ADDENDUM NO. 1

QUESTIONS AND ANSWERS

Solicitation: Contracted Psychiatric Mental Health Nurse Practitioner (PMHNP) Services
Issuing Agency: Northwestern Community Services Board (NWCSB)
RFP Issue Date: August 26, 2026
Proposal Due Date: September 9, 2026 at 12:00 p.m.
Addendum Date: September 4, 2026

PURPOSE OF ADDENDUM

This Addendum No. 1 provides NWCSB's official responses to questions received regarding the above-referenced solicitation.

Offerors are responsible for reviewing this Addendum and incorporating the information provided herein into their proposals. Except as expressly stated in this Addendum, all terms, conditions, requirements, and provisions of the original RFP remain unchanged and in full force and effect.

The following questions and responses constitute official clarification of the solicitation.

QUESTIONS AND RESPONSES

1. Hybrid Service Delivery

Q: Please clarify whether NWCSB will consider a hybrid service-delivery arrangement that includes both on-site services and telepsychiatry. If so, what minimum on-site presence, scheduling expectations, approved telehealth platform requirements, and client-location limitations would apply?

A: Yes. NWCSB will consider a hybrid service-delivery model that includes both on-site services and telepsychiatry. Services may be provided on-site at NWCSB facilities, through NWCSB-approved telehealth platforms, at other NWCSB-approved service locations, or

through a combination of these methods. Specific schedules, locations, and hours will be established by NWCSB and the selected Offeror and incorporated into the resulting contract.

2. Clinical Documentation, EHR, and Administrative Time

Q: What are NWCSB's expectations for clinical documentation turnaround, EHR access and training, billing-related documentation, and whether administrative/charting time is included within the anticipated 24 weekly hours? What EHR system is currently utilized by NWCSB, and will the successful provider be required to use it?

A: NWCSB utilizes **Credible** as its Electronic Health Record (EHR). The selected Offeror will be provided with the necessary EHR access and training and will be required to use NWCSB's designated EHR for clinical documentation. Clinical documentation must be completed within 24 hours of the applicable service or encounter. The anticipated 24 hours per week includes time necessary to complete required clinical documentation and routine administrative/charting activities associated with the services.

3. Grant Requirements, Funding, and Performance

Q: What grant-specific requirements, performance measures, reporting obligations, funding-related termination or notice provisions, annual budget, funding ceiling, or estimated contract value will apply to the resulting contract?

A: Services under this solicitation are grant-funded and are subject to applicable federal, state, grant, funding-source, and NWCSB requirements. The Offeror will be required to comply with applicable grant and funding-source requirements, maintain required records, and cooperate with authorized audits, reviews, and compliance activities. The resulting contract will also be subject to the availability and continuation of applicable funding. NWCSB may reduce, suspend, or discontinue authorized services if funding becomes unavailable.

The anticipated level of effort is approximately 24 hours per week; however, the RFP does not guarantee a minimum number of hours, clients, encounters, services, or compensation. NWCSB is not providing a separate annual budget, funding ceiling, or estimated contract value at this time.

4. Staffing Firms, Agencies, and Subcontracting

Q: May a staffing or professional services agency, healthcare staffing firm, or other intermediary submit as the Offeror and provide an identified PMHNP who is employed or contracted through the firm? If an agency were to submit, would that arrangement be considered an assignment or subcontract under Section 19.19? Would the independent contractor provisions in Section 19.18 apply to the agency?

A: No. The solicitation is intended for a qualified, licensed individual PMHNP who will personally perform the services and contract directly with NWCSB. NWCSB is not seeking a staffing agency, professional services agency, healthcare staffing firm, or other intermediary arrangement.

The resulting contract is intended to establish an independent contractor relationship directly between NWCSB and the individual PMHNP providing the services. The solicitation does not contemplate an agency-to-NWCSB staffing or subcontracting structure.

5. PMHNP Qualifications, Resume, and Credentialing

Q: Must the Offeror be the individual PMHNP who will personally perform the services? Are vendors required to submit an actual candidate resume, and must the proposed PMHNP be identified and credentialed at the time of proposal submission?

A: Yes. The Offeror must be the individual PMHNP who will personally provide the services. In accordance with Section 12 of the RFP, the proposal must include the Offeror's résumé, education and professional qualifications, relevant experience, applicable licensure and credentials, and other required documentation. The selected Offeror must complete all required NWCSB onboarding, credentialing, training, and compliance requirements prior to providing services.

6. Professional References

Q: Section 12.F requires three professional references for comparable services. What type of references are acceptable, and should references relate to the proposed practitioner or the Offeror's comparable placements?

A: The three professional references should demonstrate the Offeror's experience providing comparable psychiatric, behavioral health, substance use disorder, or related clinical services. References should be able to speak to the Offeror's qualifications, experience, and performance relevant to the services described in this solicitation.

7. Scope of Services / Management Requirements

Q: Does this solicitation require the vendor to provide project management, recruitment management, program management, or other management capabilities in addition to clinical services?

A: No. NWCSB is seeking an individual PMHNP to provide the psychiatric services described in Section 5 of the RFP. Separate project management, recruitment management, program management, or staffing-management services are not contemplated under this solicitation.

8. Provider Coverage and Availability

Q: Are you looking for just one provider to service all NWCSB locations?

A: Yes. NWCSB is seeking one qualified PMHNP to provide the services identified in the solicitation at NWCSB-approved locations, as applicable. The specific schedule, locations, and hours will be established by NWCSB and the selected Offeror based on program needs.

9. Historical Utilization and Level of Effort

Q: Please provide available historical information regarding PMHNP service utilization, including average weekly hours, shifts, patient or encounter volume, and historical coverage levels. Please also provide historical annual spending for similar contracts, if available.

A: The anticipated level of effort under this solicitation is approximately 24 hours per week. NWCSB is not providing additional historical patient or encounter-volume data, historical coverage levels, or historical spending information at this time.

The anticipated level of effort does not guarantee a minimum number of hours or compensation.

10. Incumbent Vendor and Prior Contract Information

Q: Could you please provide the name of the incumbent vendor(s) and, if permissible, the previous proposal and pricing submitted under a similar contract?

A: NWCSB is not providing prior proposal or pricing information at this time.

11. Current Contractor Challenges / Purpose of Solicitation

Q: Are there any challenges or pain points with the current contractor that NWCSB is seeking to address through this solicitation?

A: The purpose of this solicitation is to obtain qualified PMHNP services to support individuals receiving services through NWCSB's Office-Based Addiction Treatment (OBAT) Program. NWCSB is seeking a qualified provider who can provide psychiatric services in coordination with the OBAT treatment team and meet the clinical, documentation, compliance, and service requirements outlined in the RFP.

12. Clinical Service Provider

Q: Could you please confirm whether this solicitation is intended for a clinical service provider?

A: Yes. This solicitation is for professional services and is intended for a qualified, licensed Psychiatric Mental Health Nurse Practitioner (PMHNP) to provide psychiatric services to individuals receiving services through NWCSB's OBAT Program.

13. Insurance Requirements

Q: What are the insurance requirements for General and Professional Liability?

A: The Contractor shall obtain and maintain professional liability (errors and omissions) insurance covering any licensed healthcare professional providing services under this Contract in an amount at least equal to the maximum limitation of recovery pursuant to Virginia Code § 8.01-581.15, or any successor statute, per occurrence, and three times such amount per annual aggregate.

Such insurance coverage shall be obtained at the Contractor's sole expense and maintained during the life of the Contract. A certificate of insurance shall be provided to NWCSB, naming NWCSB as a certificate holder, annually or upon request of NWCSB. If

the provider is not the named insured on the policy, the provider must be specifically listed on the certificate of insurance as a covered provider.

Any additional insurance requirements applicable to the resulting contract will be addressed in accordance with NWCSB's contractual requirements.

14. Additional Information for Proposals

Q: Is there any additional information that NWCSB recommends bidders review when developing their staffing and pricing proposals?

A: Offerors should carefully review the complete solicitation, including the purpose and scope of services, service delivery requirements, documentation requirements, compliance requirements, minimum qualifications, training and credentialing requirements, performance expectations, proposal submission requirements, evaluation criteria, and general and special terms and conditions.

Offerors should also review all addenda issued by NWCSB prior to submitting a proposal.

15. Anticipated Start Date and Transition

Q: What is the anticipated start date for services, and is a transition period anticipated for the selected contractor?

A: The anticipated start date for services is **October 1, 2026**. NWCSB does not currently anticipate a separate transition period. The selected Offeror will be required to complete all applicable onboarding, credentialing, training, EHR access, and compliance requirements prior to providing services.

16. Compensation, Budget, and Level of Effort

Q: The RFP identifies an anticipated level of effort of approximately 24 hours per week. Please provide any available historical information regarding PMHNP service utilization, including average weekly hours, patient or encounter volume, and historical coverage levels. Additionally, please identify whether NWCSB has established an anticipated annual budget, funding ceiling, or estimated contract value for these services.

A: The anticipated level of effort is approximately 24 hours per week. NWCSB is not providing additional historical patient or encounter-volume information, historical coverage levels, an annual budget, funding ceiling, or estimated contract value at this time.

As stated in Section 12 of the RFP, the initial proposal shall not include an hourly rate, fee schedule, man-hour estimate, or other cost proposal. Compensation will be addressed during the negotiation process in accordance with applicable law.

The anticipated level of effort does not guarantee a minimum number of hours or compensation.

ACKNOWLEDGMENT

Offerors are responsible for reviewing this Addendum and incorporating any applicable information into their proposals.

Except as expressly clarified by this Addendum, all terms, conditions, requirements, and provisions of the original RFP remain unchanged and in full force and effect.

Offeror Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____