



DATE: January 28, 2020
HSS 19-014

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

Date Due: February 28th 2020
By 11:00 AM

Addendum 4: 2nd Questions and Answers:

Please Note:

Responses to questions received by the deadline of January 22nd 2020

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

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Comprehensive Behavioral Health Clinics

RFP-HSS-19-014

Questions and Answers (2nd)

1. Can DSAMH please inform us as to when the new rate manual will be finalized and shared?
Answer: There is no new rate manual.
2. Can DSAMH please provide data on current and/or projected utilization and demand for the range of core and value-added services (for both PROMISE eligible and non-PROMISE eligible) service participants? It is imperative that bidders have such data in order to plan for the size/capacity/staffing of programs/services to be added or maintained in various geographic regions of Delaware.
Answer: There is no report containing this data.
3. Can DSAMH provide data on client flow? Time from PROMISE assessment to referral? Any other data that would support planning?
Answer: There is no report containing this data.
4. How flexible is DSAMH in terms of geographic distribution of various services? Are all services to be provided in each county? Or if a program currently serves residents from more than one county, can that program continue to serve two different geographic regions?
Answer: Geographic locations are part of what each bidder will propose. When contracts are awarded, further negotiation can occur to define geographic service area.
5. If a bidder intends to bid for services for more than one county/geographic regions, can the response be combined into one proposal? Or would two or more separate proposals be preferred?
Answer: As long as the proposal is identical for each geographical area, one proposal can be submitted. The bidder will need to be clear about the geographical areas to be served by that one proposal.
6. The April 2019 PROMISE Service Certification and Reimbursement Manual includes useful information on the Value-added services and includes some rate information. RHD is seeking clarification related to the Billing rate and unit as shown on page 91 of that manual, in the section covering Short Term Small Group Supported Employment. There are three rates shown for different size groups. Are those rates per person (who is participating in the group)? Please confirm.
Answer: Those rates are per each client in the group.
7. Can DSAMH provide clarification on what services a beneficiary can be receiving at any one time? Or any restrictions on enrolment for more than one type of service? For example, can a beneficiary be enrolled for ICM and also receive separate Peer Support services? Or Psychiatric Rehabilitation?



Answer: For Intensive Case Management (ICM), the provider of service is limited to 6 per diems per month. Peer Specialist services are billable within this limit. Please see the PROMISE Service Certification and Reimbursement Manual for further details on ICM and other services.

8. Can DSAMH provide the number of individuals currently authorized for Peer Services broken down by county?

Answer: There is no report containing this data.

9. Can DSAMH provide the number of individuals currently authorized for SAP broken down by county?

Answer: There is no report containing this data.

10. Can DSAMH provide the number of individuals who could be authorized for CPST and PSR broken down by county if those services were available.

Answer: There is no report containing this data.

11. Can a staff person work for or supervise staff from different services/programs? I.e. can a Peer support worker who works part time on and ACT Team also provide stand alone Peer support Services?

Answer: Yes, an individual staff person can work across programs providing a dedicated staff person meets standards without duplicating time. Auditors must be able to verify program has identified staff by name to meet standard.

12. Can a primary bidder/provider subcontract value added services to another primary bidder who operates the service directly?

Answer: Please review Attachment 2, pages 49 and 50 and Attachment 3, page 51 for guidance on this subject.

13. Is telepsychiatry billable under Outpatient or Intensive Outpatient Services?

Answer: The Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual references Telemedicine requirements.

14. Has the due date changed for second and third round proposal due dates? If so, please provide the new due dates.

Answer: Currently the proposal due date is February 28th 2020. With this being a continuous RFP, the next influx of proposals as stated on page 1 of the RFP:

This is an open and continuous RFP. Following this initial advertisement (February 28, 2020 at 11:00 AM), the Division of Substance Abuse and Mental Health will accept applications between March 1st and March 31st, with a bid opening date of April 1st and from September 1st through September 30th with a bid opening date of October 1st, of each calendar year throughout the duration of the RFP. If April 1st and/or October 1st, fall on a non-business day, the bid opening will occur on the last business day prior to the scheduled bid opening date. Awarded vendors will be notified within 30 days of the



submission deadline. Please check the State of Delaware procurement site frequently for future solicitations by visiting: <http://bids.delaware.gov/>.

15. Follow up to **Question 19** from the first round. Page 86 in Appendix B Scope of Work for SAP indicates staffing ratio consistent with the weighted tiers of the clients in the SAP. The response to previously submitted #19 is:

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"

We are seeking clarification on minimum staffing requirements. On Page 29 of the PROMISE HCBS Manual there is a statement indicating that for 6-10 ACT individuals living at SAP there does not need to be daytime staff.

New Question: Can DSAMH confirm that they do not want onsite daytime staffing provided at SAP?

Answer: SAP is to be staffed 24 hours per day; 7 days per week

16. Page 29 of the PROMISE HCBS Manual indicates that for 6-10 ACT individuals living at SAP there does not need to be daytime staff. Can DSAMH confirm that they do not want onsite daytime staffing provided at SAP?

Answer: The requirements for SAP are included in the RFP. The SAP staffing requirements written in the RFP state that the SAP services are: delivered 24 hours per day/7 days per week; onsite supervision; as well as maintain an onsite office open 24/7.

Page 29 of the PROMISE HCBS Manual references Tier 2 staffing which is not included in this RFP.

17. Follow up to **Questions 9 and 10** from the first submission of questions and response:

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

A. 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."

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

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

New question: Seeking clarification: The only licensing and certification standards DSAMH currently has for outpatient programs are the SUD standards. Will there be new Mental Health Outpatient and all outpatient programs are expected to be certified under these regulations providing both SUD and MH Services?



Answer: SUD programs are licensed according to TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE. All Medicaid reimbursable behavioral health services must also be certified according to published standards.

18. Appendix A, Section G, Core Services, § f ii: The paragraph reads: Applicants must present a complete staffing pattern with job descriptions for key positions. Are the required job descriptions to be included in the six-page limit for the response? Can they be “attached/appended”?

Answer: The job descriptions may be included as an Appendix and not included in the 6-page limit for each service.

19. Appendix A, Section B, Submission requirements (Page 68). The paragraph reads: 1. Agreement to have current State motor vehicle registration for all vehicles owned, leased, and/or hired and used as a component of the Individual Employment Support services. Is this only meant to apply to Individual Employment Services? Or to other programs and services as well?

Answer: Applying that requirement to Employment Support Services only was an oversight. This will be corrected. The requirement is applied to all services.

20. Appendix A, Section E, General RFP Response. The paragraph reads:

14. Bidder’s current contracts and/or partnerships with primary health care providers (FQHCs, county health departments, primary care practices). Can we limit our response to relationships in Delaware?

Answer: Yes, although contracts and/or partnerships with entities outside of Delaware can be included if desired.

21. If you can clarify the following regarding Attachment 5b: We understand this form accompanies our 3 business references. Are we permitted to secure a business reference in which we do not have a formal contract or MOU? If yes, would we enter Not Applicable in the sections of 5b in which it references specific contract questions?

Answer: Yes, Providers have the capability to use associates in which they do not have a formal contract or MOU as a business reference and enter Non Applicable in the sections which specifically reference the contract information.

22. Questions related to RFP Response Number 14, Section G, Sub-section g regarding service capacity.

a. Are individuals currently receiving FFS Peer Support outside of ACT/ICM services? If so, How many? How many does DASMAH project will be referred and authorized for Peer Support in the coming year.

Answer: In some cases, based on individual client need, PROMISE has authorized additional peer support services for a client who receives ACT services for a period of time. There is no data on projected volume.



- b. Are individuals currently receiving FFS Psychosocial Rehabilitation outside of ACT/ICM services? If so, How many? How many does DASMMAH project will be referred and authorized for Psychosocial Rehabilitation in the coming year.
Answer: Currently, Fee-for-service (FFS) Psychosocial Rehabilitation (PSR) is not being authorized outside of ACT/ICM. The awarding of contracts as a result of this RFP will make it possible to do so.
- c. Can individuals receive Peer Support, Psychosocial Rehabilitation and/or Community Psychiatric Supportive Treatment and the same time?
Answer: Peer Support Services are available outside of ACT/ICM for PROMISE clients. Currently FFS Psychosocial Rehabilitation (PSR) and/or Community Psychiatric Supportive Treatment (CPST) is not being authorized outside of ACT/ICM. The awarding of contracts as a result of this RFP will make it possible to do so.
- d. Can individuals receive Peer Support, Psychosocial Rehabilitation and/or Community Psychiatric Supportive Treatment and the same time in addition to ACT/ICM Services?
Answer: There are individual cases where Peer Support Services is authorized in addition to ACT/ICM. Psychosocial Rehabilitation (PSR) and/or Community Psychiatric Supportive Treatment (CPST) are not currently authorized outside of ACT/ICM.
- e. Can individuals receive Peer Support, Psychosocial Rehabilitation and/or Community Psychiatric Supportive Treatment and the same time in additional to outpatient services?
Answer: Psychosocial Rehabilitation and/or Community Psychiatric Supportive Treatment are both services authorized by PROMISE only. With this RFP, when contracts are awarded, those services will be available along with non-PROMISE services such as outpatient services. This will enable providers and clients to create more specific treatment plans to better meet the client's needs. Peer support is currently a program authorized by PROMISE and it can be delivered by outpatient providers (non-PROMISE).
23. Is telepsychiatry billable under Outpatient or Intensive Outpatient Services with MD or CRNP?
Answer: Pages 9 through 15 of The Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual references Telemedicine requirements.
24. Will new billing rates and guidance be published in time for contracting for the new programs?
Answer: No, there are no new billing rates and guidance.
25. Will new licensing regulations and standards for MH outpatient, Peer Support, Psychosocial Rehabilitation and/or Community Psychiatric Supportive Treatment be developed and promulgated.
Answer: Current published standards apply.
26. Will referrals to the SAP program be managed by the treatment team or PROMISE?



Answer: PROMISE Care Managers will continue to authorize or deny SAP placements. If SAP placement is authorized, the provider manages the treatment provided to the client.

27. 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 Non-PROMISE Core services? If this is not permitted, can DSAMH explain their rationale as to why this is not permitted and the subcontracting of Value-added services is permitted?

Answer: Only value-added services can be sub-contracted. As stated in the RFP: "DSAMH's goal is to create a non-fragmented approach to care and enable providers the ability to offer a continuum of services under a single DSAMH contract. This approach is intended to enable individuals to remain with their provider of choice when level of care needs dictate a change in services."

28. 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?

Answer: For Medicaid Billing, the sub-contractor would need to be a Medicaid certified provider and bill Medicaid directly. DSAMH cannot speak to requirements for billing for other insurance companies.

For those without any pay source, that qualify for DSAMH billing, the primary contractor will bill DSAMH as the contractor. DSAMH can only pay those that have contracts with DSAMH.

Keep in mind that the Primary Contractor is responsible for all sub-contracted service delivery to clients.

29. Why does this RFP not allow for sub-contracting for the core services but will allow for a joint venture for core services?

Answer: DSAMH operates statewide crisis intervention services and detoxification services that are not included in this RFP. The required core services encompass levels of care that clients routinely transfer between and prohibiting sub-contractors assures seamless transition when levels of care change. Allowing any of those core services to be sub-contracted increases barriers to level of care changes when needed and tends to result in clients refusing to change level of care as they would now have to change the agency from which they receive care. A joint venture, if done properly, will result in the seamless provision of core services by one provider. That one provider, however, would be the result of the joining of two separate business entities. The joining of the two separate business entities should be transparent to DSAMH, our clients and the public.

30. Is this an Open and Continuous RFP and how does it work?

Answer: Pg. 2, Section: I. Overview – Yes, this is an Open and Continuous RFP. After the initial proposal submission on February 28, 2020 at 11:00 AM, the Division of Substance Abuse and Mental Health will accept applications on a continuous basis from March 1st through March 31st, with a bid opening date



of April 1st and from September 1st through September 30th with a bid opening date of October 1st, of each calendar year throughout the duration of the RFP. If April 1st and/or October 1st, fall on a non-business day, the bid opening will occur on the last business day prior to the scheduled bid opening date.

This open and continuous RFP allows potential vendors continuous opportunities to submit a bid for this service.

31. Will this RFP result in significant changes to the state's design of mental health services without assessing the reforms that came out of the settlement agreement with the U.S. Department of Justice (DOJ).

Answer: This RFP will not eliminate or reduce any of the community treatment services and supports that were created or required to be created by the U.S. Department of Justice settlement.

32. Does the RFP allow for sub-contracting?

Answer: This RFP includes two types of services: core services and value-added services. Core services are not allowed to be sub-contracted, whereas, value-added services may be sub-contracted.

The required core services encompass levels of care that clients routinely transfer between and assures seamless transition when levels of care change. Allowing any of those core services to be sub-contracted increases barriers to level of care changes when needed and tends to result in clients refusing to change level of care as they would now have to change the agency from which they receive care.

33. Did DHSS take in consideration the opinion of the provider community?

Answer: Yes, DHSS held an open forum meeting in December of 2018 to solicit the public's input.