



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: July 1, 2013

HSS 13 030
HIV/AIDS Prevention & Early Intervention Services for Persons
in Substance Abuse Treatment programs
FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: July 22, 2013
11:00AM

ADDENDUM # 1

Please Note:

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

Kieran Mohammed
PROCUREMENT ADMINISTRATOR
(302)255-9291

Cesar McClain
(302) 255-9417

REQUEST FOR PROPOSAL NO. HSS-13-030

HIV/AIDS PREVENTION & EARLY INTERVENTION SERVICES FOR PERSONS IN SUBSTANCE ABUSE TREATMENT PROGRAMS

Pre-Bid Meeting Questions and Answers

June 19, 2013

Q1. In terms of HIV testing, will the grant allow the Community Based Organization (CBO) to test a percentage of the general population not in treatment? (Referenced from Part C: Target Population on page 13)

DSAMH cannot financially support HIV testing for populations outside of those in treatment settings; however, this RFP does not prohibit agencies from providing HIV services for the general population through other funding streams.

Q2. If a client comes to our CBO seeking HIV testing and is not under substance abuse treatment, do we turn them away?

DSAMH cannot financially support HIV testing for populations outside of those in treatment settings; however, this RFP does not prohibit agencies from providing HIV services for the general population through other funding streams.

Unfortunately the funding for this program is specifically for those who are in treatment. We do not have funding to provide testing and other services for those who are not in treatment.

Funding for this RFP is supported by the Substance Abuse Prevention and Treatment Block Grant; funding must adhere to guidance listed under federal statute, Title 45 Code of Federal Regulations 96 Subpart L. Specific guidance for requirements regarding HIV services can be found in section 96.128:

Code of Federal Regulations (CRF) § 96.128

Requirements regarding human immunodeficiency virus

(a) In the case of a designated State as described in paragraph (b) of this section, the State shall do the following—

(1) with respect to individuals undergoing treatment for substance abuse, the State shall, subject to paragraph (c) of this section, carry out one or more projects to make available to the individuals early

intervention services for HIV disease as defined in § 96.121 at the sites at which the individuals are undergoing such treatment.

Q3. This sounds like this is for people who are not in treatment. Are these for people in and out of treatment?

The funding for this project is specifically for testing, counseling, education, and referral for treatment for those who are engaged in substance abuse treatment.

“It is the objective of DSAMH to provide funding to support HIV prevention and early intervention services to individuals undergoing treatment services,” (HHS-13-030 pg 12)

Individuals may be receiving inpatient or outpatient substance abuse treatment services. Treatment services may include recovery support services. [See the answer to Q28 for information about recovery support services].

Q4. Will this grant allow testing services for halfway houses or is it strictly for treatment programs?

The target population is specifically for those who are engaged in substance abuse treatment programs.

Individuals may be receiving inpatient or outpatient substance abuse treatment services. Treatment services may include recovery support services. [See the answer to Q28 for information about recovery support services].

Q5. In the past, Public Health provided condoms. Is this something DSAMH is going to continue or will this become part of the provider’s budget?

DSAMH will not be purchasing any condoms for distribution in coordination with this program. If the CBO would like to use funding within their budget to purchase condoms, we need to know how they will use them and which strategy they will be linked to.

It is not our intent for programs to purchase condoms for random distribution except to the target population, which are people in substance abuse treatment programs.

Q6. With regards to the geographic areas, are those the regions they are coming from or are these the regions we should target?

Proposals should identify the geographic regions within the state they plan to serve, the need for services in that region, as well as how they will serve that geographic area.

The geographic region may be where the facility is located, or where their consumer population yields from. Proposals should clearly indicate the target population and the geographic region the organization seeks to serve.

Q7. Isn't everyone in treatment at risk? Is it the goal to get everyone in treatment tested no matter where they come from?

Yes, that is correct. The goal is to test and engage everyone who is in substance abuse treatment. However, the project must serve the geographic regions within the state that are in most need for the services. Proposals should clearly describe how the CBO is servicing those geographic regions.

Q8. What is identified as testing supplies?

The testing supplies that will be funded by DSAMH through the Division of Public Health are the Unigold Test Kits, and the controls for conducting the tests.

Each Unigold test kit contains:

- a) **20 Test Devices (individually pouched)**
- b) **Wash solution 5.0 ml**
- c) **20 Disposable Pipettes for use with serum, plasma or venipuncture whole blood. To be used also with Controls**
- d) **20 Disposable Finger stick Sample Collection and Transfer Pipettes for use with finger stick whole blood**
- e) **20 Subject Information Leaflets**
- f) **1 Package Insert**

Materials required for testing, but not provided in Unigold test kits [*these items may be included within the costs outlined within proposal budget*]

- a) **Timer or stopwatch**
- b) **Blood collection devices, for testing of venipuncture whole blood, serum or plasma**
- c) **Biohazard disposal container**
- d) **Disposable gloves**
- e) **For Finger stick samples the following additional material are required.**

- i. Adhesive bandages
- ii. Lancet capable of producing a 50µl droplet
- iii. Sterile wipes and sterile gauze pads

http://www.unigoldhiv.com/package_insert.pdf (pages 4-5)

Q9. Is there a list of in-patient/out-patient facilities that provide these services?

DSAMH contracts with substance abuse treatment service providers throughout the state, but does not have a list of every service provider within the state that provides substance abuse treatment services.

Q10. If the agency who is awarded the contract is not a treatment facility, do we need a MOU from these treatment facilities?

Applicant agencies do not need to be treatment facilities; however, the target population for this RFP is for individuals receiving substance abuse treatment services. If a CBO will be collaborating with another agency/facility to provide HIV prevention early intervention services to the appropriate target population, the proposal should clearly describe and document the multi-agency relationship as well as the intervention approach. Documentation may be indicated through a Memorandum of Understanding (or Agreement) or through letters of support.

Q11. Do you need a memorandum of understanding from each of our partners, i.e., the substance abuse treatment centers that we propose to serve with HIV Testing?

Either an MOU describing the relationship and responsibilities of each agency, or letters of support from the other agency(ies) identifying how the relationship will work.

If a CBO will be collaborating with another agency/facility to provide HIV prevention early intervention services to the appropriate target population, the proposal should clearly describe and document the multi-agency relationship as well as the intervention approach. Documentation may be indicated through a Memorandum of Understanding (or Agreement) or through letters of support.

Q12. If the agency has locations in multiple counties, can they provide multiple services at multiple locations?

Yes.

Services may vary from county to county. Services should be culturally competent to the target population.

Proposals must provide a program overview including the rationale for strategy selection (HHS-13-030 pg 18).

Q13. In the past when we have a preliminary positive, would it be a requirement to have someone on site to do a blood draw?

No. Another agency or service provider may be used to provide the additional blood draw for confirmation testing, and is not required to be located on the same site.

“If a preliminary positive is found, appropriate testing protocol must be followed. The CBO will need to be able to obtain a blood sample on-site or through verified agreement with a cooperating agency to confirm or reject the positive result. The DPH Laboratory will provide confirmation testing of preliminary positive rapid screening results.” (HHS-13-030 pg 15)

Q14. Must the CBO doing the Rapid HIV/AIDS Test also be able to draw a blood sample at the Substance Abuse Treatment site if a Rapid Test is positive, or can the CBO transport the individual to a cooperating agency that will draw a blood sample? (Referenced from Part B: Project Overview, page 13)

No. Another agency or service provider may be used to provide the additional blood draw for confirmation testing, and is not required to be located on the same site.

“If a preliminary positive is found, appropriate testing protocol must be followed. The CBO will need to be able to obtain a blood sample on-site or through verified agreement with a cooperating agency to confirm or reject the positive result. The DPH Laboratory will provide confirmation testing of preliminary positive rapid screening results.” (HHS-13-030 pg 15)

Q15. Is this the only HIV proposal for this year or are there others?

This is the only funding Request for Proposals that will be issued by DSAMH this year.

Q16. What is the age range? 18 and over?

There is no age restriction for the target population.

Q17. Will DSAMH include juveniles?

Yes, as long as the juvenile in question fits into the target population described in the RFP.

Q18. Are there only two (2) agencies that currently hold these contracts?

There are four (4) agencies that currently hold HIV Early Intervention contracts with DSAMH.

Q19. Do all four (4) provide all four (4) services?

Yes, all four current providers under contract with DSAMH for HIV Early Intervention services provide all four strategies listed in the RFP.

Q20. What is the amount set aside for the block grant?

The required set-aside for HIV services for those receiving substance abuse treatment services for the Substance Abuse Prevention and Treatment Block grant is 5% of the total funds awarded. DSAMH has not yet received the award letter for the FY2013 SAPT Block Grant funds at this time.

Q21. Can you provide us a range of the funding available for this grant?

The funding from the FY2012 SAPT BG for HIV services was a little more than \$337,000. Please bear in mind that the FY2013 funds are subject to the 5.1% sequester, and the funds to be used for test kits and controls will also be from this funding.

Q22. Do you have insight how you will delegate these services over 1, 2, 3, 4 years?

It is anticipated that successful contracts awarded through this RFP will be funded up to 5 years, pending performance and availability of funds.

The first contract period that is negotiated will be for a 10-month period, September 1, 2013 through June 30, 2014. Subsequent years (2 – 5) will be contracted for a 12 month period in sync with the State Fiscal year, July – June.

CBOs may identify how services are to be implemented throughout the duration of their contract. Proposals must include a description of the proposed strategies and interventions.

Q23. As for rural areas, must all submit a proposal for rural areas?

No. Not all proposals are required to service rural areas. The SAPT Block Grant requires DSAMH to award a contract to at least one CBO who will be providing services to a rural area of the state.

Q24. RFP calls for/asks for list of other contracts in past three (3) years. Should this include state Medicaid plan?

The list of other contracts with the state for the past three years should include all contracts that the CBO has with the Department of Health and Social Services, for the State of Delaware.

Q25. As for the proposal, do you want them to submit the proposal for 12 months or 10 months?

The business proposal should be prepared for costs associated with a twelve month budget period; however, the first year of the negotiated contracts will be for 10 months (September 1, 2013 – June 30, 2014), all subsequent years after the first year of the contract will be for twelve months.

Q26. We are submitting for 10 months are the proposals for the year 2 through 5 required?

No. The business proposal should be prepared for costs associated with a twelve month budget period (to be spent during the first year of the potential contract). Any initial start up costs should be indicated in the business proposal; providers may indicate how the budget will change in subsequent years, but it is not required.

The first year of the negotiated contracts will be for 10 months (September 1, 2013 – June 30, 2014), all subsequent years after the first year of the contract will be for twelve months. Modifications to line items within the budget may be adjusted between contract years in consultation with the DSAMH staff.

Q27. Is there a particular budget format?

The budget template has been provided on the CD provided at the pre-bid meeting and is also available under this Bids.delaware.gov posting

Q28. What is Pre-Treatment Recovery Support? (Referenced from Appendix H, Treatment Definitions page 75) Can you define the parameters?

Recovery support services are social vehicles obtained by an individual during his or her substance abuse recovery. Recovery support services are often non-clinical supports provided to an individual in conjunction with a formal substance abuse treatment plan. These services may be provided through a treatment facility or partnering agency. Recovery support services may include the following: referral to behavioral health or educational programs; peer-to-peer services such as mentoring or coaching; and participation in self help or support groups.

<http://www.attcnetwork.org/learn/topics/rosc/rss.asp>

Pre-treatment recovery supports (people, services, etc.) are provided to an individual in need of treatment services prior to the receipt of treatment. Pre-treatment recovery supports may include assessment, motivational counseling and case management/care coordination which can better engage and support individuals who are in need of help, but not yet engaged in a formal treatment program.

Post-Treatment recovery supports (people, services, etc.) are provided to an individual after receiving treatment services. These supports may be defined as the coordination of personal, family, and community resources to achieve the best possible quality of life for an individual during their sobriety. These services can range from low level contact, such as quarterly telephone conversations with a peer or counselor, to high level contact such as coaching, depending on support needed. Involvement of post-treatment recovering supports often includes involvement in self-help groups such as Alcohol Anonymous and Narcotics Anonymous.

Individuals solely receiving pre- or post- treatment recovery supports may not fall under the scope of this project. Appendix H: Treatment Definitions was included in the RFP as a reference tool for defining some common terms used when referencing the continuum of care during substance abuse treatment. All the items defined in Appendix H may not be relevant to this RFP.

As previously stated, funding for this RFP is supported by the Substance Abuse Prevention and Treatment Block Grant; funding must adhere to guidance listed under federal statute, Title 45 Code of Federal Regulations 96 Subpart L. Specific guidance for requirements regarding HIV services can be found in section 96.128:

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