



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: April 3, 2014

HSS 14 005
Drug Court Diversion Program Services
FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: APRIL 30, 2014
11:00AM

ADDENDUM # 4

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF
THE ABOVE MENTIONED BID. Q&A and Revised Funding
Language

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STATE OF DELAWARE

DRUG COURT DIVERSION PROGRAM SERVICES

Please accept our sincere apologies for the delay in providing this update and the answers to the questions which were submitted. The timeline previously outlined in the schedule of events has been published as Addendum #3. Please refer to that addendum for the revised submission due date.

DSAMH has been working on an amendment to the Delaware Medicaid State Plan to allow additional behavioral health services to be Medicaid reimbursable. The State Plan Amendment has been submitted to CMS and is currently under review.

Drug Court Diversion services may be eligible for Medicaid reimbursement when the program is licensed as a substance abuse treatment facility and when the assessment indicates that the services are medically necessary (not just because they are court ordered).

Due to these pending changes, the following sections of the RFP need to be rescinded and replaced as follows:

- Page 3, Notification to Bidders is hereby updated to read:

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. In addition, Bidder shall list any contract awarded to it or its predecessor firm(s) by the State of Delaware during the past ten (10) years if such contract was terminated by the State for cause, and shall include an explanation of the circumstances of such termination.

The Evaluation/Selection Review Committee will consider these Additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid."

There will be a ninety (90) day period during which the agency may extend the contract period for renewal if needed.

- Page 11, Section C. Applicant Organization Eligibility - is hereby amended to add the following:

Successful applicant(s) must enroll and be accepted as a participating provider on the MCO provider panels as well as the Medicaid Provider Network.

- Page 12, Section D. Funding and Program Capacity – is hereby amended to read:

DSAMH will enter into a combined cost reimbursement/fee for service and performance based contract with the successful applicant(s) to provide the range of services stipulated in this RFP. The successful applicant(s) will be required to bill Medicare, Medicaid, and/or any other third party insurer for covered services. DSAMH will not provide reimbursement for services covered by another payor source.

The contract term is five (5) years. Funding will be added to the contract at the beginning of each state fiscal year, as long as sufficient funds is available and the contractor's performance is satisfactory, consistently meets performance targets, and continues to meet the service system design needs of the DSAMH.

- Page 13, Section III B. Assessment: is hereby amended to add the following:

The successful applicant(s) will be required to also submit a copy of the completed assessments to DSAMH and/or the primary insurer in order to obtain prior authorizations necessary to receive Medicaid reimbursement for approved services. Specific details/procedures will be shared with the successful applicant(s) at the time of contract negotiations.

- Page 16, Section IV. Funding and Payment Methodology is hereby updated as follows:

- A. The Provider will be paid on a combined cost reimbursement, fee for service and performance based payment basis.
- B. Performance Incentives
 - 1) 5% contract holdback can be earned and are to be distributed quarterly if 95% of the assessment reports are delivered to the Court on time. Holdbacks are not cumulative between quarters. They are either earned or forfeited.
 - 2) 5% contract holdback can be earned and distributed in the beginning of the fourth quarter (fiscal year) if successful completion rate exceeds 90% for the first three quarters. Holdbacks are not cumulative between quarters. They are either earned or forfeited. Successful completion is defined as completing the minimum required participation, psycho-educational curriculum, and consecutive clean urine screens as identified throughout this RFP. Successful completion occurs when the successful applicant identifies reports that the client has met these requirements and is released by the court.

- Page 22, Section VII F. Bidder References:

The names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used.

Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. In addition, Bidder shall list any contract awarded to it or its predecessor firm(s) by the State of Delaware during the past ten (10) years if such contract was terminated by the State for cause, and shall include an explanation of the circumstances of such termination.

The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid. Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid.

HSS-14-005

DRUG COURT DIVERSION PROGRAM SERVICES

QUESTIONS & ANSWERS

- Q) What is the definition of a successful completion?
- Q) Does completion mean the individual is done with all diversion services?
- Q) Does successful completion mean graduating from the program, if they are assessed with completion of a level and is recommended for another level is that considered completion?
- Q) If the individual is sent to jail does that count against the contractor or client for completion?
- Q) Does capias impact the completion rate

Please see the clarification above. Additional information will be available for the successful applicant(s) during contract negotiations.

- Q) Should the proposal include peer involvement and recovery?

All DSAMH contracts should incorporate the active and integral use of peers in program operations.

- Q) Are peers expected to be paid fulltime or part-time?

Peers are expected to be utilized and paid as any other staff member. The proposal should clearly identify the number/type of staff to be utilized in the proposed program.

- Q) Will there be peer support provided?

DSAMH does not understand the context of this question.

- Q) Where do we get a copy of a job description for a recovery coach?

This will be provided to the successful applicant(s) during contract negotiations. The applicant should perform its own research for this nationally used service.

Q) Are you able to provide a census of the people served?

The RFP estimates approximately 1200 people statewide.

Q) Can you provide data regarding the census of non-English speaking clients?

This data is not available.

Q) Is there any research provided from outside entities?

DSAMH will not be providing any research material. The applicants are encouraged to research, identify and propose a program based on evidence based practices.

Q) In the case of urine screenings, is there anything regarding oral swabs when urine screening is unavailable?

Oral swabs can be used ONLY as an alternative to urine screen when a urine screen can not be produced.

Q) Are direct observations of urine screenings required?

Yes.

Q) In reference to treatment would it be required to meet the standards (DSAMH)?

Diversion itself is not a treatment program but the successful applicant(s) will be required to be licensed as a substance abuse treatment program.

Q) Can you bid for one, two, or all three counties (statewide)?

Yes, the proposal should clearly indicate the area in which you are proposing to provide services.

Q) What is the requirement for report submission (i.e. electronic, mail, hand delivered)?

Electronic. Please refer to Page 19 for Data submission requirements

Q) Is the six month minimum in effect for superior court?

Yes.

Q) Are bidders able to submit letters of recommendation with their proposals? If so, to whom should those be addressed?

Yes, bidders can submit letters of recommendation as part of their proposal. Proposals should be submitted in accordance with the instructions listed on page 2 of the RFP.

Q) Page 15 Section F. Drug Testing

States Superior Court requires 18 drug free tests in order to complete the program. The Court of Common Pleas requires 14 drug free tests. Do they need to be consecutive tests?

Yes

Q) Section II Target Population: p. 2 Section 1 refers to 200 clients in Superior Court and approximately 300 in CCP. Does the state have an actual number of clients served by the current diversion program provider for these courts?

Interested parties are to use the estimates provided within the RFP when generating their proposals.

Q) Do the numbers contained in Section 1 refer to the current number of participants or the anticipated total including those expected to be ordered into the two court programs?

Please use the estimates in the RFP for the purpose of the proposal submission.

Q) Section III. Scope of Services: (E: Court Status Conferences and Reports to the Court): p. 15 “agency liaison will attend all status conferences to answer question that the Judge or Commissioner may have regarding client progress...

How often (days/week) should the successful bidder anticipate required attendance to both Superior Courts and CCP in New Castle County? How long do the status conferences typically last?

This is completely up to the Court. Often it is once per week. Status hearings are often all morning or all afternoon.

Q) Is the 5 days to get reports to the judge a new requirement?

No. It may not have always been enforced by the Court. Ultimately, this will be determined by the Court.

Q) Can there be a joint ventured submission?

Subcontracts will not be authorized. The awarded vendor(s) will be required to provide all services outlined in this RFP.

Q) Regarding a joint venture partnership, will the Department expect and actual signed agreement between parties at time of proposal submission or will a Memorandum of Understanding (MOU) suffice until a contract is awarded?

Subcontracts will not be authorized. The awarded vendor(s) will be required to provide all services outlined in this RFP.

Q) How is the 5% hold back (totaling 10%) computed?

This will be part of the negotiations with the successful vendor(s).

Q) How are the budgets submitted for the period of a 5 year contract?

Bidders are to submit a 12 month operating budget with a detailed budget narrative outlining any and all assumptions made respective to the line items. If bidder is requesting additional start up funds, a separate budget should clearly identify what is being requested.

Bidders are to use the budget template posted on the bids website for completion of the annual budget and start up cost

Q) How will the months of May and June be weighted within completion of the monthly assessment of the fiscal year budget?

This will be negotiated with the successful applicant(s)

Q) Will the provider be required to bill insurance companies for service?

Yes, DSAMH will not provide reimbursement for services covered by another payor source.

Q) Court order services are not typically covered, how is that calculated in the operating budget?

Services are determined to be covered based on whether or not the assessment indicates a medical necessity for the services. The previous prohibition of the client receiving the services as a result of a court order is irrelevant for reimbursement.

Q) What are the reimbursable services for this contract (psycho-educational intervention services, urine testing and case management)? Which of these services are reimbursable?

The successful applicant(s) will be provided a certification and reimbursement manual which outlines billable activities, billing codes and reimbursement rates during contract negotiations.

Q) Page 13 Section B. Assessment

When standardized assessment tool is identified, Will the cost of the training to use the new assessment tool be covered by the state or will the cost be the responsibility of the provider?

DSAMH will provide training and/or documentation for the instrument we choose.

Q) Will the Department please provide the yearly funding allocation for these services for the previous three years?

DSAMH will not be releasing this information at this time. This is a competitive bid process and the required business proposal should be prepared to cover the anticipated cost of the program being proposed.