



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: July 25, 2013

**HSS-13-040
WOMEN & CHILDREN RESIDENTIAL TREATMENT PROGRAM SERVICES
FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH**

**Date Due: August 28, 2013
11:00AM**

ADDENDUM # 2

Please Note:

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

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

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

REQUEST FOR PROPOSAL NO. HSS-13-040

WOMEN AND CHILDREN RESIDENTIAL TREATMENT PROGRAM SERVICES

Pre-Bid Meeting Questions and Answers

July 2, 2013

Q1. Will the licensing standards be out this year?

Licensure standards are currently being revised and will need to go through the approval process before being finalized. It is our belief that this will be completed by January.

Q2. Are the DOC referrals expected to go through EEU process?

Yes. DOC referrals are to be submitted to TASC for initial review. TASC will then submit any referrals to DSAMH's Eligibility and Enrollment Unit (EEU) for final approval on admission to the program.

Q3. Is this program changing location?

The location of the proposed program should be identified in the RFP response.

Q4. Given there is a maximum of 10 women, how many children is the provider required to house? Is there a maximum?

As stated in the RFP "Women will be allowed to bring their dependent children but only as many as the program can reasonably accommodate given space limitations". **The location will most likely direct the number of children. DSAMH is interested in serving as many women as possible in program – if the proposed program and facility can accommodate more than 10 women, the proposer should follow the instructions within the RFP and identify it as a proposed "enhancement".**

Q5. What is the provider's responsibility with respect to meeting the educational requirement to ensure school age children attend school?

Please refer to page 16 of the RFP.

- Q6. Would the provider be required to obtain a Day Care license?
The program design is at the discretion of the bidder.
- Q7. If the provider is required to obtain a Day Care license, would the number of children be limited by license? **as above**
- Q8. What is the current planned reimbursement rate after the program converts to fee for service? **The final reimbursement methodology will be dependent upon the final negotiated program design. It is anticipated that some expenses will be covered on a cost reimbursement basis (room and board) while other services will be on a fee for service reimbursement methodology – the actual reimbursement rate can not be developed prior to the final program design being identified in the proposal selected for negotiation.**
- Q9. Can we propose the use of an apartment complex for housing and transporting the clients to a common treatment facility? **This model is at the discretion of the bidder.**
- Q10. 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 (room and board costs will likely continue on a cost reimbursement basis) DSAMH will not provide reimbursement for empty beds but the combination of payment methodologies and bed day utilization factors within the methodology should cover the operating budget negotiated for the program.**
- Q11. The RFP indicates what appears to be reimbursement essentially per slot whether it is filled or not. Is this assumption correct?
See Q4
- Q12. If so, would this continue after the program is converted to fee for service?
See Q4

Q13. 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 90 days of operation, the program will convert to a fee for service payment.

Q14. Where would referrals come from? All referrals will be thru DSAMH's EEU) going forward.

Q15. Would we be able to maintain a waiting list? Yes in coordination with DSAMH's EEU but those waiting for placement should be referred to treatment and/or community housing in the interim.

Q16. Is the program operated by a current provider? If so, is this a rebid?

There is a current program that will be replaced as a result of this RFP.