

7/19/17

TO: ALL POTENTIAL BIDDERS

FROM: Ryan Bolles
DSCYF – Procurement Administrator

SUBJECT: ADDENDUM TO REQUEST FOR PROPOSALS (RFP) –CYF17-05 Psychiatry/Nurse Practitioner Services in DSCYF Facilities

RFP Questions/Answers

ADDENDUM #1

- **Question:** The RFP asks for weekly medication visits and monthly family visits. Will the facilities provide the needed support to pre-prepare med check forms and to set up patient med check visits in order to maximize the contractor's time?
- **Answer:** It is the responsibility of the facilities to provide the needed support for the psychiatrists to perform their duties in the time available.
- **Question:** Can you explain the Safe Harbor Fee?
- **Answer:** The State has some concern that it could be determined to be a Common-law Employer as defined by the Affordable Care Act ("ACA") because it will provide space within its facilities for the bidder's staff to work. Therefore, the State seeks to utilize the "Common-law Employer Safe Harbor Exception" under the ACA to transfer health benefit insurance requirements to the successful bidders. This is achieved, however symbolically, by the bidder acknowledging its requirement to address its applicable ACA requirements when it proposes a fee to the State to fund those ACA Requirements. Therefore, it is required that all bidders propose a Safe Harbor Fee and a frequency for invoicing it. The Safe Harbor Fee may range from one cent (\$.01) and up AND be invoiced at a frequency of once a year or more. DSCYF will negotiate a final fee.
- **Question:** For anyone to meaningfully accept the bridge program, without incurring marked liability, there would need to be an understanding that all children under bridge prescribing would have access to a clinician managing any crises that may come up during their time in the bridge program. Otherwise no prescriber is likely to take on even more liability than they already have with folks in other intensive community-based programs. Can we be assured that there will be clinician support and oversight of all patients referred for Bridge prescribing?
- **Answer:** Clients will have access to a clinician during the bridge psychiatry service.
- **Question:** The RFP notes nurse practitioner applicants have to be able to prescribe, but it does not mention a collaborative relationship with a CAP. I strongly recommend, that when the Division reviews any APRN applications, that the APRN be a psychiatric APRN experienced in work with children and accredited with children or across the lifespan. In addition, even though a number of APRN's now have independent prescriber privileges in the community, it is the prerogative of higher intensity programs to require collaboration with a CAP, especially when the APRN is to be working with the most complex of children, namely those referred to state level RTC, Day programs, and Juvenile Justice facilities.

- Answer: The RFP review panel will consider the recommendation of a collaborative relationship between an NP and a CAP. All successful bidders would be expected to comply with the following Division of Professional Regulations definition of which Advanced Practice RNs (i.e. nurse practitioners) need a collaborative agreement:

“To practice as an APRN in Delaware, you must have a collaborative agreement only if you have practiced as an APRN less than two years or fewer than 4,000 hours. See 24 Del. C. §1936. °If a collaborative agreement is required, you may file this application before you have one, but you are not allowed to start practicing in Delaware until your APRN license (or a temporary permit) has been issued and you have a collaborative agreement at each individual business/practice where you will be practicing.

°You must maintain a collaborative agreement until you have practiced as an APRN for at least two years and at least 4,000 hours”

All other terms and conditions remain the same.

If you have any questions, please contact H. Ryan Bolles at herbert.bolles@state.de.us or 302-633-2701