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|  | *Delaware Health*  *And Social Services*  **Division of Management Services** |

PROCUREMENT

DATE: January 29, 2016

HSS 15 057

**COMPREHENSIVE BEHAVIORAL HEALTH OUTPATIENT TREATMENT SERVICES FOR ADULTS**

FOR

DIVISION SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: February 18, 2016

11:00AM

ADDENDUM # 1Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID. Revised Scope of Work

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Kieran Mohammed

*PROCUREMENT ADMINISTRATOR*

**(302)255-9291**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ceasar McClain

(302) 255-9417

STATE OF DELAWARE

**APPENDIX B**

**SCOPE OF WORK AND TECHNICAL REQUIREMENTS**

**Proposed Methodology and Work Plan**

This section shall describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for the various tasks must be shown. The work plan shall outline specific objectives, activities and strategies, and resources.

**Scope of Services:**

The Division views the availability of comprehensive outpatient services as the primary point of contact for persons seeking publicly-funded outpatient treatment for addictive disorders and mental health conditions, including co-morbid mental health and addiction conditions.

This RFP is to solicit proposals for the following array of services. Please note that this RFP for Outpatient Services assumes the provision of care for persons with mental health and substance use conditions including people with SPMI, SMI and COD.

Applicants may elect to provide any of the following service arrays:

1. ASAM Level 1 – Outpatient Services (OP)
2. ASAM Level 1 –Office Based Opioid Treatment OBOT)
3. ASAM Level 2.1 – Intensive Outpatient Treatment (IOP)
4. ASAM Level 2.5 – Partial Hospitalization Program (PHP)

Preference will be given to applicants proposing to provide the full array of services, however each proposal will be considered on its own merits.

Programs must ensure that competent evidence-based Behavioral Health services will be provided to all clients who seek treatment and be staffed to serve individuals with special needs such as women, those with physical impairments, those who speak a language other than English, and clients referred by the criminal justice system.

The following section represents each of the services to be purchased by DSAMH. Disclaimer: DSAMH has modified the presentation of ASAM Level 1 OP services to include language pertaining to individuals with a diagnosis of mental illness without an accompanying diagnosis of substance use condition. This is to emphasize that this contract is for programs that serve any individual regardless of diagnosis, but in no way is meant to change the intent or the content of the ASAM (The ASAM Criteria, 2013) for this level of care. The original language and intent of the ASAM Level I criteria is maintained in this program’s billing guidance and contract language.

**ASAM Level 1: Outpatient Services** – this level of care applies to adults who have a substance use condition (SUD), a mental illness (MI) or a co-occurring SUD/MI (COD) and who meet the medical necessity for this service setting.

Outpatient Level 1 services are professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized non-residential treatment setting. Outpatient services are organized activities, which may be delivered, in any appropriate community setting that meets State licensure standards. All outpatient SUD programs are licensed under State law. As a program that is expected to serve individuals with a SUD, MI and a COD, a license will be required. A facility/agency license is not required for individual or group practices of licensed counselors/therapists providing these services under the auspices of their individual license(s).

These services include, but are not limited to psychiatric evaluations, psychiatric medication prescribing and monitoring, individual (crisis and non-crisis), group, family counseling including psycho‑education on recovery, and wellness management. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity but are fewer than nine contact hours per week. Delaware-ASAM criteria are used to determine appropriate medical necessity and level of care (LOC).

**Admission Guidelines for ASAM Level 1**

1. Acute intoxication and/or withdrawal potential: No signs or symptoms of withdrawal, or individual’s withdrawal can be safely managed in an outpatient setting.
2. Concerns regarding depressed feelings/thoughts; anxiety that is affecting daily life; difficulty with thinking due to intrusive thoughts, delusions or obsessions or other symptoms of mental illness; difficulty managing daily responsibilities for reasons that the individual is unsure of or cannot manage; and/or feelings of “impending doom” or that “something is wrong.
3. Biomedical conditions and complications: None or very stable or receiving medical monitoring.
4. Emotional, behavioral, or cognitive conditions and complications: None or stable or receiving concurrent mental health monitoring. May have a co-occurring diagnosis, as well as a single diagnosis of mental illness. Mental Health stability is not a requirement for this level of care as long as the individual’s functioning and symptomology can be adequately supported by this array of services.
5. Readiness to change: Participant should be willing to explore his/her substance use or mental health conditions (absent of substance use) in order to avoid a negative consequence as in mandated treatment. The individual requires monitoring and motivating strategies to engage in treatment and to progress through the stages of change but not be in need of a structured milieu program.
6. Relapse, continued use, or continued problem potential: Participant is able to achieve abstinence or controlled use and/or addictive behaviors; or is open to following a plan of care related to their presenting mental health symptoms. Participant is also open to participate in developing related recovery goals with minimal support.
   1. Participants, with MH Conditions, must be willing to engage in work toward identifying their symptoms and issues related to these symptoms, work to identify what is not working well in their lives, must be open to identify their thought processes when faced with a challenge, and be able to participate in an interdisciplinary recovery team process.
   2. Participants, with SUD, must be willing to engage in work toward abstinence and related goals, with support and scheduled therapeutic contact to assist with issues that include, but not limited to ambivalence about preoccupation of alcohol use or other drug use, cravings, peer pressure, and lifestyle, and attitude changes. People with SUD issues must be open to participating in an interdisciplinary recovery team process.
7. Recovery environment: Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary, or social support system but has demonstrated motivation and willingness to obtain such a support system in two months including a 12 step sponsorship that is specific for the issues they are dealing with and is approved by their recovery team.

**Screening/Assessment/Treatment Plan Review**

1. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the substance use disorder and/or mental illness diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the recovery plan and on-going care.
2. Physical examination by a qualified medical professional within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.
3. Individualized, interdisciplinary recovery plan per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 30 days of admission or by the fourth counseling session, whichever occurs first. This plan should be developed in collaboration with the individual.
4. Recovery plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 90 days.
5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid mental health or substance use disorder services.

**Staffing**

1. Level 1 outpatient settings include an array of licensed practitioners, unlicensed counselors, as well as certified SUD peers, and credentialed behavioral health technicians operating within their scope of practice.
2. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment, and rehabilitation but should not exceed 50 active individuals for each licensed practitioner and unlicensed counselor. For this standard, *active* is defined as being treated at least every 90 days.
3. Counseling groups should not exceed 15 individuals (assumed average of 9); psycho-educational group size is not restricted.
4. QHP (physicians, psychiatric nurse practitioners, psychologists, LCSWs, and other appropriate licensed staff) supervisors must be on site or available for phone consultation in a crisis 24/7 and supervise no more than 10 unlicensed staff.
5. Peers may lead groups and meet with clients 1:1, but would bill peer support unless also meeting certification criteria to be one of the unlicensed counselors.

**ASAM Level 1: Opioid Treatment Services: Office-Based Opioid Treatment (OBOT)**

Opioid treatment services refer to a clinical model that integrates medication and psychosocial services to treat opioid addition:

* OBOT takes place in either a physician’s private practice or a number of types of public sector clinics. The physician prescribes partial opioid agonist buprenorphine (which requires certification and a waiver) and/or naltrexone (an opioid antagonist). Participant fills prescription at retail outpatient pharmacy. Additional psychosocial and behavioral services are provided by referral by the OBOT, but the participant may choose which referrals to pursue. (For the purposes of this RFP, OBOT services must be imbedded within the Level I Outpatient program).

**Admission Guidelines for ASAM Level 1 (Opioid Treatment Services)**

1. Acute intoxication and/or withdrawal potential: Physically addicted to opioids.
2. Biomedical conditions and complications: Meets biomedical criteria for opioid use disorder and may have concurrent biomedical illness that can be treated on outpatient basis.
3. Emotional, behavioral, or cognitive conditions and complications: None or stable or receiving concurrent mental health monitoring and/or treatment.
4. Readiness to change: Participant requires structured therapeutic and pharmacotherapy program to promote treatment progress and recovery.
5. Relapse, continued use, or continued problem potential: High risk of relapse or continued use without opioid pharmacotherapy, close outpatient monitoring and structured support.
6. Recovery environment: Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary, or social support system but has demonstrated motivation and willingness to obtain such a support system.

**Screening/Assessment/Treatment Plan Review**

1. Nursing assessment at time of admission that is reviewed by a physician to determine need for opioid treatment services, eligibility, and appropriateness (proper patient placement) for admission and referral.
2. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
3. Individualized, interdisciplinary treatment plan within 72 hours. The plan must be patient-centered and developed in collaboration with the patient and include an appropriate regimen of methadone or buprenorphine at a dose established by a physician or licensed supervisee. The medication regime must be reviewed and modified as the participant becomes stable and throughout treatment.
4. Treatment plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 90 days.
5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

**Staffing**

Level 1 (opioid treatment services) outpatient settings include an array of licensed practitioners, unlicensed counselors, RNs/LPNs, as well as certified peers and behavioral health technicians operating within their scope of practice. QHP supervisors must be on site or available for phone consultation in a crisis 24/7 and supervise no more than 10 unlicensed staff. Peers may lead groups and meet with clients 1:1, but would bill peer support unless also meeting certification criteria for unlicensed counselors.

**OBOT**

1. A Registered controlled substances prescriber with waiver of the 1914 Harrison Act. Per federal regulations, the physician may not have a caseload exceeding 30 in the first year after receiving a waiver. In subsequent years, caseloads may not exceed 100.

**ASAM Level 2.1 Intensive Outpatient Treatment**

1. Intensive outpatient treatment is professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized, non-residential treatment setting. Intensive outpatient services are organized activities which may be delivered in any appropriate community setting that meets State licensure. All outpatient SUD programs are licensed under State law. Mental Health Programs are required to meet state regulations.
2. These services include, but are not limited to individual, group, family counseling including psycho‑education on recovery, as well as monitoring of drug use, medication management, medical, and psychiatric examinations, crisis intervention (CI) coverage, and orientation to community‑based support groups. Intensive outpatient program services should include evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing, and multidimensional family therapy.
3. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity but must be nine or more contact hours per week for adults, age 18 years and older, with a minimum of contact three days per week (not to exceed 20 hours per week). This level consists of a scheduled series of face-to-face sessions appropriate to the individual’s treatment plan. These programs may be provided for persons at risk of being admitted to more intensive LOCs, such as residential, inpatient, or withdrawal management, or for continuing care for those who require a step-down following a more intensive LOC and require support to avoid relapse. Delaware-ASAM criteria are used to determine LOC.

**Admission Guidelines ASAM Level 2.1**

1. Acute intoxication and/or withdrawal potential: No signs or symptoms of withdrawal, or individual’s withdrawal can be safely managed in an intensive outpatient setting.
2. Biomedical conditions and complications: None, or sufficiently stable to permit participation in outpatient treatment.
3. Emotional, behavioral, or cognitive conditions and complications: None to moderate. If present, client must be admitted to either a co‑occurring disorder capable or co-occurring disorder enhanced program, depending on the client’s level of function, stability, and degree of impairment. ***Note:*** As noted in the ASAM admission criteria, a Level 2.1 facility may be licensed as co-occurring capable or enhanced when the facility has that added capability.
4. Readiness to change: Participant requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another LOC have failed. Alternatively, the participant’s perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, and clinically directed motivational interventions. Such interventions are not feasible or are not likely to succeed in a Level 1 program. However, the client’s willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest the treatment at Level 2.1 can be effective.
5. Relapse, continued use, or continued problem potential: Participant is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan. Alternatively, there is a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification, or ambivalence toward treatment.
6. Recovery environment: Insufficiently supportive environment and participant lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment. Alternatively, the client lacks social contacts, has unsupportive social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs.

**Screening/Assessment/Treatment Plan Review**

1. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission, which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
2. Physical examination by a qualified medical professional within a reasonable time, as determined by the client’s medical condition not to exceed within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.
3. Individualized, interdisciplinary treatment plan per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 72 hours of admission. This plan should be developed in collaboration with the individual.
4. Treatment plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 30 days.
5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

**Staffing**

1. Level 2.1 outpatient settings include an array of licensed practitioners, unlicensed counselors, as well as certified peers, and credentialed behavioral health technicians operating within their scope of practice.
2. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment and rehabilitation but should not exceed 35 active individuals for each licensed practitioner or unlicensed counselor. For this standard, active is defined as being treated at least every 90 days.
3. Counseling groups should not exceed 15 individuals (assumed average of 9); educational group size is not restricted.
4. 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.
5. QHP supervisors must be on site at least 10 hours per week during hours of operation, be available for phone consultation at all times, and supervise no more than 10 staff.
6. Addiction-credentialed physicians are part of the interdisciplinary team and must be on site at least 10 hours per week during hours of operation and be available for phone consultation at all times.

**ASAM Level 2.5 Partial Hospitalization Program (PHP)**

PHP or day treatment generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical, and laboratory services. Intensive services at this LOC provide comprehensive bio-psychosocial assessments and individualized treatment, and allow for a valid assessment of dependency. This LOC also provides for frequent monitoring/management of the client’s medical and emotional concerns in order to avoid hospitalization. These conditions will lead to generalization of what was learned in treatment in the client’s natural environment. ***Note:*** The only distinction between intensive outpatient program (IOP) and PHP programs are the service intensity required by the client.

These services include, but are not limited to individual, group, family counseling, and psycho‑education on recovery, as well asmonitoring of drug use, medication management, medical, and psychiatric examinations, CI coverage, and orientation to community-based support groups. Partial hospitalization services should include evidence-informed practices, such as CBT, motivational interviewing, and multidimensional family therapy.

These programs offer comprehensive, coordinated and defined services that may vary in level of intensity but must be a minimum of 20 contact hours per week for adults, age 21 years and older, at a minimum of three days per week. This level consists of a scheduled series of face-to-face sessions appropriate to the individual’s treatment plan. These programs may be provided for persons at risk of being admitted to more intensive LOCs, such as residential, inpatient or withdrawal management, or for continuing care for those who require a step-down following a more intensive LOC and require support to avoid relapse. Delaware-ASAM criteria are used to determine LOC.

***Admission Guidelines ASAM Level 2.5***

1. Acute intoxication and/or withdrawal potential: No signs or symptoms of withdrawal, or individual’s withdrawal can be safely managed in a partial hospital setting.
2. Biomedical conditions and complications: None, or not sufficient to interfere with treatment, but are severe enough to distract from recovery efforts and require medical monitoring and/or medical management.
3. Emotional, behavioral, or cognitive conditions and complications: None to moderate. If present, client must be admitted to either a co‑occurring disorder capable or co-occurring disorder enhanced program, depending on the client’s level of function, stability, and degree of impairment.
4. Readiness to change: Participant requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another LOC have failed. Such interventions are not feasible or are not likely to succeed in a Level 2.1 program. Alternatively, the client’s perspective and lack of impulse control inhibit his or her ability to make behavioral changes without repeated, structured, and clinically directed motivational interventions. Such interventions are not feasible or are not likely to succeed in a Level 1 or Level 2.1 program. However, the client’s willingness to participate in treatment and to explore his or her level of awareness and readiness to change suggest the treatment at Level 2.5 can be effective.
5. Relapse, continued use, or continued problem potential: Participant is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan and active participation in a Level 1 or Level 2.1 program. Alternatively, there is a high likelihood of relapse or continued use or continued problems without near-daily support and monitoring, as indicated by his or her lack of awareness of relapse triggers, difficulty in coping, or in postponing immediate gratification or ambivalence toward treatment.
6. Recovery environment: Insufficiently supportive environment and participant lacks the resources or skills necessary to maintain an adequate level of functioning without services in a partial hospitalization program. Alternatively, family members and/or significant others who live with the client are not supportive of his or her recovery goals, or are passively opposed to his or her treatment. The client requires the intermittent structure of Level 2.5 treatment services and relief from the home environment in order to remain focused on recovery, but may live at home because there is not active opposition to, or sabotaging of, his or her recovery efforts.

***Screening/Assessment/Treatment Plan Review***

1. For individuals new to the program, a comprehensive bio-psychosocial assessment per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards) completed within 72 hours of admission which substantiates appropriate patient placement. Assessment must be reviewed and signed by a qualified professional. This typically occurs with a diagnostic assessment to confirm the SUD diagnosis and determine the appropriate LOC and a comprehensive bio-psychosocial assessment to inform the treatment plan and on-going care.
2. Physical examination by a qualified medical professional within a reasonable time, as determined by the client’s medical condition not to exceed within 90 days prior to admission or documentation of good faith effort in referring the client for a physical and/or efforts made to obtain documentation of a physical.
3. Individualized, interdisciplinary treatment plan per Title 16 Delaware Administrative Code 6001 (Substance Abuse Facility Licensing Standards), completed within 72 hours of admission. This plan should be developed in collaboration with the individual.
4. Treatment plan reviewed/updated in collaboration with the individual as needed based on changes in functioning, or at a minimum of every 30 days.
5. Discharge/transfer planning begins at admission.
6. Referral and assistance as needed for the beneficiary to gain access to other needed Medicaid SUD or mental health services.

***Staffing***

1. Level 2.5 outpatient settings include an array of licensed practitioners, unlicensed counselors, as well as certified peers and credentialed behavioral health technicians operating within their scope of practice.
2. Caseload size is based on needs of individuals actively engaged in services to ensure effective, individualized treatment and rehabilitation but should not exceed 35 active individuals for each clinical practitioner. For this standard, active is defined as being treated at least every 90 days.
3. Counseling groups should not exceed 15 individuals (assumed average of 9); educational group size is not restricted.
4. 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.
5. Supervisors must be on site at least 10 hours per week during hours of operation, be available for phone consultation at all times, and supervise no more than 10 staff.
6. Addiction-credentialed physicians are part of the interdisciplinary team and must be on site at least 10 hours per week during hours of operation and be available for phone consultation at all times.

**Core Services –Core Services are to be provided directly by the applicant agency:**

1. Telephone and Walk-In Information - a system to respond professionally and courteously to questions from callers on the telephone and persons who walk into the program seeking either general information about mental health and/or substance abuse or specific information about services at the site.
2. Screening and Assessment – ready and immediate access to professional clinical staff to help applicants connect with appropriate services that meet their individual needs, make them feel welcome and comfortable at the program, screen and assess their individual needs for behavioral health treatment, determine the appropriate level of care, and identify and obtain authorization for treatment from the appropriate payer source. The applicant must state which screening and assessment tools will be used as a part of these processes and must use the ASAM Patient Placement Criteria.
3. Counseling and Therapy- The program must provide a well-structured, professionally supervised and delivered regimen of evidence-based individual, group and family counseling services. Applicants must use state-of-art, evidence-based counseling and therapeutic methodologies. Applicants must describe in some detail the practices to be used, the credentials and experience of specific staff in these practices and the nature of the applicants’ clinical supervision program in implementing, monitoring, and mentoring the effective use of these practices.
4. Suboxone Medication Assisted Treatment - The applicant must provide a protocol that defines eligibility for this service including admission criteria, medical screening, monitoring and support services, provision of medications, integration with outpatient treatment services, the use of compliance monitoring (e.g., urine screens, breathalyzer) as a part of the maintenance protocol Buprenorphine compounds will be provided to the program from the DSAMH Pharmacy for the uninsured.
5. Entitlements and Insurance - The applicant will assist consumers in accessing all applicable entitlements, scholarships, available insurance through the ACA exchanges and other supports to defray the cost of outpatient services and medications and to promote recovery and independent living. DSAMH will be the payer of last resort.
6. Fees – It is a State policy that clients should pay all or part of the costs of services received if they are financially able to do so. The contractor is expected to assess the individual’s ability to pay fees, and then they must collect fees and modify payments based on an approved sliding fee scale.
7. Urinalysis – the provider will run a closely monitored system for conducting urine testing on a random basis as clinically indicated. Collections of all samples must be observed. Applicants must describe the frequency of collections, the procedures for randomization and observation, the name of the laboratory that will conduct the testing, and how the results will be used by the program. Criminal justice referred clients may have more stringent urinalysis requirements.
8. Non-Discriminatory Programs – All services will be provided to all individuals, based on their needs, and regardless of their background and without bias.
9. Hours of Operation – at a minimum, the program must provide its services during “normal working hours.” However, the program must also be responsive to the needs of the community it serves and shall develop some degree of “operational flexibility” to meet these needs (e.g. extended hours for COD groups to accommodate individuals who work during the day, etc.).
10. Site Based Crisis Intervention Services – the capacity to provide behavioral health crisis intervention services on site during the hours of clinic operations. Crisis counselors will respond to individuals by phone or face to face. The goal of these services, in addition to ameliorating the crisis, is to ensure that individuals in crisis can receive the services they need in the most appropriate setting, and in a timely manner.
11. Integrated Co-Occurring Services - The program must routinely accept and provide treatment to individuals who have both a mental condition and an addictive disorder. In The ASAM Criteria (3rd addition, 2013, page 25), a distinction is made between “moderate severity and high severity” conditions. The applicant must discuss the services and supports to either the full range of behavioral health diagnoses including those classified as “moderate severity” and “high severity” or a more limited range of conditions. If the latter is chosen, the applicant must discuss how individuals who present with “high severity” conditions will be supported, treated and if needed, referred to other, more appropriate providers. The applicant must implement an evidence based approach to treating individuals with co-occurring disorders. The applicant should include information about how this approach will be operationalized, monitored and maintained, and how outcomes will be assessed.
12. Psychiatrist – the program will provide psychiatric services as well as related psychiatric medications to its clientele. Standards of access will be developed by the provider and must assure rapid access for emergency assessment as well as on-going and routine psychiatric services. Psychiatric and addiction treatment medications (e.g. ., Suboxone and Vivitrol) will be provided to the program from the DSAMH Pharmacy for uninsured clients. The costs for these medications are not to be reflected in the applicant’s budget as these are covered directly by DSAHM. The applicant will be expected to provide medications in accordance with the regulations of the Delaware Board of Pharmacy, and where appropriate, with the policies of the DSAMH managed Pharmacy. The successful applicant(s) will be required to participate on the DSAMH Pharmacy and Therapeutics (P&T) Committee.
13. Court Responsibilities – The program is responsible for providing an appropriate staff member, i.e. a psychiatrist, to attend all Civil Commitment Status hearings for individuals to whom they are providing psychiatric services. These periodic hearings ordered by a judge vary with the acuity and compliance of the individuals being served.
14. General Medical Services – Coordination of medical and psychiatric services with local primary care providers will be required to support improved access to medical care for clients with identified health conditions. It is expected that the provider will more closely **integrate** and coordinate general medical care for those individuals receiving general medical care through a Federally Qualified Health Center will
15. Family Sessions – The program should provide regularly scheduled opportunities for: (a) family members to meet either with the client’s counselor with or without the client being present; or, (b) family members to attend group educational or counseling sessions with a number of families in attendance – these sessions may or may not include clients, depending on the design and purpose of the sessions.
16. Criminal Justice Liaison – designate a single point of contact or spell out a clearly defined system for contacts with the criminal justice system and TASC officials regarding clients or potential client referrals. This includes routine communication with Community Corrections to insure smooth and appropriate referrals. The program must identify a clear and simple process for two-way communication to provide information on client progress or lack thereof to the appropriate criminal justice system officials, and to ensure that reports required by drug courts, probation, TASC or other criminal justice system officials are completed and delivered on time. The process must include a procedure for immediate notification about clients who drop out of treatment before completion. It is the responsibility of the program to obtain signed consent forms from criminal justice referred clients allowing the program to disclose appropriate, required information to criminal justice system officials in accordance with federal confidentiality regulations.
17. Peer Specialists and Recovery Coaches - The proposed program model will be encouraged to hire Peer Support Specialists (PSSMH) and Peer Recovery Coaches (SUDRC) throughout implementation and in operations, going forward. Peer Service Certification processes for both PSS and RC are in process, under the umbrella of the Delaware Certification Board.

1. Programs will be required to provide treatment to clients referred by the Treatment Access Center (TASC). Most TASC clients will be sentenced to treatment by one of the Delaware Drug Courts. Therefore, programs will be required to: (a) schedule a Screening/Assessment appointment for TASC clients within 72 hours of referral; (b) closely monitor treatment compliance and progress, and submit written progress reports to TASC on a monthly basis; (c) notify TASC immediately if a client drops out of treatment before completion.

It is expected that TASC clients will receive all the Core Services and Associated Supports that other clients receive. In addition, the program will be required to conduct random, observed urine testing at the frequency required by TASC or the drug court. A laboratory approved by TASC must test TASC client’s urine, and the program must follow TASC procedures for handling and processing urine samples.

**Pharmacy:**

Contractor will be required to be in compliance with Board of Pharmacy regulations for maintaining, administering and storing medications on site.

Behavioral health medications for the uninsured will be obtained through the DSAMH Pharmacy.

Level 1 OP Contractor will be required to participate in the DSAMH Pharmacy and Therapeutics Committee (P&T)

**Quality Improvement**

All proposals shall include a formal plan for identifying, evaluating and correcting deficiencies in the quality and quantity of services to be provided under any resulting contract arising out of this RFP. Responsive proposals shall include a specific section entitled “Quality Improvement” which shall include proposed contractor “performance targets; how these will be evaluated, tracked and reported; and include an understanding that DSAMH will be involved in setting up these performance targets. The requirement contained in this paragraph is an essential and material term of any proposal. The failure to include a “quality Improvement” section containing the above minimum core requirements shall be grounds to deem such proposals non-responsive. Vendors selected for contract negotiations should be aware that DHSS intends to include a robust “Quality Improvement” methodology into any contact resulting from this RFP. DHSS reserves the right to accept or reject, in whole or in part, or to negotiate any port of the proposal’s “Quality Improvement” section during the negotiation phase of this matter. DHSS also reserves the right to attach financial incentives for compliance and financial penalties for non-compliance with the terms and requirements of the “Quality Improvement” section of any contract arising out of this RFP.

**Implementation Plan**

Applicants must submit an Implementation Plan in chart format with timelines for completion of each activity. The plan must cover start up through program implementation activities, including hiring of key staff.

**Capacity/Location**

**DSAMH is seeking provider organizations to offer services throughout the State in general as well as a provider or providers who are interesting in offering services to individuals currently being served by a provider in the Newark area. The latter serves approximately 680 individuals representing various insurance plans (principally uninsured/State pay, Medicare and Medicaid). Those respondents interesting in serving this group of individuals in particular, wholly or in part, must indicate this in the application and state if there are any conditions to this intent related to numbers to be served or insurance mix of client.**

**Applicants currently under contract with DSAMH for Comprehensive Behavioral Health Outpatient Treatment Programs may elect to submit an abbreviated proposal to add ASAM Level 2.5 Partial Hospitalization Program (PHP) services to their existing contracts. The abbreviated proposal must contain all specified forms, the existing DSAMH Contract Number, and a statement of acceptance to meet the service/staffing criteria as outlined.**

Applicants must identify the site in Delaware and the specific building(s) where they propose to operate the Comprehensive Outpatient Behavioral Health Treatment Program.

**Language Accessibility**

The provider must demonstrate that they have access to the requisite language resources for individuals assigned to their program who do not speak English.

**Staffing**

Applicants must present an organizational chart depicting where the Comprehensive Outpatient Behavioral Health Treatment program fits in the overall organizational/agency structure, and a separate organizational chart for the Comprehensive Outpatient Behavioral Health Treatment Program itself

Applicants must present a complete staffing pattern with job descriptions for key positions. The staffing pattern must indicate if the position is full or part time – if part time, it must indicate the number of hours per week. Job Descriptions must contain the educational and work experience and any credentials that will be required for each position. Applicants must assure that the proposed job descriptions include competencies to deliver the services described above in this RFP.

1. Resumes of Key Staff

* A current resume for each staff member must be submitted and retained on file, if known to the applicant at the time of response to the RFP, must be included.
* Designate a project manager as the primary point of contact with DSAMH;

1. Screening and Hiring Procedures

The applicant must provide guidelines to be used in staff screening and hiring procedures. Measures adequate to screen job applicants to determine history of patient/client abuse/neglect (must comply with 29 Del. C. Section 708 and 11 Del. C. Section 8564) must be described.

1. Staff Training/Orientation and Development

A staff training and/or orientation plan must be submitted within 60 days of Notice of Award for applicable to all staff who will be assigned to the program. The plan must be updated annually.

The Department reserves the right to require training. DSAMH will identify all relevant and mandatory training during negotiations with the successful bidder.

**Additional Reporting and Record Keeping Requirements**

The contractor shall provide monthly statistical reports, as defined by DSAMH, to monitor program activities, client demographics, program performance and outcomes.

The contractor will be required to submit Consumer Reporting Forms (CRF) on all uninsured individuals served on admission and discharge.

**Data Submission**

Effective 7/1/2012 all providers submitting electronic data will be required to use the state’s Secure File Transfer Protocol (SFTP) site.  Providers who are not able to install the SFTP software must submit a request to use other reporting methods. Other reporting methods include encrypted message or hand carried. The request must clearly explain the provider’s inability to use the SFTP site. Contact the DSAMH Management Information Systems (MIS) unit for information on creating an account and any other questions or concerns about data reporting requirements.

Data submission elements will be specified in the scope of work for each contract.

To accomplish this several authorization forms need to be completed and returned to the DSAMH MIS unit. In addition, SFTP client software is required to be installed on your computer for the file transfer. This software is available free on the Internet.

The following links contain instructions necessary for setting up the software and authorization forms.

1. Secure File Transfer Memorandum of Agreement

<http://dhss.delaware.gov/dhss/dms/irm/files/sftpmoa01292010.pdf>

1. Secure File Transfer User Procedures

<http://dhss.delaware.gov/dhss/dms/irm/files/sftpuserprocedures_20120611.pdf>

1. DHSS SFTP Quick Start Guide

<http://dhss.delaware.gov/dhss/dms/irm/files/sftpquickstartguide06112012.pdf>

1. Biggs Data Center User Authorization Form (UAF)

<http://www.dhss.delaware.gov/dms/files/authoriz.pdf>

1. Instructions for completing Biggs Data Center UAF

<http://www.dhss.delaware.gov/dms/files/uafinstructions011007.pdf>

1. Biggs Data Center Non-Disclosure Form

<http://www.dhss.delaware.gov/dhss/dms/files/irmnon-d02072013.pdf>

1. DTI State Information Transport Network (SITN) Acceptable Use Policy

<http://dti.delaware.gov/pdfs/pp/AcceptableUsePolicy.pdf>

Providers requiring access to the SFTP site must identify an organizational point of contact and list all employees who will require site access. The Provider will maintain the accuracy of the list providing updates to DSAMH as changes occur.

**Future EHR Interface**

DSAMH is in the process of requirements definition for a future EHR/EMR module that will be developed as part of the consolidated DHSS EMR system by Core Solutions, Inc. that is being currently being implemented for two other DHSS divisions. DSAMH would like to develop a way interface between the Core module to be developed for DSAMH and bidder’s proposed solution. Preference will be given to bidders who have successfully developed an interface to an EMR system. Bidder will describe their relevant experience in this area, their ability to develop this proposed interface and suggest what would need to be developed by your firm vs. Core Solutions. Development of this interface will not be part of this contract and bidder is not expected to propose anything at this point. We are only asking bidders to describe their knowledge and capabilities in this area. Development of this interface would be at the sole discretion of the State at some future date and would be done through an amendment to this contract.