Delaware Health
And Social Services

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: September 29, 2015

HSS 15 045

Adult Residential SUD & COD Treatment Program for DHCI – Men

FOR
DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: October 20, 2015
11:00AM

ADDENDUM # 3 Please Note:

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

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STATE OF DELAWARE

RFP HSS-15-045

Adult Residential SUD & COD Treatment Program for DHCI – Men

Questions & Answers

1. Is this a new Program request?

   Yes.
2. If not a new service, who is the current contract provider of the service now? Or is it currently a DHSS program?

   N/A – although it will replace the current program managed by Gateway on the governor bacon campus.
3. What is DSAMH's anticipated/proposed start-date for the chosen provider's clinical operations?

   In the fall of 2015. Actual start date will be determined as part of contract negotiations.

4. What start-up costs are potentially eligible for reimbursement? Are costs such as equipment (for computers, etc.), staff time, staff training/development prior to clinical operations potentially reimbursable?

   Startup funding will be negotiated with the successful vendor. The Business Proposal should contain a separate start up budget request. Startup funds are eligible for use from the effective date of the contract and the date of first client admission into the program.

5. Should a separate proposed start-up budget (tied to the start-up period in the implementation plan) be presented along with the general operating budget?

   Yes.
6. The RFP notes that the contract will be for three years with options for 2 1-year extensions. After that period does DSAMH anticipate that the program will be rebid through a formal RFP process or will additional extensions to the contract be possible?

   It will be formally rebid after that period.
7. Can you provide who are the current payers of the services and what is the current rates for the services?

   This is a new program and the reimbursement rates were specified in the RFP. DSAMH will provide funding for the uninsured. Other payors include the two Medicaid Managed Care Organizations (upon enrollment in their provider network). Successful applicant will be encouraged pursue provider network enrollment with other third party insurance plans.
8. What is the current utilization of the Program (if operating now)?

n/a – but the gateway has a current capacity of 78 and it is generally full.

9. What is the utilization data from the current provider? ADC by payer and ALOS by payer

   Past utilization data would not represent an accurate depiction of the new program under this RFP. Recent changes to the Delaware Medicaid State Plan and the transition to the two relatively new Medicaid Managed Care Organizations would not be captured by historical data.

10. Can DSAMH offer guidance on the anticipated daily occupancy rate of the proposed 47-bed facility for budgeting and staffing purposes based on recent/current need/unmet need for residential care for men?

    Required staffing for the 47 bed program is as follows:

    Staffing (45- 50 beds)

    1. Level 3.3 residential settings include an array of licensed practitioners, unlicensed counselors, as well as certified recovery coaches, and credentialed behavioral health technicians operating within their scope of practice to provide services appropriate to the bio-psychosocial needs of individuals being admitted to the program. These facilities must have medical personnel including physicians or physician extenders knowledgeable about addiction treatment, appropriately credentialed licensed mental health professionals, and allied health professional staff. The number and disciplines of team members are appropriate to the range and severity of the individual's problems.

    2. An addiction-credentialed physician designated as medical director available on call at all times as allowed under law.

    3. Two RNs on site during the day shift.

    4. A psychiatrist or psychiatric NP is on site at least ten hours/week.

    5. A primary care/physical health physician (or physician extender) is on site at least 5 hours/week.

    6. Two licensed practitioners or unlicensed counselors with direct supervision on site during days and evenings and on call 24/7 when not on site.

    7. Two behavioral health technicians and/or recovery coaches on site and awake at all times.

    8. One FTE during clinic hours dedicated to performing referral arrangements for all individuals served by the facility. This FTE may be a licensed practitioner, unlicensed counselor, or certified peer.

Reimbursement rates were based on the staffing identified above and a 90% occupancy rate.

11. What data can DSAMH offer based on recent need concerning the anticipated client mix in terms of primary drug of choice (opiods, alcohol, cocaine, etc.)?

    We do not have this information available.

12. What data can DSAMH offer based on recent need concerning the anticipated client mix / percentage of client population who have a mental health diagnoses in addition to a primary substance use diagnosis?

    We do not have this information available.

13. What percentage of the client population is anticipated to be court-ordered for treatment?

    We do not keep data on this, however, few if any admissions are under court order. The orders tend to state that the person must follow all treatment recommendations from a mandated assessment. This is not a correctional program.

14. What is the anticipated client mix between clients with Medicaid, clients with other insurance, and clients who are uninsured?

    This information is not available.

15. The contract provider will not be charged for rent for the facility, correct?

    Correct.

16. As noted at the RFP Bidders meeting - please confirm that there is no rent for the facility to be included in the annual operating costs for the program project budget.

    Correct.

17. Are there any other "facility" related charges the contract provider will incur; example, utilities, maintenance, furnishings, preventative maintenance, safety equipment, etc.? If so can you please define those related costs areas for us?

    For the purposes of responding to the rfp, these items should not be included in the proposed operating budget.

18. Who is responsible for maintenance items (AC/Heating/Plumbing)?

    The State.

19. As noted at the RFP Bidders meeting, please confirm that building maintenance will be provided by the Division/Delaware Hospital for the Chronically Ill, and does not need to be included in the annual operating costs for the program project budget. Please confirm that the provider needs to budget only for client-damage repairs by the Division/Delaware Hospital for the Chronically Ill.

Correct

20. Is the $114 per day is strictly the treatment portion; IE clinical staff, programming, pharmacy, physical health needs etc.?

    Correct

21. Are Medically Assisted Treatments (MATs) (such as bupenephrine, naltrexone) for opiod dependence expected to be a component of prescribed care in the residential treatment program? If yes, are these medications on the Delaware Medicaid MCO's formulary as a reimbursable prescribed medication?

    The proposer should describe their ability to provide MAT either directly or in coordination with an MAT program. Medications are reimbursable by the MCO's.

22. Does DSAMH anticipate the percentage of clients who will require MATS (such as bupenephrine, naltrexone) based on current need/unmet need?

    This is not currently provided, but can be part of the proposal.

23. Please clarify, the contract provider would also not be required to provide/pay for food costs, meal preparation, utensils, cooking equipment, dietary staffing, etc. Is this correct?

    Provider will be responsible for providing paper products and plastic utensils and/or dishware for client use for meals.

24. **Page 4 first paragraph:** This paragraph states that the requested unit is 47 beds. However, in the Appendix B there are a number of references to 16 beds. Page 45: For example #6 requires a counselor per 16 residents. Please clarify?

    47 beds are correct. Staffing requirements have been clarified above.

25. **Page 41:** This Business Proposal Requirements section discusses the required budget but also states that the budget will not be the basis of reimbursement in the awarded contract. Please clarify the relationship between the budget submitted and final rate of reimbursement?

    The operating budget will be used as part of the proposal evaluation to ensure the requirements/needs of the program have been fully developed. The final operating budget negotiated as part of contract development will be used to monitor the expenditures and revenues of the program. The operating budget will also be compared to pricing assumptions made during the reimbursement rate setting process to ensure the validity of the rates.

26. **Page 42, program capacity and funding:** This section states that room and board charges will not be reimbursed since the facility and food cost are being borne by the state. However, there is a board charge listed. Please clarify?

    Successful vendor will be required to determine the client's ability to pay/contribute towards the cost of their care. These fees will be returned to DSAMH to offset its cost for the facility and food costs.

27. "Clients without Medicaid or insurance are expected to contribute to the cost of their treatment according to a sliding scale of fees approved by DSAMH" – the RFP has the code H2036 HW Room and Board $45.84; can this be billed to the state while the provider attempts to collect from the consumer, or is this to be between the provider and consumer only? DSAMH will not provide room and board using the published rate as it is paying the facility/food costs directly. Uninsured clients will be assessed their ability to contribute towards the medical per diem as well as the room and board charges. Insured clients will be assessed on their ability to contribute towards the room and board charges which are not covered by insurance.

28. Clients without Medicaid or insurance are expected to contribute to the cost of their treatment according to a sliding scale of fees approved by DSAMH – Does DSAMH have a standard sliding fee scale that should be followed? Yes, this will be part of the contract negotiations with the successful vendor.

29. What is DSAMH's anticipated reconciliation mechanism for fees collected by the provider to DSAMH for room and board charges collected from clients without Medicaid or insurance according to the sliding scale? This will be part of the contract negotiations with the successful vendor.

30. **Pages 43 – 52 appendix B:** There are numerous references to young adult males and adult males. Based on experience, are the numerous references to young adult a significant part of the target population or is it a leftover from a previous RFP. This is incorrect; this proposal is for any adult male meeting admission criteria.

31. Who will be responsible for purchasing bedding and linens?
    DSAMH will be making the initial purchase. Future purchases will be at the expense of the vendor as it is routine business cost associated with the operation of the program.
32. Who will be responsible for servicing bedding and linens?
    The successful vendor.
33. Because the hospital will be responsible for food service, will they be providing snacks for clients?
    No – they will be providing 3 meals a day
34. Concerning food costs: Please confirm that the provider will only need to budget for between meal snacks, etc. for clients in the proposed operating budget.
    This is correct.
35. Will food from the kitchen be delivered on individual trays, or be plated & served on the unit.
    It will be plated and served on the unit
36. What type of kitchen equipment will be provided; i.e., refrigerator, water dispenser, milk machine, juice machine, toaster, coffee making equipment, dishwasher, stove, etc.?
    Refrigerator, coffee maker, dishwasher, and microwave
37. Will the selected vendor need to supply dishware/ flatware and kitchen wares?
    Yes

38. Would it be permissible to have cookouts for the clients on occasion? Yes, there would need to be a discussion with the hospital, but this should be fine.

39. Who will be responsible for maintaining and inspecting fire alarm and sprinkler systems?
    The State.
40. Who is responsible for maintaining security cameras?
    The State
41. Can security cameras be added to the existing system? If so who will be responsible for cost and instillation?
    This will be discussed during contract negotiations with the successful vendor.
42. Who will be responsible for providing shredding service?
    The contractor.
43. Who will be responsible for providing pest control?
    The State.
44. Will the provider participate in the hospital's fire drills, and emergency preparedness exercises, or will the provider conduct their own drills and exercises?
    The provider will conduct their own drills and exercises.
45. Will DSAMH allow some beds for private pay/commercial insurance?
    Yes
46. **Citation:** *Appendix A, Section: Program Capacity and Funding, Paragraph 6 (sentence), Page 42.* "Successful applicant will be required to enroll with the MCO provider panels as well as enroll as a Fee for Service provider with Medicaid".

    Question: The RFP acknowledges that applicants are to enroll with state Medicaid providers. Once a client exhausts their Medicaid benefit or Medicaid discontinues payment, will DSAMH continue with payment at that point?
    The Medicaid benefit is based on medical necessity and thus cannot be exhausted. However, the State will not pick up payments to the contractor is Medicaid determines that the person no longer meets medical necessity criteria for this level of care.
47. Does the MCO pay the same or different rate from MCOs?
    MCOs may/can negotiate a rate with the provider. These rates are not dictated by either DSAMH's or DMMA/Medicaid's rate.
48. What are the MCOs admission criteria, certification process and coverage limits?
    These must be determined between the provider and each MCO. However, the MCO is required to use the level of care criteria as defined by ASAM for level 3.3

49. Do applicants need to have its enrollment with the MCO provider panels as well as a Fee for Service provider with Medicaid at the time of the RFP response submission (October 2, 2015)?No, but there must be a good faith effort to accomplish this early in the process and this must be in the startup plan if it is not accomplished prior to submission. This program will not be eligible to enroll as a Fee for Service provider as it will be considered an IMD.

50. **Citation:** *Section D. Contract Terms and Conditions, 7. General Contract Terms; Paragraph 1,, Page 18*

Original Quote: "By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the vendor's, its agents, and employees' performance, work, or services in connection with the contract, regardless of whether such suits, actions, claims, or liabilities are based upon acts or failures to act attributable, whole or part, to the State, its employees, or agents."

Question: Would the DSAMH be willing to change the above listed paragraph to: "By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions or claims, together with all costs, expenses for attorney's fees, arising out of the vendor's, agents and employees' performance work or services in connection with the contract, unless (replaced regardless) of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, whole or part to the State, its employees, or agents." ?

No, this is a boilerplate requirement.

51. What type of outside space will be provided for clients to have outdoor time and light activity?

    This will need to be discussed with the DHCI/hospital administrator and will be facilitated by DSAMH.

52. Are there recreational amenities on site (such as gym, exercise equipment) that will be available to the program?

    Unknown.

53. Is there any dedicated outdoor or indoor recreational space on the campus for use by the program? If so, where on the campus will the dedicated outdoor and indoor space be located?

    This will need to be discussed with the DHCI/hospital administrator and will be facilitated by DSAMH. There are expansive grounds to this campus and thus there should be opportunities for use of these spaces.

54. What restrictions are there on the use of the grounds for recreational activities?

    This will need to be discussed with the DHCI/hospital administrator and will be facilitated by DSAMH.

55. Who will be responsible for providing the key service for all locked areas?

    This will be discussed with hospital administration and addressed during contract negotiations with the successful vendor.

56. Who is responsible for providing window treatments?

    DSAMH will be providing them initially – vendor is responsible thereafter.

57. Are vending machines included, if not are they allowed and if so is there areas provided for both staff and client vending?
    This will be discussed with hospital administration and addressed during contract negotiations with successful vendor.
58. Will the provider be allowed to place company Logo/sign on the entrance doors to the unit and the outside of the building?
    We believe so, but will need to discuss with the DHCI/Hospital administrators.
59. Will the provider be allowed to place directional signs on the grounds? DSAMH will determine at time of contracting.

60. Will DSAMH be providing all furniture, if not can DSAMH be more specific as to what furniture will be provided?
    Yes, DSAMH will be furnishing the location based on anticipated needs. Additional details will be discussed with successful vendor during negotiations. At this time, furnishings should not be included in the requested operating budget.
61. The floor plans show an access elevator to other floors. How will security be provided so clients do not have access and who will have access to the unit through the elevator?
    State staff will have access to the common area elevators. Access to these elevators are outside of the program/living area. It is the responsibility of the contractor to ensure that clients are accounted for and not make unauthorized trips to other floors in the building.
62. Can an electronic PDF copy of the floorplan of the facility be provided by DSAMH?
    Yes, it is attached
63. Can the electronic PDF copy of the floorplan indicate the planned locations for security/monitoring cameras, and the direction of view of cameras?
    This will be discussed with the successful vendor during negotiations. As indicated during the pre-bid meeting the cameras will be focused on the hallways

64. As discussed at the RFP Bidders meeting, can examples of the color swatches for floor and wall colors and materials be provided electronically with the bid documents on the website?
    A picture of the color boards will be attached

65. **Citation:** *Appendix B, Section 2. Core Program Elements, Paragraph a, Page 46.*
    Question: the RFP references " RFP Section IX; G5, Program Facility". We were unable to locate this section. Is this reference in error? Can DSAMH provide clarity?
    This is an error
66. Joint Commission accreditation requires residential facilities that house 17 or more occupants to meet the requirements for "Hotels and Dormitories" in the National Fire Protection Association (NFPA) Life Safety Code 101 – 2000 Edition-Chapters 28 & 29. Will the renovations currently underway in the space conform to this code requirement?
    The hospital is accredited – we will have to research this.
67. Is the space served by an emergency generator?
    Yes

68. Who is responsible for housekeeping products, e.g., cleaning supplies, paper towels, toilet/facial tissue, mops, brooms, buckets, vacuum cleaners, etc.?
    The Contractor.
69. Who is responsible for sharps and hazardous waste removal?
    The Contractor.
70. On page 46 of the RFP there is a reference [See also RFP Section IX;G-5, Program Facility] – unable to locate that reference in the RFP. This is an error

71. At the pre-bid meeting it was noted that the staffing pattern is what is required by Medicaid – is there an opportunity to suggest a different staffing pattern, particularly regarding the medical professionals, RNs, MDs, NPs, etc?
    Staffing is outlined above
72. Does all staff need to be identified at the time of RFP submission on October 2, 2015? In lieu of resumes, can position descriptions for all staff positions be provided?
    Position descriptions are fine, however, also including specific resumes – at least for key staff - can strengthen a proposals.
73. Do applicants need to be licensed by the State of Delaware at the time of the RFP response submission (October 2, 2015)? No, this will occur, first as a provisional license upon opening followed by a full license within the first year of operation.
74. Do applicants need to have a business license to operate in Delaware at the time of the RFP response submission (October 2, 2015)? The business license requirement is based on the proposer's organization structure and would apply at the time of contract.

75. At the RFP Bidders Meeting, JCAHO accreditation for the campus and program was discussed. Please clarify the JCAHO requirements of the chosen provider for this program on the campus of the Delaware Hospital for the Chronically Ill. The program itself must be accredited. DSAMH does not require that this be through JCAHO, but it can be. However, the successful bidder could have this discussion with the DHCI/Hospital administrator and DSAMH to discuss if this program can be under the more general accreditation and what would be needed to accomplish this. For this present, this is unknown.
76. Please confirm that the grounds of the Delaware Hospital for the Chronically Ill in Smyrna is a non-smoking campus, with no smoking allowed anywhere on the campus. Are there any designated smoking areas on the campus, or any areas on the campus that the provider could designate as a smoking area for clients of the program?
    This is a totally smoke free campus.