



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: July 15, 2015

HSS 15 034

NURSING SERVICES

FOR

DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: August 11, 2015
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF
THE ABOVE MENTIONED BID. Addendum #1 Pre-bid
Meeting Q&A

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**RFP HSS-15-034
NURSING SERVICES
PRE-BID MEETING
QUESTIONS & ANSWERS**

1) Will this be an opportunity statewide? **Yes. Applicants must identify the geographic area(s) for which they are proposing to provide services.**

2) Is there a certain budget limit? **No, there are published rates in the RFP. The bidder must simply acknowledge that they accept the rates. Services will be prior authorized for each client referred.**

3) How many providers can be included in this RFP?

There is no predetermined limit.

4) What are the staff expertise requirements?

Please refer to page 48 of the RFP

5) What is expected of us for this RFP?

Please refer to the scope of services in the RFP.

6) Are these clients case managed?

Yes, all clients have a Promise care manager and many will have care management from other community service providers such as ACT teams.

7) Do you have to be a Medicaid Certified Provider?

Yes, the successful applicant(s) will be required to enroll as a Medicaid Fee for Service provider in the PROMISE program.

8) Are the trainings in this RFP for Administrative Staff?

PROMISE training areas to be covered:

- Introduction to the PROMISE program

- Documentation policies
- PROMISE Manual (service descriptions, etc.)
- Recovery and resiliency
- Person-centered planning and the importance of the Recovery Plan, prior authorizations
- Appeals process
- Conflict resolution
- Critical incident reporting
- The role of the PROMISE care manager
- Member rights and protections
- Cultural competency
- HCBS program basics and assurances

These trainings will be offered on an ongoing basis by DSAMH. All agency staff involved with PROMISE clients must receive the trainings. DSAMH Provider Relations can also do a “train the trainer” model with the agency administrative staff who can then train the remainder of their staff.

9) Are the rates already pre-determined?

Yes, they are in the announcement.

10) Could multiple providers provide services?

Yes.

11) **Section number:** Appendix A

Paragraph number: Paragraphs 1 and 2, Items #1 and #2

Page number: 45

Submission requirements state we must submit 10 copies of the vendor proposal paperwork. Does this mean 10 copies of the Technical Proposal and 10 copies of Business Proposal (i.e., 20 total)? Please clarify.

10 copies of a complete proposal (with the technical and business proposal) are required

12) **Section number:** II. Background/Program Description

Paragraph number: Paragraph 1

Page number: 2

What is the projected number of adults to be serviced in this program?

This is not known at this time. We anticipate approximately 3,000 clients being enrolled in the PROMISE program but do not know how many of that group will require nursing services.

- 13) **Section number:** II. Background/Program Description
Paragraph number: Paragraph 1
Page number: 2
What are the demographics of the patients to be serve?

These are services for adults, the largest cohort are males between the ages of 25 and 40. With regard to race/ethnicity, the total number served reflects in general the demographic breakdown of the State's general population. However, we do not know what the demographics of the individuals needing this service will look like until the program has been in operation for perhaps a year.

- 14) **Section number:** II. Background/Program Description, Target Population
Paragraph: 4
Page number: 4
Please clarify the referral process to the selected provider for these services?

Services are authorized through a DSAMH Care Manager.

- 15) **Section number:** Appendix B, Scope of Services
Paragraph number: Paragraph 3
Page number: 48
What are the projected daily/weekly PDN hours per patient?

Unknown at this time.

- 16) **Section number:** Appendix B, Core Supports
Paragraph number: 2
Page number: 50
Can you provide an example of the sliding fee scale?

Medicaid clients will not be assessed a co-payment.

- 17) Are the fees collected by the contractor a client co-payment or spend down that is determined before services are rendered?

No, any required co-pay for uninsured clients will be identified at the time of referral.

- 18) Who determines if the clients are financially able to pay for the services?

The Promise Care Managers.

19) Will that determination be made before the services are rendered?

Yes.

20) **Section number:** II. Background/Program Description, Target Population

Paragraph number: 4

Page number: 4

If referred a case, are providers required to accept the case based on requirements? For example, if there is a case referred to us in an area we do not serve, are we required to still accept it?

No. This should be communicated to the Promise Care Manager at the time of referral.