



DATE: December 27, 2019
HSS 19-014

**Comprehensive Behavioral Health Clinics
For
Division of Substance Abuse and Mental Health**

Date Due: January 27, 2020
By 11:00 AM

Addendum 2: Questions and Answers:

Please Note:

Responses to questions received by the deadline of December 27, 2019

THE ATTACHMENT HEREBY BECOME A PART OF THE ABOVE MENTIONED RFP.

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QUESTIONS FROM PRE-BID

1. Is there a way to sub-contract the non-Promise core services?

None of the core services can be subcontracted.

2. Is the bidder expected to do OTP or is it okay to do medication for addiction?

The requirement is for Medication Assisted Treatment (MAT) as a core service. It does not have to be an Opioid Treatment Program (i.e., methadone, SAMHSA certified).

3. Is CPST a reference to ACT or ICM?

CPST is an acronym for Community Psychiatric Support and Treatment. While ACT and ICM include CPST services and billing codes, CPST is not limited to ACT and ICM.

4. Are all of core services to be offered at one location?

No, multiple locations can be offered. The RFP requires the bidder to describe geographic areas and locations in its submission.

5. Are all the core services to be offered geographically in each county?

A bidder does not have to bid for all three counties. But, all core services are required for the geographic area that the bidder specifies.

6. The rate manual is for 2019 is this the same one we need to use?

This question refers specifically to the PROMISE HCBS Service Certification Manual – April 29, 2019. Yes, that is the correct manual.

7. Is there a rate decision in the making?

All currently published rates are the rates that bidders should base their proposal on.

8. Will Columbus Property Management for supported housing continue?

The RFP allows for the bidder to propose their own method for managing the Supported Apartment Program. There is no requirement for the bidder to use a specific entity.

9. Will there be licensing and certification for each component of this?

The current Division of Substance Abuse and Mental Health; Substance Abuse Facility Licensing Standards (TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE) will still apply for commensurate programs. There has been no change in licensing.



10. Does the scope include services for mental health in addition to addiction?

Yes, the Division of Substance Abuse and Mental Health requires treatment providers to address both mental health and substance use issues.

11. Does medical assisted treatment (MAT) include long acting injectables for Mental Health treatment?

In the context of this RFP, MAT is for substance use related disorders where medication is used to treat the underlying addiction.

12. There are current providers that have contracts for parts of the core PROMISE services. Will they be going away, or will the current PROMISE services be continued?

Once contracts are awarded from this RFP, there will be a transition period for contractors to develop PROMISE services they do not currently provide. Until any PROMISE services are developed and operational, DSAMH will continue the current PROMISE services. However, as PROMISE services become operational under the scope of this RFP, other PROMISE services not part of this RFP will be discontinued.

13. If an agency is providing some core services but they chose currently not to respond to this proposal by the first due date, but chooses to bid for the next due date (April) what would happen to their existing services?

See response to question #12 for PROMISE related services.

For Community Behavioral Health Outpatient Treatment (CBHOT) contracts, DSAMH intends to retain current CBHOTS that desire to continue. At some point, CBHOTS will be subject to a new RFP and contractors awarded may or may not change.

14. If we wait until an April submission, are we at risk for losing the contract come April?

There could be some risk depending on contracts awarded from the January submission. With the lead time required for newly awarded contractors to implement services, there may still be a need to award contracts for future date RFP submissions in order to build the treatment system.

15. We have a single ACT program would be able to keep that or have to offer all these PROMISE services?

See response to question # 12 for PROMISE related services.

Once contracts are awarded from this RFP, there will be a transition period for contractors to develop PROMISE services they do not currently provide. Until any PROMISE services are developed and operational, DSAMH will continue the current PROMISE services. However, as PROMISE services become operational under the auspices of this RFP, other PROMISE services not part of this RFP will be discontinued



15A. Suggestion from DMS Staff: If you have an exception to the RFP, you can still submit a proposal and List on the “Exception Form” (Attachment 3) you exception to this RFP and your proposal can still be considered.

16. Can you have multiple service providers in a geographical area?

Yes.

17. Is there an anticipatory number of awards in the making?

No.

18. Is there a time frame for the roll-out of all this?

The RFP narrative anticipates the difficulties of adding services and the time it may take. Therefore, the RFP requires a written implementation timeline for implementation of services. It is requested that bidders present reasonable and achievable timelines for implementation. During the contract award process, DSAMH will negotiate implementation plans with the successful contractor.

19. Are there standards for the Supported Apartment Program (SAP) or other elements of CPST, Personal Care?

Yes. For SAP, which for now will be the only cost reimbursement component of the RFP, there are standards listed in the RFP. As SAP moves toward fee-for-service, the Tier 2 requirements for Community-based Residential Alternatives will be used. Any service that does not have external standards (such as ACT, ICM), the PROMISE manual contains the standards required.

20. Has the state contemplated going to a one provider system?

No.

21. A DHSS/DMS Contract staff asked: “I’m just wondering if all providers can provide all core services or would you want the providers to collaborate to be able to provide all the core services?”

The response at the meeting was that only value-added services can be sub-contracted.

The DMS contract staff then clarified that she was referring to a joint venture collaboration where a new entity/organization is formed. Then the new entity is able to provide all core service without sub-contracting. She noted that joint ventures are addressed in the RFP.

Response: It should be noted that the above discussion does not, in any way, require a bidder to form a joint venture, new entity, or new organization. It was brought up as an option to illustrate that it can be done.

22. Does cost reimbursement for SAP included cost of leasing?

Yes.



23. Is there a 2019 Promise manual?

This question refers to the link in the DSAMH web page that is titled: PROMISE HCBS Service Certification Manual – April 29, 2019. The link was to a 2015 manual. That has been corrected to now link to the 2019 manual located on page 81 within Appendix B, the scope of this RFP.

24. Can we bill for multiple services on the same day?

Service and billing limitations have not changed and can be found in the manuals linked in the RFP.

25. On page 83 of the RFP, the SAP requirements include a reference to Recovery Innovations EHR, what does that mean?

That reference was an oversight. I should not state that. It will be corrected. It should state: document each visit in the record...

Emailed questions:

26. Is this RFP entirely Fee for Service, or is there a cost reimbursement component?

All but one section of the RFP is fee-for-service. The only component that is cost reimbursement is for the Supported Apartment Program.

27. On page 81 the RFP references both MAT and OPT – is it the intent that DSAMH requires all responders to include Methadone as an MAT/OPT service – or can a provider limit services to prescribing and administering Buprenorphine, Suboxone, Subutex, Vivitrol, etc? Is Methadone a required MAT service?

The requirement for Medication Assisted Treatment (MAT) does not have to include an Opioid Treatment Program (OTP). The reference is there for those who wish to bid on OTP.

28. Currently CPM, Columbus Property Management, holds the master leases for all current SAP locations. Is it DSAMH's intent to fund these master leases? If so, what is the current budget for each of the locations, and what is the total amount of the contract that DSAMH currently has with CPM to manage these locations.

Organizations awarded contracts under this RFP will be able to manage the leases themselves or contract with an external entity to manage them. When submitting a bid, the bidder should present a cost reimbursement budget for the projected costs they expect to incur.

29. On page 83 of the RFP, DSAMH requires 24/7/365 staffing for all SAP locations. Given that these are proposed to be fee for service programs, what is DSAMH's proposal to fund 24/7/365 staffing coverage at each of the SAP locations?



While DSAMH is exploring the Supported Apartment Program (SAP) reimbursement as a Tier 2 Residential, the current plan is for this to be cost reimbursement.

30. Is there a specific Cost Proposal worksheet – we were unable to locate one.

Appendix D-2 currently on listed on website

http://bids.delaware.gov/bids_detail.asp?i=6044&DOT=N

31. Is it correct to assume that DSAMH would pay for services for uninsured individuals.

Yes, there is a policy regarding this in the RFP.

32. I am the project manager for the RFP for CBHC CONTRACT NUMBER HSS-19-014. I am reviewing the Non-Collusion form and it is requesting the "State of Delaware License." Can you clarify if what I should write here as all of our FHR programs have different NPI numbers and we are not aware of a specific license number.

State of Delaware License is the State of Delaware Business License

33. Appendix A – #14 Mandatory Submission Requirements. Are the Mandatory Forms required separately for each Core Service for which we are applying? Or is one set of the Mandatory Forms and required attachments sufficient?

One set of mandatory forms are sufficient for part of Appendix A- #14, Section A, however, there are parts of Appendix A that require responses separated by service type.

34. The list of Required Services to be available to all adults (non-PROMISE) includes “Medication Assisted Treatment; Opioid Treatment Program”. Is DSAMH expecting providers to offer Methadone? Or can the provider offer other MAT medications and supports that are included in the Federal Waiver? And, can DSAMH share information on demand/need for MAT in the three counties, since the Federal Guidelines limit the number of individuals that can be served by a practitioner without a formal request for a Waiver?

See response to question # 27

Organizations awarded contracts under this RFP will be able to manage the leases themselves or contract with an external entity to manage them. When submitting a bid, the bidder should present a cost reimbursement budget for the projected costs they expect to incur.

35. Is DSAMH considering extending the deadline of January 27th until later in the year?

This RFP is an open and continuous RFP. Therefore, there are various dates that proposals can be submitted throughout the year. DSMAH will accept applications between March 1st and March 31st and September 1st through September 30th of each calendar year.



36. If an agency currently provides a service will they continue to get paid an established team rate or a first-year rate?

For an established service, the rate would be for an established team.

37. Section number – Appendix D. Paragraph number - D.1, Last paragraph. Page number: 98; Text of passage being questioned. Is this a true Fee for Service Agreement or is it the lesser of Fee for Service or Actual Cost?

The only cost reimbursement service is the Supported Apartment program (SAP). All other services are Fee for Service.

38. Does DSAMH require one all-inclusive budget or a budget for each identified program?

The only service in this RFP that is cost reimbursement is the Supported Apartment program (SAP). Therefore, only a budget for SAP is required.

39. If there is an expectation of a budget submission for each program, can the bidder provide one budget for all the non-PROMISE core services, if the plan is that they will encompass a single program, i.e. Outpatient services?

See response to question #37

The only service in this RFP that is cost reimbursement is the Supported Apartment program (SAP). Therefore, only a budget for SAP is required.

40. Are the Community Psychiatric Support and Treatment (CPST), Peer Support, and Psychosocial Rehabilitation (PSR) to be embedded into the ACT/ICM program or are they free-standing programs?

While ACT/ICM do include CPST and PSR codes as part of the overall content of service, this RFP enable a provider to bill CPST and PRS codes outside of ACT/ICM.

41. Can you describe the credentialing/licensing process for the Community Psychiatric Support and Treatment, Peer Support, and Psychosocial Rehabilitation programs?

There is a section in Appendix B that addresses these requirements in the RFP.

42. Can a response to the RFP include a free-standing core PROMISE service in a different county?

No.

43. Page 20, number 13 of the RFP, references the allowance of joint ventures if one partner is designated as the prime contractor. Can the prime contractor be a current provider of PROMISE Core services and continue providing these services, while having an agreement with another provider subcontractor to provide Non-PROMISE Core Services?



If the question is referencing sub-contracting, the only services in the RFP that are allowed for sub-contracting are the value-added services.

44. Page 21, number 14 of the RFP, states that the contract allows sub-contracting assignments assuming the bidder (prime contractor) assumes all responsibility for work quality. Under the RFP, is it allowed for the bidder, who provides PROMISE Core Services, to subcontract with an organization to provide only Non-PROMISE Core services?

All core services, both PROMISE and non-PROMISE, are to be provided by the same organization. Any value-added service can be sub-contracted.

45. If the proposal includes a primary bidder and subcontractor, can the subcontractor continue to invoice for services they provide or would all invoicing have to be completed by the primary bidder?

Yes, as addressed on page 20, section IV , subsection B, #13 regarding Multi -Bidder Solutions and #14 Subcontracting.