



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: July 18, 2013

**HSS-13-031
CO-OCCURRING DISORDERS RESIDENTIAL TREATMENT PROGRAM
SERVICES
FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH**

**Date Due: August 27, 2013
11:00AM**

ADDENDUM # 1

Please Note:

**THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID. Questions &
Answers**

**Kieran Mohammed
PROCUREMENT ADMINISTRATOR
(302)255-9291**

**Cesar McClain
(302) 255-9417**

REQUEST FOR PROPOSAL NO. HSS-13-031

CO-OCCURRING DISORDERS RESIDENTIAL TREATMENT PROGRAM
SERVICES

Pre-Bid Meeting Questions and Answers

July 2, 2013

Q1. Is this RFP being posted because of the geographic location?

The RFP is being issued for many reasons – the geographic location is one of them as well as the time limitation for the contract awarded from the last RFP has expired.

Q2. What is the current planned reimbursement rate after the program converts to fee for service? This has not been developed yet.

Q3. Can we propose the use of an apartment complex for housing and transporting the clients to a common treatment facility? This may present many logistical problems but is at the discretion of the bidder.

Q4. Would a provider be paid for empty beds and if so, what percentage of the filled bed rate would they be paid? Initially this program will be on a cost reimbursement payment schedule. Upon development and implementation of a fee for service reimbursement methodology, DSAMH will not provide reimbursement for empty beds. The final approved methodology will be shared with the successful vendor.

Q5. The RFP indicates what appears to be reimbursement essentially per slot whether it is filled or not. Is this assumption correct?

See Q4

Q6. If so, would this continue after the program is converted to fee for service?

See Q4

Q7. What period of time is anticipated after the start-up that the program will be converted to fee for service?

It is anticipated that within 60 days of operation, the program will convert to a fee for service payment.

Q8. Where would referrals come from? All referrals are thru EEU

Q9. Would we be able to maintain a waiting list? Those waiting for placement should be referred to treatment and/or community housing.

Q10. Is the program operated by a current provider? If so, is this a rebid?

There is a current co-occurring residential program that will be replaced as a result of this RFP.

Q11. What is the difference between a Subcontractor vs. Independent contractor? (p. 18)

Successful vendor will be allowed to contract for a psychiatrist for example – but cannot subcontract out the required services as outlined in the RFP.

Q12. Is DSAMH open to using Tele-psychiatry for this program? (p. 23) Yes