



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE June 17, 2014

HSS 14 026
Comprehensive Adult Withdrawal Management Services
FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: June 30, 2014
11:00AM

ADDENDUM # 1

Please Note:

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

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STATE OF DELAWARE

**HSS-14-026 COMPREHENSIVE ADULT WITHDRAWAL MANAGEMENT SERVICES
PRE-BID MEETING QUESTIONS & ANSWERS**

1) There are caps on the number of beds, is that for DSAMH clients only?

No, there is a cap on all beds due to the “IMD” exclusion under Medicaid. The provider is not limited in developing additional resources for insured clients. This, however, cannot be a clinical extension of the program in this RFP – i.e. it must function independently or violate the 15 bed cap under Medicaid.

2) Payment methodology-RFP states fee for service but it sound more like a per diem?

Per diems will be used for the residential beds and the 23 hour lounges. The ambulatory component will have an array of procedure/codes and rates.

3) Are we to bill for room, board, and treatment under separate rates?

Yes, there will be separate codes/rates for treatment and room/board costs for the residential beds.

4) How does billing work for un-insured?

The same as for insured, except the claims are submitted to DSAMH.

5) Qualifications: are you increasing the requirements such as a licensed nurse practitioner (LPN)?

Please refer to page 26 of the RFP for the staffing qualifications required in this program.

6) Admissions: Is the RFP stating that a doctor has to be on call to approve all admissions?

No. This should occur within 24 hours of admission.

7) Provider qualifications: The new qualifications do not agree with the current language.
How do we handle staff that are not currently licensed but are working toward licensing?

The model makes use of a variety of non-licensed staff (cf. WM 3.7, Staffing, items #5-8, WM 3.2, Staffing, Items #5-8, WM 2.0, Staffing, Items #1 (allows unlicensed staff), and 2.

8) Is there a specific ratio requirement related to supervision of staff?

Yes, on page 26 of the RFP it states that the “QHP provides clinical/administrative oversight and supervision of staff at a ratio of no greater than 1:10.

9) Could a nurse practitioner supervise a counselor?

Yes

10) PA's are written out of the section for qualified health professionals—is that an oversight or intentional?

They are included. Cf. WM 3.5, Staffing, and item #2. It is an oversight.

11) CCDP (certified co-occurring disorders professional) were moved out of qualified to licensed, is this intentional?

Certified Co-Occurring Disorders Professional credential is considered unlicensed.

12) Can you discuss what was missing in the proposals from the previous Detox RFP?

We have redefined/clarified the program model in this RFP.

13) Do providers have to provide services to pregnant women?

Yes. In fact, pregnant women are a priority population. However, the provider may develop protocols to insure that risks are suitably managed without completely preventing pregnant woman from being admitted to the program.

- 14) The RFP states that the provider must treat uninsured—how many of the 15 beds need to be held for uninsured, if any? Or is it first come, first serve?

DSAMH is not designating beds for the uninsured. However, DSAMH is funding a disproportionate share of the program and thus will monitor this closely to insure that the uninsured are not discriminated against in access to resources.

- 15) Can we use LPNs for more than one shift per day?

Yes.

- 16) Can LPNs complete the nursing assessment or does that have to be an RN?

The regulations do not preclude the use of LPNs in this manner. However, “if self-administered withdrawal management medications are to be used, a physical examination by a physician, PA or NP should be made at time of admission”.

- 17) Can LPNs complete an admission?

Yes, however, this must be under the supervision of an RN, NP or a physician.

- 18) Do we need 15 hours of Psych and 15 hours of PCP (primary care physician) weekly and an on call medical director? Or can the medical director be either the psych or the PCP?

See under WM 3.7, staffing, items #2-3.

- 19) Is someone who is working towards licensure included in unlicensed categories?

Yes.

- 20) Three people with license, ten without—does the ratio only apply to senior counselors?

See page 26 of the RFP. There is a 1:10 required ratio for supervision.

- 21) On page 26 of the RFP, it states "the Qualified Health Professional (QHP) provides clinical/administrative oversight and supervision of staff at a ratio of no greater than 1:10". In the counting of those 10, does that include Behavioral Health Assistant's (BHA's), Peer Specialists and Counselor's?

Yes

22) Also, when a QHP provides supervision for nursing staff, does the same ratio of 1:10 apply?

No, the ratio for supervisor is prescribed for licensed to unlicensed staff.

23) When can we expect the approved rate schedule?

Rates will be finalized prior to the negotiation of the award with the selected vendor(s).

24) When can we expect the budget template?

It will be posted along with these questions/answers.

25) On page 69 of the RFP, what *specific* corporate documents are required?

This page is requesting information on what your organization currently maintains as part of the Financial Practices Self-Report.