Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: May 21, 2014

HSS-14-024
Crisis Access Center Services
FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: June 9, 2014
11:00AM

ADDENDUM # 4 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

Crisis Assessment Center Services
HSS-14-024
Pre-Bid Meeting Questions & Answers

1. How many beds will the new CAC have?

   The number of beds is not specified. The current program at Wilmington Hospital has 10 recliners while the program in Ellendale has 6. The proposal must contain the proposed number of recliners for this program.

2. With a max of 23 hours, what is the expected LOS based on the existing Crisis Center in Ellendale? Is there an average LOS?

   The average length of stay in this program is 21 hours

3. Will there be any requirements for proximity to population centers in Wilmington or Newark? Otherwise, local ED's will continue to be closest location as happens in Sussex.

   There is no location requirement other than New Castle County. The proposals should indicate the location and a strong proposal should provide the rationale for the choice of location.

4. What will be required of the CAC for "medical clearance" so that patients are not sent to ED's inappropriately?

   The CAC should be able to conduct urine dip, Breathalyzer, urine Hcg, and a limited urine fix screen (like a 6 panel screen). It is suggested that the program have a protocol that conducts a tox screen and Breathalyzer on all clients who did not come from an ER and an Hcg on all age-appropriate female clients who were not otherwise screened.

5. When CAC is full, will mobile crisis come to ED's to provide disposition of patients awaiting placement?

   Currently, when the Ellendale CAC is full, individuals in EDs remain in EDs until there is an opening at the program or, if needed, they are transported directly to a psychiatric hospital.

6. Who will be responsible for transportation of clients to the facility?

   The CAC, mobile crisis, police, a DSAMH contracted transport provider, etc. will transport clients to the facility. However, the goal is to minimize the use of police in transports.

7. Who will fund transportation from ED to CAC once a patient is "medically stable"?

   There is funding in the current Ellendale program for constables. Constables do transport individuals. The successful provider will be paid a fixed unit rate as reimbursement to cover all services provided. However, if mobile crisis or a DSAMH contract provider is used, then DSAMH pays. DSAMH also pays when police are used.

8. When is CAC estimated to come online (and CAPES close)?

   Both of these events will be tied to the bidder's ability to secure a program facility and ready it for the program. It is anticipated that the program will become operational in the Fall of 2014, however given the complexity of this program, this will be negotiated with the successful bidder.

9. What communication plans will the State use to educate the community (including law enforcement) regarding the opening of the CAC and the closing of CAPES?

   DSAMH will make an initial announcement regarding the new program. However, the new contractor will be responsible for on-going outreach and communication to all entities that are impacted by this change, e.g. law enforcement, hospitals, behavioral health providers, etc. The experience of DSAMH and the Ellendale program has been that these efforts need to be intensive, well-thought out, and on-going.

10. Is there a billable for providing the "medical clearance" exams?

    No, the program is reimbursed as a "bundled rate" for any and all CAC services required by the client and their ultimate disposition.

11. Is there a plan for other medical clearance (urgent care centers, PCP offices, etc) besides an ED and is there a payment mechanism?

    The design of the program and the intent of the process are to minimize the need for medical clearance, other than for very simple tests (e.g. BAL). DSAMH continually works with the psychiatric hospitals on both defining medical clearance and ensuring that when it is used, there is a strong medical justification for its use. However, when needed, the individual can be cleared through an ED. DSAMH can not provide payment for medical clearance in ED's or other medical facilities.

12. While not noted in RFP, is there any consideration being given to longer term stabilization beds (up to 72 hours) with the CAC service?

    DSAMH will consider this; however, the individual cannot be involuntarily held longer than 24 hours and can not remain with the CAC service beyond 23 hours.

13. Are you looking to open the facility by August?

    August or early Fall 2014. DSAMH will be somewhat flexible on his given that the new contractor will most likely need to secure and "rehab" a facility for the program.

14. What did you see in Ellendale, how long did it take law enforcement to change patterns?

    The change in the "feeder" patterns, i.e. where the public presented for care and where people were transported by law enforcement was a major change in Sussex County. it required months of ongoing collaborative meetings to work out the many issues that interfered with the movement of people directly to the program. Ellendale continues to meet routinely with law enforcement and local hospital staff to ensure the smooth movement of individuals. This practice of collaborative work with hospitals and police is a core expectation by DSAMH of the selected contractor.

15. Does Ellendale take all payers?

    Not currently. However, the Medicaid State Plan and billing rates are being established currently and the program will be expected to bill the Medicaid Managed Care Organizations and other third party payers.

16. Does Ellendale use tele-psychiatry?

    Yes, Ellendale does use Tele-psychiatry.

17. What were the lessons learned from your opening of the Ellendale Site?

Perhaps the most important in terms of DSAMH's involvement has been the need to work very closely with law enforcement, community providers, including DSAMH's mobile crisis and DSAMH's Targeted Care Management program, as well as community hospitals. Given that the program is for up to 24 hours only, there is a high need and expectation that it develop robust aftercare plans and the relationships that these entail.

18. Do you foresee any type of overlap?

If this is referring to the role of the Ellendale program and the new program: no.

19. Does your MA plan cover tele-psychiatry?

Medicaid does support tele-psychiatry.

20. Do they have the MD on site 20 hours/week? Is this a requirement?

The physician's role is built into the 23 hour rate, thus a physician is required for the work performed. However, the amount of time is not dictated by contract or standard and the program will need to determine need for physician time based on many variables including the volume of clients, the number of individuals who need to have a 24 hour detention rescinded, the number of individuals sent to a psychiatric hospital on a civil commitment, the medical acuity of clients and the concomitant need for appropriate medical oversight, etc. The Ellendale program has a physician on site M-F, 7am through 5 pm, with physician on call coverage after hours. They use of mix of on-site and telepsychiatry on the weekends, 7am-5pm, again with on call coverage after hours.

21. Is there a request for proximity, more in Wilmington, New Castle, etc.?

The only requirement is for the program to be located in New Castle County. However, the majority of the population and the location of hospitals is above the C and D canal. A primary goal of this program is to ensure that individuals have easy access to its services. Thus, a strong proposal will state the rationale of its location based on its role in the community.

22. When open, if proposal is accepted in Middletown for example, is there a weighted average in specific areas?

See question 21.

23. When placing MH screeners out, will any be in ER units?

    This question is not clear. MH screeners are located throughout the State, including most of DSAMH's mobile crisis staff. They are expected to be mobile and to respond to where the individual is located.

24. What/Do screeners have privileges and credentials?

    All MH screeners in Delaware must be certified by DSAMH for the authority to involuntarily detain an individual.

25. How did hosting open houses in the neighborhoods go?

    The question is not clear. If the question is referring to the open houses held by the Ellendale program, then the response is that these were good introductions to the program.

26. Is there an option for stabilization beds in RFP?

    See question #12.

27. What is the percentage of persons needing medical assistance? What % will be insured? % uninsured? With the Affordable Care Act in July…will the lab be billed through medical insurance?

    The program, as indicated in the proposal, provides limited medical assistance. Individuals requiring more will be sent to other facilities. Historically, the percentage of individuals with insurance in the Ellendale program is ranges monthly between 40 and 48%. Lab costs are part of the 23 hour rate and can not be billed in addition to that rate.

28. Medical clearance adults over age 50, will they still get blood alcohol levels screened?

    This is recommended as there is a high percentage of individuals that present at these programs who have co-morbid drug/alcohol conditions.

29. The site will have a capacity to screen, what would we look for in clients under age 50 so that we would be willing to accept them?

    The current program in Ellendale does not routinely screen out individuals with a fixed set of medical criteria. As the CAPES program is located in a hospital, this is not an issue. However, individuals requiring immediately medical care in a non-hospital setting should be transferred to an appropriate medical facility.

30. Will restraints be available?

The program in Ellendale does not use physical restraints, however the facility must be secured.

31. What was the target?

If by target, the question is when is the program expected to be operational, then Fall 2014.

32. Do they have constables or security?

Yes, both CAPES and the Ellendale program have constables.

33. What if a bed can't be found?

This depends on the circumstances of the individual involved. Both the CAPES and the Ellendale programs have held people longer than 23 hours while waiting for beds, but this is very rare and the additional time is not billable for reimbursement.

34. Do you anticipate mobile crisis picking up or dropping off?

Mobile crisis can do this, however there are many options for transport. See #s 5 and 6.

35. Is mobile crisis going away?

No, mobile crisis is not going away.

36. How do you decide where Kent County clients will go: upstate or downstate?

This will need to be worked out with the various points of origin.

37. How will clients with multiple substance abuse issues be directed/dealt with?

Medically or in terms of the person's addiction? If the latter, the program is expected to have skilled clinicians to work with individuals with addictions and to help them accept treatment, if needed, or assist them in accessing additional interventions, such as ongoing outpatient programs, etc.

38. Where will children (under 18) with substance abuse issues be sent?

The program will only provider services to adults.

39. Would labs bill through medical insurance?

Medicaid and DSAMH pay for this service through a "bundled" 23 hour rate and labs can not bill separately. The successful provider will be responsible for payment to the lab. Other insurers may want to reimburse in a different manner.

40. Do you foresee that after 5 years that the program will be able to maintain itself on "fee for service"?

This is the intent.