REQUEST FOR INFORMATION NO. HSS-11-077

DELAWARE SUBSTANCE USE AND CO-OCCURRING DISORDER SERVICE SYSTEM REDESIGN

August 16, 2011

Questions & Answers

1. **Q.** Is there data available on the waiting lists for extended stay mentioned in the overview? How do we get it?

   A. Time did not allow us to pull waiting list data.

2. **Q.** Is there data available about the prevalence of co-occurring psychiatric disorders in Delaware? Yes,

   A. COD Positive Assessments Of the Delaware COSIG evaluation agencies, the number of individuals who assessed positive for COD remained constant at 42% from July 2009 to September 2010. This percentage remained relatively stable moving forward through September 2010 (see Figure 3).

   - July - September 2009: 42% assessed positive.
   - October - December 2009: 45% assessed positive.
   - January - March 2010: 42% assessed positive.
   - April - June 2010: 41% assessed positive.
   - July - September 2010: 44% assessed positive.
   - Annual rate for 2010: 40.6%
   - Jan-March 2011: 38% assessed positive
   - Apr-June 2011: 36% assessed positive
   - 6 month rate for 2011:39.6%
   - Literature is consistent in approximating between 40-60% co- morbidity prevalence rates across the country.

3. **Q.** Do you have data on the number of people accessing the system now in each of the programs? Yes.

   A. Please refer to the DSAMH at a glance website http://www.dhss.delaware.gov/dhss/dsamh/annrep.html

4. **Q.** What are you going to use to measure the success of the program a couple years down the road?

   A. NOMS, wait list, time in treatment overall/not per program. Other measures will be developed in concert with the provider.

5. **Q.** How are you going to pay for services for individuals as they go through these modalities?

   A. Will be determined via the RFP process and responses from prospective providers.

6. **Q.** How is this going to address special populations such as adolescents, adults, persons with HIV, pregnant women, and women with children?

   A. Only adults, IV users and pregnant women are a priority. Women with children may be served at Lighthouse.

7. **Q.** Can you explain the progression of ASAM criteria?

   A. Applicants should reference the ASAM guidelines.

8. **Q.** What is the involvement of the criminal justice system in these programs? Not mentioned in the RFI.

   A. They are a referral source and we must engage them as the new system develops so that they both understand the system and referral criteria. The provider and DSAMH will need to continue to work with judicial officials on how to craft community orders.

9. **Q.** Are you including Medicaid in conversations?

   A. Yes, we are beginning to design a 1915 i plan that will encompass these types of services. It is not clear yet what portion of these services will be Medicaid reimbursable.

10. **Q.** Where will prevention and early intervention live in regards to the RFI? Is there any model out there for thinking about this?

    A. We must be careful that federal money targeted for treatment not be used for any prevention efforts. Conceptually, we agree that there is a fine line between prevention and treatment. We do not have any specific model that we are following, but have researched different programs across the country.

11. **Q.** What about the over-looked services such as gambling services?

    A. Not overlooked. The programs will continue to do screening and referral to treatment or provide treatment internally.

12. **Q.** What is the role of software for electronic health records in design and funding? Is it included in funding?

A. There are no funds targeted at this point in time for electronic health records in this anticipated specific RFP.

13. **Q.** What is the rationale for the reference to length of stay in the second bullet point on p.4 of the RFI? (days to weeks not weeks to months) Possibly misleading.

    A. The intent was to suggest that length of stay should match the level of clinical intensity needed and not be fixed.

14. **Q.** Will the responses submitted to the RFI affect eligibility to bid on the RFP?

    A. No.

15. **Q.** Although we are familiar with the current residential setting provided at the Governor Bacon campus, could you provide a more detailed description of the services, how it will fit into the continuum of care being developed, who will operate it, and where residents will receive treatment (e.g., on site or off site)?

    A. The purpose of the RFI is to allow respondents to define the services based on the need stated in the RFI, how and who will operate and to make arguments about location of services. That said, it may be far easier to use existing facilities rather than develop new ones.

16. **Q.** Could you elaborate a bit on providing crisis services for persons needing some level of services but simply looking for a "safe place to stay"? (Page 5, #10)

    A. The RFP respondent could set aside respite beds for short term crisis support tied directly into engagement and getting someone further into services.

17. **Q.** Could you elaborate on the Division's role in the service continuum – including initial and ongoing treatment approvals, utilization review, providing services or housing, evaluation, research, and payments?

    A. The evaluation component is being developed currently with the University of Pennsylvania and the selected provider will be brought into this once selected. The RFP respondent can suggest a process for admission/LOS approvals, but it is hoped that the respondent will manage this process based on ASAM criteria and with the monitoring of the Division to ensure it is being implemented correctly.

18. **Q.** For planning purposes, when do you anticipate an RFP being distributed, when will the proposal be due, and when a contract is awarded, how many years will it be awarded?

A. We anticipate that we will release an RFP sometime in the fall. Since we anticipate that there will be a considerable amount of provider collaboration, we will assure that there will be sufficient time for collaboration and response.

19. **Q.** Will you elaborate on the areas that you are interested in for performance-based measures (e.g., retention, length of stay, etc -page 6, #19)?

    A. NOMS, ASAM changes, wait list, recidivism

20. Page 2 of the RFI states, "The Governor Bacon campus in Delaware City, DE, for example, provides ample living quarters for clients in substance use disorder (SUD) treatment at various stages of readiness for change and levels of care and the ability to move through the continuum with few barriers to appropriate levels of care."

    Q. What level(s) of care does the State anticipate offering on this campus?

    A. Those that meet the need of the ASAM levels specified.

21. Page 3 states:
    "Measure the successful course of residential treatment as well as the 'overall treatment episode' (through outpatient to recovery support)."

    Q. If a single entity is selected to manage the DASC, will the providers of all levels of service be required to report outcome data to the managing entity?

    A. Yes.

22. Page 3 states:
    "DSAMH currently obligates $6,700,786 for Residential services – which is a combination of state and federal funds."

    a. **Q.** Are administrative costs related to the creation of an "ACO-like model" embedded in the amount? If not, is there an allocated amount; will there be a cap on administrative costs?

       A. Yes, part of this amount.

    b. **Q.** Are the resources required to create the virtual clinical management structure embedded in the $6,700,786 for Residential services, or are these funds for actual services provided to clients only?

       A. No.

    c. **Q.** Who are the halfway houses, transitional homes and PCMH homes?

A. Serenity Place, Tau House, Corinthians House, Limen House for Women, Limen House for Men

d. **Q.** The RFI only focuses on services at the Governor Bacon site, what will happen to the other providers included in the 6.7 million?

A. Those programs not on the campus but included will need to be addressed in the RFP response

e. **Q.** If other providers included in the 6.7 million are going to remain at their current locations, how much of the 6.7 will be allocated for services at the Governor Bacon site? The RFI doesn't mention other providers already established…. Detox/other residential programs and group homes. Are these services going to remain throughout the state?

A. The respondents will need to propose how the non-campus services currently provided will be included, either off or on campus.

23. Page 4, Section V, #1 state:
"DSAMH is interested in considering an "Accountable Care Organization-like" model to integrate residential and outpatient levels of care and create at least a virtual clinical management structure that could share benefits and savings."

Q. To what extent does the State expect the new structure to conform to a formal ACO?

A. We are looking for recommendations from the provider network as to the most appropriate do-able model. The state does not have any specific model we are proposing at this time of the process.

24. **Q.** Page 4, Section V, #6 states: How would you link clients in treatment to patient-centered medical homes?

A. This is something you should consider when submitting your response.

Q. What PCMHs currently exist in Delaware***?***

A. DSAMH does not have any current MOU's with PCMH but would welcome their input on this topic. Another option would be for the respondent to develop the relation if it can be and if they can argue that it is valuable.

25. DSAMH state that they are obligating the funds that are currently used for residential services. The RFI talks about PHP and IOP being part of the system.

Q. What do they plan to do with the funds that are currently used for outpatient?
A. They remain.

26. DSAMH clearly state that clients will be assessed for appropriate level of care using ASAM.

a. **Q.** Who is going to conduct the assessment to determine level of care?
   A. The provider

b. **Q.** How is this going to interface with the EEU?
   A. It will require a coordinated effort with the EEU.

c. **Q.** How will that be monitored….through contract monitoring and audits?
   A. Yes

d. **Q.** How many clients are expected to be served?
   A. The applicant can look at our DSAMH At A Glance to look at historical numbers of clients served.

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Project Preview Meeting Participant Recommendations

1. Recommend that DSAMH utilizes the full continuum of care when dealing with the Criminal Justice System; use this to clarify who the continuums are for. (what population).

2. Recommend that these services are not only funded out of the 6 million allocated, utilize leveraging and partnerships with agency who have more resources.

3. Recommend that when the RFP is released for this program that there is not a quick 45 day turn around before the bid closes due to the need for vendors to partner with each other.

4. Recommend that clients in recovery are included as part of this information gathering process.

Project Preview Panel:

David Mee Lee
Marc Richamn
Steve Dettwyler
Darlene Plummer
Frann Anderson
Ceasar McClain
Wendy Brown