



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: September 18, 2015

HSS 15 041

**INTENSIVE CASE MANAGEMENT SERVICES**

FOR  
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: October 16, 2015  
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF  
THE ABOVE MENTIONED BID. Revised Proposal requirements  
& Pre-Bid Questions & Answers

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STATE OF DELAWARE

HSS-15-041

**INTENSIVE CASE MANAGEMENT SERVICES**

The following sections of the RFP is deleted in its entirety and replaced as follows:

Page 11, Proposals, paragraph 1 is hereby updated to read:

To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with **5 paper copies** and 3 electronic copies on CD or DVD media disk. Please provide a separate electronic pricing file from the rest of the RFP proposal responses.

Page 45, Appendix A, “Vendors shall provide proposal packages,,,,,” is hereby updated to read:

1. **Five (5) paper copies** of the vendor proposal paperwork. One (1) paper copy must be an original copy, marked “ORIGINAL” on the cover, and contain original signatures.
2. Three (3) electronic copies of the vendor proposal saved to CD media disk. Copy of electronic price file shall be a separate file from all other files on the electronic copy. (If Agency has requested multiple electronic copies, each electronic copy must be on a separate computer disk or media).

**HSS-15-041**

**Intensive Case Management Services**

**Pre-Bid Meeting Questions & Answers**

1) Is there a Template for the pricing file?

Yes, a budget template will be posted to the [www.bids.delaware.gov](http://www.bids.delaware.gov) website.

2) Will all referrals go through the eligibility unit?

Yes

3) Do the Authorizations go through a Managed Care entity?

No. Medicaid payments are processed outside of the Managed Care Organizations as Fee for Service payments with prior authorizations provided by DSAMH.

4) Do you provide a thorough comprehensive assessment?

Yes. However our assessments may not reach the level of detail that your program requires. Each provider will need to determine if additional and/or more frequent assessments are needed and these will then be built into your process.

5) Would that team still do the assessment as usual?

Yes

6) Are you looking to move to a new provider?

Not necessarily.

7) Do current providers need to submit a proposal?

If they are one of the two providers that assumed a contract under an emergency waiver in 2015, then yes. In addition, any provider that wishes to be considered for future ACT ICM team contracts are encouraged to bid, as DSAMH is developing a pool of “qualified” providers.

8) Is there currently an identified need in Kent and Sussex County for additional teams?

Not currently.

9) How many teams do you need in this area? How many teams do you plan to have? How many teams do you have now?

We do not have a number currently, but will have a better idea by Fiscal year’s end.

10) How long have you been using the TMACT Model?

5 years.

11) Are you recommending partnering with the Federal Government? In what ways do you believe partnering will be successful?

We are partnered with State and Federal Medicaid

12) Since this is a Medicaid program, what about people who do not have Medicaid?

Anyone who qualifies for this program is entitled to this program, regardless of payer.

13) Do you help to pay for people who do not have Medicaid?

This service is available regardless of ability to pay.

14) What kind of things should we look out for as a new team to avoid losing the contract?

Excellent, responsive client care, a strong medical component, responsive to crises, good TMACT scores.

15) Do you accept full-time tele-psych and or two part-time Doctors?

Either is fine as long as the program can meet the requirements for community based services (minimize office based).

16) If we are not assigned clients in the beginning, do we need to be fully staffed?

Staffing can be increased as the census increases. DSAMH will work with the provider on this issue.

17) Are there a certain number of clients you will have in the beginning – will the new provider be required to be fully staffed?

This will be contingent on the circumstances of the start up. We have begun teams with a full case load, but with some transitioned. We have also begun teams with no census and referrals occur based on TMACT standards.

18) Is there a consumer to doc ratio – when starting a new team, how do you ramp up the percentage of staff with the percentages of clients?

DSAMH has standards for this changing ratio. In general, a team of 100 requires a full time prescriber – i.e. either a psychiatrist or a psych NP.

19) Please clarify expectations regarding the number of new clients to be added monthly, as well as phase-in timetable for the required staff as client census increases.

For a new team, this is based on TMACT standards. However, 4 a month is considered full fidelity under TMACT.

20) The RFP states the capacity will build as the need increases- Are we to bid on a low number of clients or 100?

You should present how you would add clients and staff to grow to 100.

21) Is there start-up funds allowed for this contact?

Yes.

22) Are teams required to go out and get referrals?

No, referrals come from DSAMH.

23) Will companies who have been in business for less than 3 years have to submit the financial for the past 3 years?

? Provide financial information for the applicable time for your company

24) Is there a timeline when you will make a decision if you will need an additional ICM team?

No, we do not currently have a timeline and anticipate the need being identified during the current fiscal year.

25) If there is a pool of 10 providers, how do you decide who you select to get an additional/New Contract?

If and when this arises, DSAMH will negotiate with providers.

26) Will there be a build-up time allowed for those in the pool if selected later on?

Yes.

27) Please clarify Bid due dates.

The bid due dates are as listed on page one of the RFP.

28) If the applicant entity does not yet have a 3 year history, may bank letters, balance sheet, and a guaranty letter from the parent company meet the requirements of this section?

Applicant should provide adequate information for RFP Review panel to assess the financial stability/experience of the organization.

29) Please review the expectations for the proposals in terms of page limit and section heading structure.

There is no set page limit to your proposal; however the Division discourages overly lengthy and costly proposals. Each applicant shall determine how their proposal is organized. The Division simply requires that applicants include a table of contents that consists of section headings and page numbers that corresponds to each page of the proposal.

30) Will a provider applicant be required to have a physical facility in the service area and have applied for all required licensing and Medicaid numbers prior to award notification?

This can be a component of contract negotiations.

- 31)** Will a substance abuse license be required in addition to a Medicaid number? Will any of the required licenses or certifications be automatically granted to the provider awarded the contract? If not, what is the typical timeframe for obtaining these from application date to granting of licensed status?

This is not a substance abuse treatment program and will not be licensed as such. Applicant will be required to obtain a provisional program certification, and enroll as a Medicaid Fee for Service provider prior to be eligible to receive FFS Medicaid payments.

- 32)** What is the billing rate for a Substance Licensed Counselor?

Reimbursement rates are included in the RFP.

- 33)** What is the expected date of implementation, and how soon can an awardee expect to get referrals?

This will depend on demand for services and availability of funding.

- 34)** Can the same provider bid on and be awarded both ACT and ICM?

Yes.