



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: May 18, 2011

HSS -11-054

Gambling Prevention Across the Lifespan and Treatment Services for

Adult Residents of Delaware

for

Division of Substance Abuse and Mental Health

Date Due: June 15, 2011

By 11:00 AM Local Time

ADDENDUM # 4 – Round 2 Questions and Answers

PLEASE NOTE:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED RFP.

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QUESTION #1:

Is it possible to obtain the RFP and Addendum 2 as Word documents?

Answer:

It is Delaware Health and Social Services (DHSS) policy to release PDF versions only.

QUESTION #2:

TARGET POPULATION/DSAMH ELIGIBLE CLIENTS: see p. 11, last sentence, “Family members of these individuals will also be eligible to receive services under this contract *as long as the identified gambler remains in treatment* [emphasis added].” Title 29, Chapter 48, § 4815, (2)c of the Delaware Code states that [a certain portion of the VLT revenues shall be used] “...for funding programs for the treatment, education and assistance of compulsive gamblers and their families...” without further qualifiers. Please advise.

Answer:

Family members of individuals with problem gambling can be seen for treatment if the individual is refusing treatment and there are ongoing documented efforts to engage the individual.

NB: Since the revised pages 29-38 (Addendum 2 – RFP revisions) are unnumbered, page references below are taken from the original text and may not correspond exactly to the revised version; however, questions 3-8 are addressed to the revised text.

QUESTIONS 3-5 PERTAIN TO COMPONENT 1, PUBLIC INFORMATION AND PREVENTION SERVICES

QUESTION #3:

Annual Plan, pp. 29 ff: under 1), “ Present at least one consumer or advocacy group each month.” Please provide us with examples of what Division of Substance Abuse and Mental Health (DSAMH) would consider to be “advocacy” groups.

Answer:

Any community group that has as its formal or informal purpose to help those facing mental health and addiction challenges, or those facing the challenges of disabilities.

QUESTION 4:

School based Prevention and Education Program: pp. 30-31, Gambling Addiction Prevention Program: third Burger dot, 1), "...a prevention education booklet to be given to every high school student..."

The Delaware Council on Gambling Problems (DCGP) was charged with carrying out the program when this language first appeared in the Epilogue of the State of Delaware General Fund Budget beginning in SFY 2007. As often happens in Budget Epilogues, the language has not been modified in the interim; however, when this agency attempted exact compliance for the second year by delivering over 35,000 problem gambling prevention booklets to all public high schools, we discovered after the fact that administrators were no longer willing to distribute them, and that most had been discarded.

As a result, DSAMH and DCGP worked together to develop a plan that both entities agreed would comply with the intent of the language, rather than following it literally. The agreed – upon adjustments have appeared accordingly in DCGP’s contracts with DSAMH. Detailed reports have been submitted annually. The legislature’s response has been to continue funding the program, now in its fifth year.

In light of the history, is there any flexibility permitted in addressing this requirement?

Answer:

Yes, this could be negotiated.

QUESTION #5:

Statement of Assurance: see p. 34:

- A. e) Policy and Procedures Manual. The directive is for a "...written manual covering policies and procedures *of the program* (emphasis added). Should this manual include also personnel policies and procedures such as an Employee Handbook?

- B. f) Statement of confidentiality: What kind of "statement of client confidentiality" might be applied to a program of public information and prevention?

- C. g) Professional Ethical Standards : Please explain what types of Professional Ethical Standards DSAMH would consider appropriate for a public information and prevention program.

Answer:

- A. Personnel policies and procedures should be available upon request

- B. To be determined by DSAMH and contractor.

- C. It is expected that the contractor will assure that its professional staff will adhere to the ethical standards of their individual disciplines.

QUESTIONS 6-7 APPLY TO COMPONENT 2, EARLY INTERVENTION AND TREATMENT SERVICES.

QUESTION #6:

Component 2: see p. 35: title of component 2 still reads “Early Intervention and Prevention Services” in RFP Addendum 2 – revised RFP. May we assume this should read “Early Intervention and Treatment Services?”

Answer:

Yes

QUESTION #7:

Subcontractors: see pp. 36 ff:

a) i. Identification of subcontractor(s). Does this mean as individuals, or does it refer to qualifications/standards required, as an example, for inclusion on an agency treatment referral network list? If two individuals, how should we handle any changes that occur after bid submission?

a) Subcontractor prior approval: At what point is prior approval by DSAMH required? Bid submission? Contract award?

Answer:

If the proposed subcontractor is known at the time of proposal submission, they should be identified and their qualifications should be included.

DSAMH must approve the proposed subcontractor during contract negotiations.

QUESTION 8 REFERS TO PREVIOUS DCGP QUESTION AND DSAMH ANSWER ON BUSINESS PROPOSAL

QUESTION #8:

At the pre-bidders meeting on May 4, 2011, DCGP asked the following question: “What elements are contained in DSAMH’s definition of administrative costs?” DSAMH’s answer, posted in Addendum 3, refers us to the RFP, pp. 47 ff. If we understand it correctly, that section

is a discussion of allowable direct costs and, beginning on page 60, identification of indirect cost elements. Administrative costs are not addressed specifically in either section.

Just to be sure, our understanding is that the DCGP, with only one program, entirely funded by a contract with DSAMH, would have no indirect cost pool. May we infer there are also no administrative costs? In other words, in a case such as DCGP's, are administrative and direct costs considered to be synonymous?

Answer:

The Budget Preparation Instructions contain descriptions and definitions of the various costs associated. Individual organizations, however, are set up differently and some costs may be deemed "direct costs" for one agency and as "indirect costs" for another agency.

For those organizations that require an "indirect cost pool", it is DSAMH's policy to allow either the actual amount of indirect or a maximum of 12% of the allowable direct program costs – whichever is less.

However, it is also DSAMH's intent to minimize any administrative costs associated with providing services. This would include an Executive Director position, accounting functions, human resources, and any position not involved in the direct service delivery to the client. We recognize that these are necessary costs in any business operation but the programs need to be operated in the most cost-effective manner.

Based on DCGP's current operational structure, administrative costs would be considered direct program costs.

QUESTION 9#:

Are you expecting the selected proposer to create a referral network of:

- A) Individual private practitioners
- B) Agencies
- C) Both

Answer:

- A) Individual private practitioners-yes
- B) Agencies-no

QUESTION #10:

What is the State's role in creating and/or implementing the Criminal Justice Liaison process (referenced on pg14)?

Answer:

There is no direct role for DSAMH in creating or implementing the Criminal Justice Liaison process. We would be happy to assist or facilitate as we can.

QUESTION #11:

When do you anticipate the start of the Criminal Justice Liaison process (referenced on pg 17 of RFP)?

Answer:

As soon as is feasibly possible with the implantation of the contract.

QUESTION #12:

Will the gambler receive free treatment? Or will they be responsible for paying a portion of treatment? If yes, what is it? (Section A)

Answer:

DSAMH, via the contractor, is the payor of last resort. All insurance should be utilized first. The contractor should establish a sliding scale policy and procedure for its individual providers.

QUESTION #13:

Does the State have a reimbursement schedule for treatment providers? If yes, what is it? (Section B)

Answer:

DSAMH does not have a required reimbursement schedule for treatment providers. This should be developed by the proposer and included in the business proposal.

QUESTION #14:

What does the independent financial audit, referenced on page 28 consist of?

Answer:

The scope of a financial audit will be determined by the size and scope of the proposer's organization and number of programs involved.

QUESTION #15:

On page 40 of the RFP HSS 11-054, the following statement appears: "Electronic version of Business Proposal spreadsheet & Budget Preparation Instructions will be distributed at mandatory Pre-bid meeting."

DCGP attendees were unaware of the availability of any additional budget-related documents, either in hard copy or electronic form, other than those contained in the original RFP and the four pages of revised budget forms posted as Addendum 2A on May 9.

Our question is, did we miss something, and, if so, what is the remedy?

Answer:

Budgets were not provided at the Pre-bid Meeting. Bidders should use documents posted on the website.