term. Scoring criteria in the RFP indicate how vendor pricing will be scored and should be inclusive of the components necessary to meet programmatic requirements.
Abandonment Rates	Attachment_02_RTM_Functional 252 FR13.04 and 256 FR13.08: 252 FR13.04 notes that vendor answer rate must be greater than 90% of received. 256 FR13.08 notes that vendor must maintain abandonment rate of less than 5% on a monthly basis ? can you clarify this? Are these metrics inclusive of "short abandons" meaning calls that rang for less than 15 seconds? And is it 90% answer rate per service type i.e. 90% answer rate on calls, 90% answer rate on texts and chats or is it inclusive of all ? 90% of all interactions received?	Please refer to the new Attachment 08 - Call center metrics and provide your best proposal.
Claims Process	Is it anticipated that the vendor will be submitting Medicaid claims at go live? If so, is there an anticipated protocol for submission of claims?	The awarded vendor is responsible for working with Medicaid or other insurance entities for reimbursement of those eligible service.
Current Provider	Does Nevada have a current provider who is fulfilling Mobile Crisis Services and if so, who is this current provider? Would it be expected that this current provider continues to provide these services and subcontract with the RFP awardee?	There is no vendor providing DMCTservices to Nevada. Please refer to the Attachment_02_RTM_Functional requirements Vendor section - FR12.07 through FR 12.16.
Contract	Will DPBH all a contract for implementation services and separate contract for licensing?	Please refer to the RFP document section 2.2
Telephony System	Does DPBH have an existing telephony provider that they plan to continue to use? If so, what is the provider name?	There is no existing telephony provider.
Data Migration	Does DPBH intend to migrate ALL data from existing system(s)? If so, what are current systems and approximately how much data?	There will be no data migration required for this implementation.
Document Management	Does DPBH need a document management system as part of the solution?	DPBH does not need a document management system as part of the RFP. However, it is up to the awarded vendor to determine their technology to meet or exceed the proposed solution requirements.
Document Generation/eSignature	Does DPBH need document generation and or eSignature functionality?	DPBH does not need a eSignature as part of the RFP. However, it is up to to the awarded vendor to determine their technology to meet or exceed the proposed solution requirements.

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911 Transfers	Attachment_02_RTM_Functional 258 FR13.10: This section notes vendor must not exceed 2% of monthly contacts that are inappropriately transferred to 911, how do you define inappropriately transferred?	Vendor to propose their best approach to measure and monitor the metrics and report to the State.