



**COMMUNITY BASED CARE LEAD AGENCY FOR CIRCUITS 3 & 8
ALACHUA, BAKER, BRADFORD, COLUMBIA, DIXIE, GILCHRIST, HAMILTON, LAFAYETTE,
LEVY, MADISON, SUWANNEE, TAYLOR, UNION COUNTIES
2026 RFP - BEHAVIORAL HEALTH SERVICES**

RESPONSE TO WRITTEN QUESTIONS

- Q.1.** Is the intent to establish a pool of pre-qualified providers, make a single award, or make multiple awards by county and/or by service type?
- A.1.** The intent is to ensure that PSF can access a comprehensive pool of providers to best serve clients located within Judicial Circuits 3 and 8. Multiple agreements may be awarded to providers not currently established with PSF within the catchment area served, to enhance the existing service array.
- Q.2.** Are proposers required to propose all listed behavioral health services, or may proposers submit a partial scope (selected services only)?
- A.2.** It is not a requirement to be able to provide all services listed. Interested providers are encouraged to submit proposals for any services offered that may benefit children and families served through PSF.
- Q.3.** Is there a minimum number of service categories that must be proposed to be considered responsive?
- A.3.** No, there is no minimum.
- Q.4.** Must proposers propose services in all counties listed in the RFP, or may we propose for a subset of counties?
- A.4.** Interested providers may propose services for any of PSF's covered counties.
- Q.5.** If a subset is allowed, is there a preference or minimum (e.g., two or more adjacent counties) to be competitive?

A.5. There is no minimum.

Q.6. Will awards be made by county (i.e., vendors can be selected for some counties but not others)?

A.6. Awards will be established through rate letter agreements or contracts for the services and counties identified within the proposal.

Q.7. Can PSF provide estimated annual referral volumes by county and by service type (or historical utilization) to support staffing and budgeting?

A.7. PSF does not offer any guarantees for referral volumes. All services are funded as fee for service. Are there any required response times (time from referral to contact, assessment, first appointment) and any performance targets for access?

Q.8. Are there any required response times (time from referral to contract, assessment, first appointment) and any performance targets for access?

A.8. Interested providers must identify how services in PSF's catchment area will be incorporated into the respondent's existing quality assurance structure, activities, and oversight. This may include timeframes related to contact, assessment, first appointment, etc.

Q.9. Are there expectations for after-hours, crisis response, or urgent appointments?

A.9. No, unless these are services that you have proposed within your response.

Q.10. Please confirm the unit-rate schedule (or where it is located) for each service and whether rates vary by county or modality (in-person vs. telehealth).

A.10. Fee schedules may be included under the budget in responses. Rates will be negotiated prior to award, and may vary based on location, modality, duration, etc.

Q.11. Is there an allowable or expected indirect cost rate (and should it be built into unit rates or budgeted separately)?

A.11. Where contracts are not necessary, awards will be established through rate letter agreements. All services will be delivered as fee for service and rates should account for communication, reports, travel, and any other incidental expense related to the delivery of services.

- Q.12.** Are there any caps on units per client/episode for each service (authorization limits)?
- A.12.** PSF does provide authorizations for all services delivered as fee for service. Unit authorization is based on multiple factors, including but not limited to program/model standards and frequency.
- Q.13.** Are travel costs reimbursable/allowable, and if so, how should travel be proposed (built into unit cost vs. separate line item)?
- A.13.** Travel should be considered within the unit rate for the deliverable service.
- Q.14.** Are services expected to be delivered primarily in-home/community-based, or must providers maintain a clinic site in each county served?
- A.14.** PSF is interested in exploring a variety of delivery methods, including those listed. Interested providers should clearly define the delivery method within their response.
- Q.15.** If a physical location is required, what are the minimum requirements (e.g., “license location only” vs. dedicated counseling space, hours of operation)?
- A.15.** This would be based on the services proposed and the proposed method of delivery.
- Q.16.** Is telehealth permitted for any of the listed services, and if so, for which services and with what constraints (platform, consent, documentation, client equipment)?
- A.16.** HIPAA compliant telehealth services will be considered if clinically appropriate for the service(s) identified.
- Q.17.** What are the required outcome measures and reporting frequency (monthly/quarterly), and what system(s) will be used for reporting?
- A.17.** Outcome measures, if any, will be identified and discussed with selected providers prior to award, if warranted for the services provided and agreement type utilized. PSF does have an expectation of monthly progress reports for most services.
- Q.18.** Are there required minimum performance standards (e.g., completion rates, engagement, timeliness) tied to payment or corrective action?

A.18. Performance standards, if any, will be identified and discussed with selected providers prior to award, if warranted for the services provided and agreement utilized.

Q.19. Where do we list the services we want to apply for in the RFP?

A.19. We are seeking already established providers for any of the services listed to enhance our existing service array within the 13 counties served. Services are provided as fee for service.