



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: April 26, 2013

HSS 13 016  
ASSERTIVE COMMUNITY TREATMENT and/or INTENSIVE CARE  
MANAGEMENT SERVICES  
FOR  
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: May 20, 2013  
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART  
OF THE ABOVE MENTIONED BID. Pre-Bid Questions  
and Answers

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REQUEST FOR PROPOSAL NO. HSS-13-016  
ACT/ICM  
Pre-Bid Meeting Questions and Answers

Q1. What is the expected client ramp up time period?

The TMACT model expects referrals to programs at no more than 6-8 per month. DSAMH's intention is to follow that guidance. There are currently about 30 individuals in New Castle County on a growing wait list and the existing New Castle County ACT teams exceed their census cap by about 17. Thus, there is an existing referral pool for the first 6-8 months after start up. These wait list numbers, naturally, are in a constant state of flux.

Q2. Project begins timetable indicates 07/01/13. Does this mean services are expected to begin?

It is anticipated that the contract will be effective on July 1 and an implementation plan will be part of the contract negotiations.

Q3. How many teams will be awarded? Is this RFP for new teams? Will the teams in place be staying?

At this time, we anticipate establishing one new ACT team in New Castle County but may make additional awards if sufficient funding exists. We are unaware of any change to the teams currently in place.

Q4. Are there start-up dollars available?

This will be part of the contract negotiations. The timeline developed will be based on the number of clients awaiting placement and the implementation activities such as hiring of staff.

Q5. Is this RFP strictly for New Castle or will that be determined?

We are anticipating the initial award will be for an ACT Team in New Castle County.

- Q6. Was funding for just one (1) team requested in the Governor's budget? Is there an expiration date on the funding? If it is just one (1) team, will others follow?

Funding in the Governor's recommended budget for an ACT team also contains the "state portion" of the anticipated Medicaid revenue for an additional team. The final determination of the number of awards will be based on the count and location of clients identified for this level of care.

- Q7. If the RFP is developing a pool, will a new proposal have to be added?

We do not foresee a need for additional proposals being submitted.

- Q8. Is there funding for client assistance funds? Yes

- Q9. Is there a peer certification process?

DSAMH is developing a peer certification process and expects it to be completed during SFY 14. However, the course work with peers that will form much of the certification process is already in place and peers in the ACT/ICM teams are expected to participate.

- Q10. Does DHSS-DSAMH prefer one provider to perform both ACT & ICM or will the Department fund an organization to provide just ACT or ICM?

Each ACT and/or ICM team has a separate contract although the current 15 teams are being operated by 4 organizations.

- Q11. Will the rate structure be based around a large or small designation?

We are still reviewing the methodology for the rates which will be in effect on July 1. We do believe, at this time, that there will continue to be both a small and large team designation.

Q12. In regards to the rates that are listed in the service detail provided at the pre-bid meeting, both indicate the bill rates as “Year One”. Is there a “Year Two” spreadsheet or are these the current rates and will be evaluated every year as mentioned at the pre-bid meeting?

The rates distributed at the pre-bid are the revised rates in effect through June 30 only. We are currently reviewing the methodology for the rates which will be in effect on July 1.