

**STATE OF MISSISSIPPI**  
**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH**

**REQUEST FOR PROPOSALS**

RFP No. DMH-RHTP-2027-001

**Behavioral Health Telehealth and Crisis Support Program  
for Mississippi Veterans and First Responders**

*Funded through the Rural Health Transformation Program*

Issue Date: September 29, 2026

**Proposals Due: October 14, 2026 at 5:00 p.m. Central Time**

Mississippi Department of Mental Health  
1101 Robert E. Lee Building, 239 North Lamar Street  
Jackson, Mississippi 39201

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## Section 1. Purpose and Overview

The Mississippi Department of Mental Health (DMH) is soliciting proposals from qualified vendors to deliver a statewide behavioral health telehealth and crisis support program for Mississippi's veterans and first responders. DMH intends to award a single fixed-price contract, funded through the Rural Health Transformation Program (RHTP).

DMH is looking for a turnkey, high-quality program with an established national reputation: immediate access to licensed therapists, a 24/7 direct crisis line staffed by licensed clinicians, on-demand wellness programming, and a real-time reporting dashboard, all delivered through a platform that veterans and first responders can navigate easily from a phone or computer anywhere in Mississippi. Participants must incur no cost and face no referral, insurance, or paperwork barriers to begin care.

Mississippi is a rural state. Many veterans and first responders live an hour or more from the nearest behavioral health provider, and the culture of service in both populations often discourages help-seeking. The successful vendor will bring care to these individuals directly, privately, and immediately, and will work with DMH to build awareness through a coordinated, co-branded outreach campaign.

### 1.1 Contract Summary

| Item                          | Detail                                                                                                                                                                                   |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Issuing Agency                | Mississippi Department of Mental Health                                                                                                                                                  |
| Funding Source                | Rural Health Transformation Program (CMS), administered in Mississippi under the State's approved RHTP plan                                                                              |
| Contract Type                 | Fixed price, single award                                                                                                                                                                |
| Initial Term                  | Twelve (12) months from contract execution                                                                                                                                               |
| Target Population             | Mississippi veterans (all eras and discharge statuses) and first responders (law enforcement, fire, EMS, 911 dispatch, corrections, and emergency management personnel), age 18 and over |
| Estimated Eligible Population | Approximately 200,000 individuals statewide                                                                                                                                              |
| Service Area                  | All 82 Mississippi counties, with intentional outreach to rural counties                                                                                                                 |
| Go-Live                       | No later than sixty (60) calendar days after contract execution                                                                                                                          |

## Section 2. Background

### 2.1 The Mississippi Department of Mental Health

The Mississippi Department of Mental Health (DMH) is committed to making available a comprehensive system of services and supports so all Mississippians have access to the least restrictive and most appropriate level of services and supports that will meet their needs. The system is person-centered and is built on the strengths of individuals and families while meeting their needs for special services. DMH believes services should be provided on a continuum of where the person is at that time and what their

needs are. Inspiring hope, helping individuals on their road to recovery, and improving resiliency are key factors to the success of the people we serve.

The Mississippi Department of Mental Health (DMH) certifies, provides and/or financially supports a network of services for people living with mental illness, intellectual/ developmental disabilities, substance use disorders. Mississippi's public mental health system is comprised of three components: 1) state-operated programs, 2) regional community mental health centers, and 3) other nonprofit/profit service agencies/organizations.

## 2.2 The Rural Health Transformation Program

The RHTP is a federal program administered by the Centers for Medicare & Medicaid Services that funds state initiatives to improve access to and outcomes of health care in rural communities. DMH has identified behavioral health access for veterans and first responders as an RHTP priority. The successful vendor must comply with all applicable federal requirements, including 2 CFR Part 200 (Uniform Guidance) and the reporting requirements of Mississippi's approved RHTP plan. All funding under this contract is contingent on continued availability of federal RHTP funds.

## 2.3 The Need

National data consistently show that veterans experience major depression at several times the civilian rate and die by suicide at roughly double the civilian rate, a gap that has widened since 2001. Only about half of veterans who need mental health care ever receive it. First responders carry a parallel burden: an estimated 30 percent develop conditions such as depression or post-traumatic stress disorder, compared with 20 percent of the general population, and police officers and firefighters are more likely to die by suicide than in the line of duty. EMS personnel report contemplating suicide at roughly ten times the rate of the general public, and 911 dispatchers show elevated rates of post-traumatic stress from repeated exposure to trauma over the phone. Repeated trauma exposure, shift work, and an occupational culture that treats help-seeking as weakness keep first responders from care as reliably as they keep veterans from it. Three barriers keep both populations from care:

- **Stigma.** Concern about being seen, judged, or flagged by an employer or peers keeps many from walking into a clinic.
- **Access.** Provider shortages, waitlists, and travel distance put timely care out of reach, especially in rural Mississippi.
- **Awareness.** Many do not recognize the need for care or know where to turn when they do.

This program is designed to remove all three. It offers a private front door to care that requires nothing of the participant but a phone or an internet connection, and it will be promoted through channels veterans and first responders already trust.

## Section 3. Scope of Work

The vendor must deliver each of the following components. Proposals must address every numbered requirement and clearly state whether the vendor meets, exceeds, or does not meet it. DMH will treat

requirements marked "Required" as minimum specifications; failure to meet a required specification may result in the proposal being deemed non-responsive.

### **3.1 Teletherapy Services (Required)**

- Up to ten (10) individual teletherapy sessions per eligible participant during the contract term, with additional sessions permitted when deemed clinically beneficial or necessary by the treating therapist. There shall be no fixed session cap when additional services are determined to be clinically appropriate. Services shall be provided without co-pays, insurance requirements, or referral requirements.
- Every session is delivered by a therapist licensed to practice in Mississippi at the independent level (e.g., LPC, LCSW, LMFT, licensed psychologist), practicing in compliance with Mississippi telehealth and licensure law.
- Participants choose their own therapist. The platform must allow matching on, at minimum: gender, language, race/ethnicity, area of focus (e.g., PTSD, moral injury, substance use, grief, family and relationship issues), and availability.
- Participants choose their modality: secure video, telephone, live chat, and asynchronous messaging must all be available. Telephone-only sessions are a required option, not an optional one, given limited broadband in rural Mississippi.
- A first available appointment must be offered within 24 hours of a participant's request, with same-day availability during core hours. Vendors should state their current average time from request to booked appointment and to first session. The contract will include a fee credit for any month in which fewer than 90 percent of first appointments are offered within 24 hours of request.
- Appointments must be available days, evenings, and weekends. Shift-working first responders must be able to book outside standard business hours.
- The vendor must maintain a dedicated Mississippi provider community with demonstrated cultural competence in military and first responder populations. Vendors must state the percentage of their proposed network with military service, first responder experience, or documented specialized training in treating these populations, and their plan to recruit and retain Mississippi-licensed clinicians for the program's duration.

### **3.2 Direct Crisis Support Line (Required)**

- A dedicated, program-branded crisis line available 24 hours a day, 7 days a week, 365 days a year, answered by a licensed clinician, not a call-center intake worker.
- Connection to a licensed clinician within 60 seconds of call initiation, on average. Vendors must state their current average and 90th-percentile connection times.
- Structured follow-up with every crisis contact at approximately 48 hours and 30 days after the initial contact, with documentation of outcome.

- Written crisis protocols that include lethal-means safety counseling, warm handoff to emergency services when indicated, and coordination with Mississippi's 988 Suicide & Crisis Lifeline centers and DMH-certified Mobile Crisis Response Teams. DMH will provide contact and referral protocols for the state crisis continuum at contract execution.
- Crisis contacts are unlimited and carry no cost to the participant.

### **3.3 Wellness and Resilience Programming (Required)**

- A library of on-demand, self-guided wellness content accessible to all participants at any time, covering at minimum stress management, sleep, mindfulness, physical wellness, substance use, and family/relationship health.
- Live or recorded programming (e.g., workshops, group sessions, events) offered on a regular cadence, with content tailored to veteran and first responder audiences.
- Wellness programming is included at no additional cost and imposes no usage limits.

### **3.4 Platform and User Experience (Required)**

DMH places significant weight on ease of use. A platform that is technically capable but difficult to navigate will not reach this population. Vendors must provide DMH with demonstration access to the participant-facing platform during evaluation.

- A participant must be able to register, verify eligibility, select a therapist, and book a first appointment in a single session of no more than ten minutes, without assistance.
- Available as a responsive web application and as native or web-based mobile experiences on iOS and Android, with no requirement to download an app to receive telephone services.
- Registration requires only the minimum information necessary to confirm eligibility (e.g., self-attestation of veteran or first responder status, Mississippi residency, and age). No DD-214 upload, employer verification, or insurance information may be required to begin care.
- Plain-language interface written at or below an eighth-grade reading level; Spanish-language support at minimum.
- Conformance with WCAG 2.1 Level AA and Section 508 accessibility standards.
- A single dedicated program website, co-branded with DMH (see Section 3.7), that serves as the sole entry point for participants and can be reached by URL or QR code.

### **3.5 Privacy, Security, and Compliance (Required)**

- Full compliance with HIPAA and, where applicable, 42 CFR Part 2. The vendor will execute a Business Associate Agreement with DMH.
- Current SOC 2 Type II report (or equivalent third-party security attestation) and HITRUST certification or a documented roadmap to it. Vendors must attach the executive summary of their most recent attestation.

- Participant clinical information is never shared with an employer, department, unit, or command. The vendor must describe technical and contractual safeguards ensuring that no employing agency can identify which of its personnel have used the service.
- All participant data stored and processed within the United States. No sale, secondary use, or sharing of participant data for marketing or any purpose outside the program.
- Documented incident response and breach notification procedures consistent with Mississippi law and the DMH contract.

### **3.6 Data, Reporting, and Care Coordination (Required)**

- A permission-based administrative dashboard giving designated DMH staff real-time, de-identified visibility into program utilization: registrations, appointments booked and completed, crisis contacts, wellness engagement, modality mix, wait times, and geographic distribution by county.
- Standardized clinical outcome measurement at intake and at regular intervals (e.g., PHQ-9, GAD-7, PCL-5), reported to DMH in aggregate.
- Participant satisfaction measurement after each therapy and crisis contact, reported in aggregate.
- Monthly utilization reports and quarterly narrative reports in a format that satisfies DMH's RHTP reporting obligations. DMH will provide the required data elements at contract execution; the vendor must accommodate reasonable changes in federal reporting requirements at no additional cost.
- A written continuity-of-care protocol for participants who need a higher level of care, psychiatric medication management, or ongoing in-person services, including referral pathways into DMH-certified community providers, Certified Community Behavioral Health Clinics, and the U.S. Department of Veterans Affairs.
- Export of all program data to DMH in a standard machine-readable format at contract end or on request.

### **3.7 Outreach, Marketing, and Awareness (Required)**

Awareness is the make-or-break component of this program. The centerpiece of the vendor's outreach effort is a dedicated program website; the remaining components support and drive traffic to it. The vendor is responsible for the website and for a sustained outreach campaign in partnership with DMH, within the cost allocation in Section 5.2.

- A dedicated, co-branded program website, live at go-live, modeled on the Alabama Department of Mental Health's statewide veterans mental health program site. The site must, at minimum: explain the program in plain language; confirm eligibility for veterans and first responders; describe how to register, choose a therapist, and book a first appointment; display the crisis line number prominently on every page; present wellness resources; and link directly to registration.

The vendor hosts, maintains, and updates the site for the contract term; DMH approves design and content before launch.

- A written outreach and marketing plan, submitted within 30 days of contract execution, covering the full contract term.
- Co-branded print and digital collateral (posters, rack cards, wallet cards, social media assets, digital ads, and QR-coded materials) for distribution through veteran service organizations, county veterans service officers, National Guard and Reserve units, law enforcement agencies, fire departments, EMS providers, 911 centers, and DMH's provider network.
- Direct engagement with statewide partners, including the Mississippi Veterans Affairs Board, the Mississippi Department of Public Safety, the Mississippi Sheriffs' Association, the Mississippi Association of Chiefs of Police, the Mississippi Firefighters Association, and Mississippi Emergency Management Agency. DMH will facilitate introductions.
- A dedicated account manager serving as DMH's single point of contact, and a customer service function available to participants by phone, chat, and email seven days a week.
- Quarterly outreach performance reporting: impressions, landing page traffic, registrations by referral source, and a comparison of registrations against the estimated eligible population by county.

### **3.8 Implementation (Required)**

- Go-live, meaning a fully functional program accepting participants, no later than 60 calendar days after contract execution.
- A detailed implementation plan with milestones, submitted with the proposal, covering platform configuration, provider network readiness, crisis line activation, DMH staff training, dashboard access, and launch communications.
- A named implementation lead and weekly implementation status calls with DMH until go-live.

### **3.9 Desirable Capabilities (Not Required, Scored)**

DMH will award additional evaluation points for the following:

- Peer support or peer specialist services delivered by individuals with lived military or first responder experience.
- Family member access (spouse or adult dependent) at no additional cost.
- Psychiatric evaluation and medication management delivered through the platform.
- Group therapy specific to veterans or first responders.
- Integration or data-sharing capability with 988 and the state crisis system beyond the required referral protocols.
- Ability to scale the program to additional populations (e.g., military family members, healthcare workers) under a future amendment without platform redevelopment.

## Section 4. Minimum Vendor Qualifications

To be considered, a vendor must document all of the following. Proposals that fail to establish minimum qualifications will not be evaluated further.

1. At least five (5) years of continuous operation delivering teletherapy services through the vendor's own platform and clinician network.
2. Current or prior contracts with at least two (2) state government agencies, at least one of which served veterans, first responders, or another population where stigma is a documented barrier to care.
3. A clinician network composed entirely of licensed mental health professionals, with the ability to deliver services in Mississippi under Mississippi licensure at contract execution.
4. Demonstrated operational scale sufficient to serve a statewide population, including a 24/7 licensed-clinician crisis line already in operation.
5. Current SOC 2 Type II report or equivalent third-party security attestation.
6. Financial stability sufficient to perform for the full contract term, evidenced by audited financial statements or a comparable demonstration acceptable to DMH.
7. Registration and good standing with the Mississippi Secretary of State, or a commitment to register before contract execution.
8. No debarment, suspension, or exclusion from federal or state procurement or from participation in federal health programs (SAM.gov and OIG LEIE).

## Section 5. Proposal Requirements

Proposals must follow the structure below, in order, with tabs or headings matching each item. DMH will not evaluate content submitted outside this structure. Technical proposals are limited to 40 pages excluding required attachments, at 11-point font or larger. Cost proposals must be submitted as a separate, sealed document (or separate electronic file).

### 5.1 Technical Proposal

| Tab | Section                | Contents                                                                                                                                                                           |
|-----|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1   | Transmittal Letter     | Signed by an officer authorized to bind the vendor. Confirms acceptance of RFP terms, identifies any exceptions (see Section 8), and provides primary contact information.         |
| 2   | Executive Summary      | Two pages maximum. Why this vendor, why this approach, and what DMH and participants will experience in year one.                                                                  |
| 3   | Minimum Qualifications | Point-by-point response to Section 4 with supporting documentation.                                                                                                                |
| 4   | Company Profile        | Corporate history, ownership, organizational chart, total lives served, total institutional clients, states and countries served, and any pending litigation or regulatory action. |

| Tab | Section                 | Contents                                                                                                                                                                                                                                                                                                          |
|-----|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5   | Requirements Response   | Point-by-point response to every requirement in Sections 3.1 through 3.9. For each: Meets / Exceeds / Does Not Meet, followed by narrative and evidence. Do not simply restate the requirement.                                                                                                                   |
| 6   | Provider Network        | Size and composition of the network proposed for Mississippi; number of Mississippi-licensed clinicians at proposal submission and at go-live; percentage with military or first responder background or specialized training; recruitment, credentialing, quality assurance, and clinical supervision practices. |
| 7   | Crisis Services         | Crisis line staffing model, connection time data for the trailing 12 months, follow-up protocol, escalation procedures, and description of coordination with state crisis systems in existing contracts.                                                                                                          |
| 8   | Platform Demonstration  | Screenshots or walkthrough of the participant registration-to-first-appointment path, plus instructions for DMH evaluators to access a live demonstration environment.                                                                                                                                            |
| 9   | Security and Compliance | Attestations, BAA template, data flow diagram, data residency, and confidentiality safeguards described in Section 3.5.                                                                                                                                                                                           |
| 10  | Reporting and Outcomes  | Sample dashboard views, sample monthly and quarterly reports, outcome measures used, and de-identified outcome results from a comparable program.                                                                                                                                                                 |
| 11  | Outreach Plan           | Proposed program website (design approach and a link to or screenshots of a comparable live site), proposed outreach strategy for Mississippi, sample collateral from a comparable program, and proposed partner engagement approach.                                                                             |
| 12  | Implementation Plan     | Milestone schedule from contract execution to go-live, staffing plan, key personnel resumes, and risks with mitigation.                                                                                                                                                                                           |
| 13  | Case Study              | One detailed case study of a comparable state-level program: population, launch timeline, utilization, outcomes, and lessons learned.                                                                                                                                                                             |
| 14  | References              | Three (3) client references, at least two from government agencies, with contact name, title, phone, email, contract dates, and scope.                                                                                                                                                                            |
| 15  | Required Forms          | Completed attachments listed in Section 9.                                                                                                                                                                                                                                                                        |

## 5.2 Cost Proposal

Submit a fixed annual price for the full scope in Section 3, broken out by component using the format in Attachment B. Pricing must be all-inclusive: no implementation fees, per-session charges, per-user charges, marketing charges, or overage fees may be assessed to DMH or to participants beyond the fixed price. Vendors must also provide firm pricing for each optional renewal year and a per-1,000-eligible-lives rate for expanding the covered population.

The Outreach and Marketing component, including the program website, may not exceed ten percent (10%) of the Year 1 fixed price. Proposals exceeding this allocation will be deemed non-responsive. Component pricing must reflect the vendor's actual allocation of cost. DMH will evaluate the

reasonableness of the allocation across components and may reject a proposal whose pricing does not reflect the scope in Section 3.

Vendors must state the assumed participant utilization rate and the assumed average number of teletherapy sessions per participant underlying the fixed price, using the fields in Attachment B.

## Section 6. Evaluation and Award

### 6.1 Evaluation Process

A DMH evaluation committee will first screen proposals for responsiveness and minimum qualifications. Responsive proposals will then be scored on the criteria below. DMH may request clarifications, conduct reference checks, require live platform demonstrations, and invite finalists to oral presentations. DMH may award without discussions and reserves the right to negotiate scope and price with the highest-ranked vendor.

### 6.2 Evaluation Criteria

| Criterion                             | What DMH Is Looking For                                                                                                                                                  | Points     |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Quality of Care and Clinical Approach | Strength of teletherapy and crisis models; therapist choice and matching; speed to care; clinical protocols; cultural competence for veterans and first responders       | 25         |
| Provider Network                      | Depth of Mississippi-licensed network; percentage with military or first responder experience; recruitment and retention plan; quality assurance                         | 15         |
| Platform Usability and Technology     | Ease of navigation from registration to first appointment; mobile and low-bandwidth performance; accessibility; results of DMH's hands-on demonstration review           | 15         |
| Experience and Past Performance       | Comparable state-level programs; case study results; reference feedback; scale and stability                                                                             | 15         |
| Outreach and Awareness Plan           | Quality and usability of the proposed program website; realism and reach of the Mississippi outreach strategy; quality of sample collateral; partner engagement approach | 10         |
| Data, Reporting, and Security         | Dashboard functionality; outcome measurement; RHTP reporting fit; security posture and confidentiality safeguards                                                        | 10         |
| Cost                                  | Value delivered for the fixed price; renewal pricing; expansion pricing                                                                                                  | 10         |
| <b>Total</b>                          |                                                                                                                                                                          | <b>100</b> |

Cost points will be assigned by formula: the lowest-priced responsive proposal receives the maximum cost points, and each other proposal receives points in proportion to the ratio of the lowest price to its price. Desirable capabilities in Section 3.9 are scored within the Quality of Care criterion.

### 6.3 Basis of Award

DMH will award to the responsive, responsible vendor whose proposal receives the highest total score and is determined to be in the best interest of the State. Award is contingent on approval by the Mississippi Public Procurement Review Board or other applicable authority and on availability of RHTP funds.

## Section 7. Procurement Schedule

| Event                                                         | Date                                       |
|---------------------------------------------------------------|--------------------------------------------|
| RFP issued                                                    | September 29, 2026                         |
| Deadline for written questions                                | October 5, 2026, 5:00 p.m. CT              |
| DMH responses to questions posted                             | October 8, 2026                            |
| Proposals due                                                 | October 14, 2026, 5:00 p.m. CT             |
| Platform demonstrations and oral presentations (if requested) | Week of October 19, 2026                   |
| Notice of intent to award                                     | October 30, 2026                           |
| Contract execution (anticipated)                              | December 1, 2026, subject to PPRB approval |
| Program go-live (no later than)                               | 60 days after contract execution           |

DMH may adjust this schedule at its discretion. Changes will be communicated by addendum posted to the Mississippi Procurement Portal ([www.ms.gov/dfa/contract\\_bid\\_search](http://www.ms.gov/dfa/contract_bid_search)) and the DMH website ([www.dmh.ms.gov](http://www.dmh.ms.gov)). Vendors are responsible for checking both sites for addenda before submitting.

## Section 8. Instructions and Conditions

### 8.1 Questions and Addenda

Submit all questions in writing to the procurement contact on the cover page by the deadline in Section 7. DMH will post consolidated answers as an addendum. Verbal responses are not binding. Vendors must acknowledge all addenda in the transmittal letter.

### 8.2 Submission

Submit one electronic copy of the technical proposal and one separate electronic copy of the cost proposal, each as a searchable PDF, to [caleb.pracht@dmh.ms.gov](mailto:caleb.pracht@dmh.ms.gov), with the subject line “RFP No. DMH-RHTP-2027-001 – [Vendor Name]”, by the due date and time. Late proposals will not be accepted. DMH

is not responsible for transmission failures. No hard copies are required. Each file must not exceed 25 MB; vendors may split a proposal across multiple emails if necessary, clearly labeled (e.g., "1 of 3"). DMH will confirm receipt by return email within one business day.

### **8.3 Communication Restriction**

From issuance of this RFP through notice of intent to award, vendors may communicate about this procurement only with the procurement contact. Contact with any other DMH employee, board member, or evaluator about this RFP may result in disqualification.

### **8.4 Exceptions**

Any exception to the terms of this RFP or to the State's standard contract terms must be stated in the transmittal letter with proposed alternative language. Unstated exceptions are waived. DMH may reject a proposal with exceptions it deems material.

### **8.5 Public Records**

Proposals are subject to the Mississippi Public Records Act after award. Vendors may designate specific portions as trade secret or confidential commercial information under Miss. Code Ann. § 79-23-1 and applicable regulations by clearly marking each page and providing a redacted copy. Blanket designations will not be honored; pricing may not be designated confidential.

### **8.6 Costs of Preparation**

The vendor bears all costs of preparing and submitting a proposal, participating in demonstrations or presentations, and negotiating a contract.

### **8.7 Rights Reserved**

DMH reserves the right to reject any or all proposals, to waive minor irregularities, to cancel this RFP in whole or in part, to request additional information, and to award a contract that best serves the State's interest, all without liability to any vendor.

### **8.8 Contract Terms**

The awarded vendor will execute a DMH contract incorporating this RFP, the vendor's proposal, the State's standard terms and conditions, a Business Associate Agreement, and all federal terms required for RHTP subrecipients and contractors, including but not limited to 2 CFR Part 200, applicable cost principles, audit requirements, record retention, E-Verify compliance, non-discrimination, and termination for convenience on thirty (30) days' notice. The contract is contingent on continued appropriation and availability of federal funds and may be terminated or reduced if funding is withdrawn.

### **8.9 Payment**

DMH anticipates paying the fixed annual price in quarterly installments in arrears, subject to receipt and acceptance of required reports. Payment will be made in accordance with Mississippi's prompt payment statute.

## **Section 9. Attachments**

- Attachment A: Requirements Response Matrix (Sections 3.1 through 3.9)
- Attachment B: Cost Proposal Form
- Attachment C: Reference Form
- Attachment D: Vendor Certifications (non-collusion, debarment and suspension, E-Verify, conflict of interest, and federal lobbying)
- Attachment E: State of Mississippi Standard Contract Terms and Conditions
- Attachment F: DMH Business Associate Agreement

## Attachment B. Cost Proposal Form

Complete every row. Enter \$0 where a component is included at no separate charge. The Outreach and Marketing row may not exceed 10% of the Year 1 total.

| Component                          | Services Included                                                                                                                                 | Year 1    | Renewal Year |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| Program License and Administration | Provider recruitment, account management, customer service, implementation, dashboard and reporting, continuity of care protocols                 | \$        | \$           |
| Teletherapy                        | Up to 10 sessions per participant, with additional sessions as clinically indicated; all modalities; therapist choice and matching                | \$        | \$           |
| Crisis Support Line                | 24/7/365 licensed-clinician line, follow-up at 48 hours and 30 days, unlimited contacts                                                           | \$        | \$           |
| Wellness Programming               | On-demand library and live/recorded programming, unlimited                                                                                        | \$        | \$           |
| Outreach and Marketing             | Program website development, hosting, and maintenance; collateral design and production; digital campaign; partner engagement; outreach reporting | \$        | \$           |
| Other (specify)                    |                                                                                                                                                   | \$        | \$           |
| <b>Total Fixed Price</b>           |                                                                                                                                                   | <b>\$</b> | <b>\$</b>    |

Expansion pricing: additional cost per 1,000 eligible lives added by amendment: \$\_\_\_\_\_ per year.

Assumed eligible population for the above pricing: \_\_\_\_\_ individuals.

Assumed utilization rate underlying the above pricing: \_\_\_\_\_ % of eligible population.

Assumed average teletherapy sessions per participant per year: \_\_\_\_\_.

The undersigned certifies that this price is all-inclusive and that no additional charges will be assessed to DMH or to participants for any service described in Section 3.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_