

RFP 143 Mental Health Peer Patient Representatives

Questions and Answers

RFP ISSUE DATE: 09/04/2026

QUESTIONS DUE: 09/25/2026 4:00 PM (ET)

ANSWERS POSTED: 10/14/2026

RFP RESPONSES DUE BY: 10/28/2026 4:00 (ET) via VTBuys (updated close date)

1. **Question:** *Section 1.1 invokes 18 V.S.A. 7253. Section 7253(1)(J) requires the Department to contract with an independent, peer-run organization to staff one FTE representative. Section 2.1 allows multiple awards and partial proposals.*
 - (a) *May a company that is not itself an independent, peer-run organization receive a prime award? This is separate from whether it may submit a proposal.*
 - (b) *If yes, are any facilities or services closed to such a company, and how will the Department satisfy the 7253(1)(J) FTE through the awards it makes?*
 - (c) *Does the 7253(1)(J) requirement attach to the prime contractor? If not, what organizational or contractual structures will the Department accept as compliant?*
 - (d) *Where 7253(1)(J) applies, how does the Department define "independent," and how does it define "peer-run"? What documentation should a proposal include to demonstrate each?*

Answer:

- (a) No.
 - (b) N/A
 - (c) Yes
 - (d) "Independent" means does not report to a Vermont State entity, other than contractually or through grant agreement. "Peer-run" as defined in 18 VSA 7101(29) "Peer" means an individual who has a personal experience of living with a mental health condition or psychiatric disability.
2. **Question:** *Section 2.3 names the Designated Hospitals individually but refers to "the Intensive Recovery Residential (IRR) programs" collectively, and to a youth Psychiatric Residential Treatment Facility (PRTF) "opening later this year." Section 2.1 allows proposals covering only some facilities.*
 - (a) *Please identify every facility and program currently in scope, including the name*

and physical location of each IRR program and of the PRTF.

(b) For selecting facilities under 2.1, what counts as one facility: an individual physical site, an operator, a program category, or another unit? Some operators run more than one residence.

(c) What is the current expected opening date of the PRTF, and when are Patient Representative services there expected to begin?

(d) For each facility in (a), is the Patient Representative service fully available for award under this RFP, partially subject to an existing arrangement, or excluded? For any that is not fully available, please identify the services affected and the date the existing arrangement is scheduled to end.

Answer:

(a) All Designated Hospitals in Vermont (including UVMC (Burlington, VT), Rutland Medical Center (Rutland, VT), Vermont Psychiatric Care Hospital (Berlin, VT), and Brattleboro Retreat (Brattleboro, VT). The IRRs are Second Spring in Williamstown, VT and Westford, VT. River Valley Treatment Residence in Essex, VT, Hilltop in Westminster, VT, Meadowview in Brattleboro, VT. The Psychiatric Residential Treatment Facility will be located at the Brattleboro Retreat. and has a tentative opening in the spring of 2027.

(b) The individual physical site.

(c) Spring of 2027. Patient rep work is expected by fall of 2027.

(d) Fully available.

3. **Question:** *Section 2.1 refers to a Full Time Equivalent (FTE) Peer Patient Representative. Section 2.3 describes services to individuals "under the custody of the State."*

(a) Does "under the custody of the State" in 2.3 mean "under the custody of the Commissioner" as used in 18 V.S.A. 7253(1)(J)? If a broader population is intended, please identify it.

(b) Is the FTE in 2.1 a statewide total, a minimum combined service level, one per award, or one per facility or group of facilities? Are fractional allocations possible where multiple awards are made?

(c) How many hours per week and per year constitute one FTE? Are those paid hours, direct patient service hours, or scheduled onsite coverage?

(d) Do required training, travel between facilities, reporting, supervision and meeting attendance count toward the FTE?

(e) What minimum weekly onsite coverage is expected at each facility, and may any portion of the service be delivered virtually?

Answer:

(a) Yes, under the custody of the State and Under the custody of the Commissioner are the same.

(b) One per facility or group of facilities. For example, you may have one patient rep covering one region or geographic area (i.e. the Brattleboro area and the facilities within).

(c) One FTE means a full-time employee 40 hours per week.

(d) Yes.

(e) In-person is required. There is no weekly minimum denoted as it is based on the needs of the patients/residents. For example, there may be a week where the work is heavy on supervision and program discussion when there may not be a great need in one of the facilities, but there may be another week where you are there for the whole day every day for that week. We want this to be a highly flexible program that meets the needs of the patients who request the service.

4. **Question:** *This continues Question 3. For each physical site identified in response to Question 2(a), and for the most recent twelve months of complete data, please state the beginning and ending dates of the data provided and give:*

(a) the number of individuals eligible for Patient Representative services under the definition confirmed in Question 3(a);

(b) the number of requests for sessions received;

(c) the number of sessions delivered;

(d) the number of requests arising outside scheduled onsite hours.

If any of these measures is not maintained, or cannot be provided in the form requested, please identify that measure as unavailable.

Answer: We do not track this information, and it would vary widely across the span of 12 months. So currently, these measures are unavailable.

5. **Question:** *Section 4.5.3 requires a costs and pricing breakdown for a one year period plus a total annual cost per year through the VTBuys Quotation form, and allows up to four additional years. Section 2.1 allows partial proposals and multiple awards. Section 3.10.4 allows the State to withhold a percentage of the amount payable on some or all deliverables.*

(a) Is compensation intended to be a fixed annual amount, an hourly rate, a per FTE rate, or a per facility amount?

(b) Should a bidder proposing only some facilities price by facility, and how should such a bidder complete the total annual cost field?

(c) Are prices for the four optional years included in the Budget score under 3.7.2? Is any escalation method or cap required?

(d) Does the Department anticipate applying retainage under 3.10.4? If so, at what percentage, on which deliverables or invoices, and at what point is it released?

(e) Are travel time and mileage between assigned facilities, required training time, and mobilization work performed before facility access is granted included in the proposed amount, or separately reimbursable?

(f) How are those mobilization costs treated if a facility's service start date is delayed by State or facility readiness?

Answer:

(a) Hourly, factoring in budget cap.

(b) Bidders submitting proposals for only certain facilities can provide detailed budget information and explanation via the budget attachment in the Questionnaire. The total annual cost entered in the Item List must match the total annual cost reflected in the attached budget. Bidders could also include a budget narrative to describe or clarify the elements of their submitted budget, including information related to the initial year and any proposed future-year rates.

(c) The Budget score under section 3.7.2 is based on the pricing information submitted as part of the required one-year budget. Bidders may also provide pricing for up to four optional additional years as permitted in section 4.5.3 for DMH to consider. No specific escalation method or cap is required by the RFP.

(d) This is to be determined.

(e) All costs associated with performing the work must be included in the proposed amount. The State will not separately reimburse travel time, mileage between facilities, required training time, or mobilization work performed before facility access is granted. As noted in the questionnaire instructions, cost proposals must include a comprehensive line-item budget that identifies all direct and indirect costs, assumptions, and calculation methodologies

(f) Mobilization costs must be included in the bidder's proposed amount. If a facility's service start date is delayed due to State actions or facility readiness, those mobilization costs are still treated as part of the bidder's comprehensive, fully loaded cost proposal. The State does not provide separate reimbursement for mobilization or pre-access preparation work. Bidders should account for any such contingencies within their line-item budget and assumptions.

6. **Question:** *Page 3 states the project is funded in whole or in part with federal monies and requires compliance with the Davis-Bacon Act, with wages no less than Davis-Bacon prevailing rates. The federal source is Assistance Listing Number 93.778, and section 7.1.7 attaches the State of Vermont Federal Terms Supplement for Non-Construction agreements.*

- (a) Does the Davis-Bacon Act apply to these services? Please identify the authority and the covered work on which that determination rests.*
- (b) If it applies, will the Department issue by addendum the applicable wage determination number, together with the labor classifications and rates bidders should use in pricing?*
- (c) If it does not apply, will the Department confirm by addendum that no Davis-Bacon wage determination governs this procurement, and that compensation should be developed in accordance with all other applicable law and this RFP?*
- (d) Is there any other contract specific federal wage determination or labor standard that bidders must incorporate into pricing?*

Answer:

No. The Davis-Bacon Act does not apply to this procurement and has been removed from the RFP document through this addendum. No additional federal wage determinations apply.

7. **Question:** *Section 2.3 II(a) requires a written MOU between the Contractor and each facility, on a Department template, fully signed and approved by DMH before any Patient Representative may enter that facility to work. Section 2.3 II(b) applies the same condition to individual agreements between each Representative and each facility.*
- (a) When will the MOU and individual agreement templates be made available to bidders?*
- (b) May a selected bidder begin MOU discussions with facilities after selection for contract negotiation under 3.8, but before contract execution or the effective date? If so, beginning when, and through what Department authorized process?*
- (c) What approval turnaround should bidders assume for Department and facility review?*
- (d) May MOU execution, background checks and required training proceed concurrently?*
- (e) How is the contract start date treated if Department or facility approvals remain pending?*

Answer:

- (a) The MOU template will be revised and available once a bid has been selected. The State will work in conjunction with the contractor to come to an agreement on the MOU language and how it is presented to the facilities.*
- (b) No.*
- (c) As timely as possible.*

(d) No.

(e) To be determined, if necessary.

8. **Question:** *Section 2.3 I(l) requires the Contractor to schedule and pay for fingerprint supported background checks for facilities to maintain on site. For each facility:*

(a) Which fingerprint supported check or statutory program is required?

(b) Which entity issues the fingerprint authorization or equivalent, and which entity receives and maintains the results?

(c) Is a completed check portable across participating facilities, or are separate checks and fingerprinting required at each?

(d) May a prior qualifying check be transferred, or must it be repeated? How long is a completed check valid?

(e) May the check process begin before final MOU approval, and may checks for multiple facilities run concurrently?

(f) What processing time should bidders assume?

(g) Are Vermont Adult Abuse Registry, Child Protection Registry, or other registry checks also required?

Answer:

(a) FBI

(b) The contractor is responsible for scheduling and paying for the fingerprint check. The results need to be maintained at each site served and at the contractor site.

(c) This will be up to facilities to decide.

(d) This is to be determined with the facilities. DMH cannot decide this on behalf of the facilities.

(e) This would be up to the contractor because the cost would be incurred regardless. Yes, background checks can run multiple facilities concurrently.

(f) This can vary by entity processing background checks and by facility for MOUs.

(g) Yes

9. **Question:** *Section 2.3 V(c) requires quarterly reporting on the percentage of patients who request a session and those who receive one, the average time between a request and a session, and aggregate satisfaction survey results. Section 2.3 I(h) requires Representatives to follow facility staff instructions on which patients they may interact with, and 2.3 I(i) requires a Representative to leave the building immediately if asked.*

(a) For each measure, what is the numerator and the denominator? What event starts and what event stops the elapsed time measurement? Is elapsed time counted in calendar or business hours? Which requests are excluded, and which

record or system controls the count?

(b) How do the measures treat facility caused access restrictions, including a facility limiting or declining access to a patient, or directing the Representative to leave?

(c) How do they treat patient refusals and cancellations, duplicate requests, requests received outside scheduled coverage, and requests preceding facility authorization?

(d) Who owns, designs, administers and collects the satisfaction survey referenced at 2.3 V(c)(iii)? How often, by what method, and is any minimum response rate expected?

Answer:

(a) Starting event is the request by the individual, stopping event is the first offered session by contractor. business hours. Contractor record/system controls the count. Feedback received by facilities on timeliness will be discussed as needed.

(b) These would be excluded from the data in "a" and should be noted in same report for total count impacted and reason for that exclusion.

(c) Cancellations, refusals, and duplicate requests are tracked and reported by contractor. Requests received outside of scheduled coverage will be noted as "received" at start of next hour of operation (see business hours in "a"). There will be no responses to requests preceding facility authorization.

(d) Contractor designs, administers, and collects. Implementation is pending DMH approval of design.

10. Question: *Section 2.3 V(a) requires monthly written updates on the number of youth and adults served, the types of services, themes of challenges, and any next steps needed when an issue arises with a patient. Section 2.3 III(d) prohibits documenting protected health information other than advocacy notes. Section 2.3 III(e) requires advocacy notes to minimize identifiers and to exclude facility names, diagnoses, medication lists, treatment details and other clinical information, to comply with the Business Associate Agreement, and provides that other documentation must not leave the facility without the patient's written permission.*

(a) Should monthly and quarterly reporting be aggregated and free of patient identifying protected health information?

(b) May aggregate monthly and quarterly reports identify the facility or program the data relate to?

(c) Is "next steps needed when an issue arises with a patient" intended to describe system level actions rather than patient specific information?

(d) What secure transmission and storage method does the Department require for these reports?

(e) What retention and destruction requirements apply if patient specific information is ever required?

Answer:

- (a) Yes.
- (b) Yes, that is needed.
- (c) Yes.
- (d) Reports should not include PHI.
- (e) See Attachment E-Business Associate Agreement, linked in Section 7 of the RFP.

11. Question: *Section 2.3 lists the VA among the Designated Hospitals to be served. With respect to the White River Junction VA Medical Center:*

- (a) Is there an eligible population at that facility under the definition confirmed in Question 3(a)? Please provide recent eligible volume data for the site.*
- (b) By what process and authority would a contractor's Patient Representatives be granted access to a federal facility, including any badging, background check or onboarding requirements, and what lead time should bidders assume?*
- (c) Does the MOU described in 2.3 II(a) apply to that site, or does an existing Department agreement or federal requirement control access?*
- (d) Will the State facilitate that access?*
- (e) How is the Patient Representative role under this contract intended to relate to any patient advocacy or patient representative function the facility already operates, so that the roles are not duplicative or in conflict?*

Answer:

- (a) It depends. If someone is at the VA on involuntary status, and they are requesting support within this scope of work, response is expected as with any other facility.
- (b) To be determined with the facility.
- (c) To be determined with the facility.
- (d) To be determined with the facility.
- (e) To be determined with the facility.

12. Question: *May Patient Representatives access State or facility language interpretation and American Sign Language services when serving patients with limited English proficiency or who are Deaf or hard of hearing, and does the State or the Contractor bear that cost?*

Answer: The Contractor will bear the cost of language access services.

- 13. Question:** *The VTBuys Questionnaire and the RFP give different instructions in four places. Section 1.6 provides that only an Addendum modifies the RFP. Please confirm which text controls in each case, and issue any correction by Addendum.*
- (a) Bidder Experience. RFP 4.5.1.2 says "Describe your capabilities and particular experience relevant to RFP requirements." The Questionnaire field asks bidders to describe experience "including work related to early childhood systems, IECFMH Consultation, early relational supports, cross-agency coordination, and statewide framework design." Those subjects do not appear anywhere in RFP 143. Should bidders disregard that instruction and respond as directed by 4.5.1.2?*
- (b) Exceptions to Contract Terms. RFP 4.5.1.5 requires exceptions to be "included in the RFP response." The Questionnaire requires them "in the cover letter to the RFP response." The Questionnaire contains no cover letter field and the RFP does not require a cover letter. Where exactly should a bidder record exceptions so they are properly noted?*
- (c) References. RFP 4.5.5.3 requires "at least two (2) companies." The Questionnaire provides exactly two fields. May a bidder provide more than two references, and if so, how?*
- (d) Budget. RFP 4.5.3 requires a costs and pricing breakdown for a one year period. The Questionnaire adds that cost proposals "must include a comprehensive line-item budget that clearly identifies all direct and indirect costs, assumptions, and calculation methodologies" and "should go beyond the pricing fields entered in VTBuys." That language does not appear in the RFP. Is the Questionnaire standard the operative requirement? Given section 4.4, how should a bidder mark the cost proposal to identify confidential business information?*

Answer:

- (a) This error in the Questionnaire field has been fixed in VTBuys, removing reference to work related to early childhood systems.
- (b) Any exceptions should be documented in the "Exceptions to Contract Terms and Conditions" field of the questionnaire. The reference to the cover letter in that section of the questionnaire has been removed in the Questionnaire with addendum 2.
- (c) Bidders should share just two references in their response. The language in the Questionnaire field has been adjusted in VTBuys to align with this.
- (d) The RFP requirements in Section 4.5.3 remain accurate. The VTBuys Questionnaire provides additional detail regarding how bidders must submit the required budget materials within the VTBuys system and is intended to supplement,

not replace, the RFP. Bidders should follow both the RFP and the VTBuys Questionnaire instructions when preparing and submitting budget information. With respect to confidentiality, Sections 4.1 through 4.4 of the RFP state that bidders are expressly directed not to include any confidential information in their proposal and are responsible for ensuring that no confidential business information is submitted. Section 4.1 has been updated in Addendum 2 to remove the phrase "except as specifically permitted below" for additional clarity on this. Bidders should therefore structure their cost proposal so that it does not contain confidential or proprietary material.

- 14. Question:** *Section 4.5 states that all bids will be completed in VTBuys via the Questionnaire. The Questionnaire marks attachments as available only for the Budget, Proposed Timeline, Sample Reporting and Certificate of Compliance fields.*
- (a) Is there a character limit on Questionnaire answer fields? If so, what is it?*
 - (b) May bidders attach supporting documents to the Company Overview and Scope of Work fields, or must those responses be entered entirely as text in VTBuys?*
 - (c) The Questionnaire notes that bidders "may also upload a monthly update example" under Monthly Updates. Will an upload option be enabled on that field?*
 - (d) Where may a bidder obtain the Certificate of Compliance form referenced at 4.5.5.2?*

Answer: All questionnaire fields in VTBuys, other than those that already require attachments, have been enabled to allow optional attachment uploads.

- (a) There are no character limits in the questionnaire answer fields. However, as noted in Section 4 of the RFP, while bidders may provide additional information, the State discourages overly lengthy proposals and advises bidders to include only information relevant to the solicitation.*
- (b) Bidders may attach supporting documents to these fields if they choose. Optional attachments are provided so bidders can include supplemental materials that enhance or clarify their narrative responses. Responses do not need to be entered entirely as text in VTBuys.*
- (c) An optional upload has been enabled for this field.*
- (d) The Certificate of Compliance form is included as a document to download in this section of the VTBuys Questionnaire. It is also linked in section 7.1.2 of the RFP.*

- 15. Question:** *Section 3.3.1 refers to bidders that "meet the minimum qualification requirements." Section 3.7.1 states that consideration shall be given to the bidder's "qualifications and experience" and "success in completing similar projects." RFP 143 does not define these terms.*
- (a) What are the minimum qualification requirements referenced in 3.3.1, and are*

they a condition of responsiveness or an element of scoring?

(b) For purposes of 3.7.1, what does the Department consider a similar project? Is the relevant comparison prior delivery of peer support services, prior delivery of behavioral health staffing or workforce services, or projects of comparable scope, scale and complexity in any field?

(c) Does the Department require the Contractor, as distinct from the individual Patient Representatives, to hold any license, certification, accreditation or designation?

(d) Section 2.3 IV(b) states that CPSP certification is not required for a Patient Representative but is highly encouraged and recommended. Does the Department set any minimum qualification for an individual serving as a Patient Representative, such as lived experience, a completed training, or a credential?

Answer:

(a) Any minimum qualifications indicated in the RFP would be considered in the elements of the 100 point scoring.

(b) It can be any project that works with advocacy, peer support, or a behavioral health project which centers around those things.

(c) No, but Vermont Peer Certification trainings are encouraged.

(d) The patient representative/advocate must have lived experience of trauma, extreme states, or of being involved in some capacity in the broader mental health system. Intentional Peer Support (IPS) training is the minimum training that would be required as far as training goes, but Ethics and/or the 80-hour CPSP training available through Pathways Vermont is highly recommended. As of now, we are not requiring patient reps to be CPSPs or have any other credentialing or licenses.