

**REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES
WITHDRAWAL MANAGEMENT SERVICES
ISSUED BY DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
CONTRACT NUMBER HSS-20-039**

Contents:

- I. Overview
 - II. Scope of Services
 - III. Required Information
 - IV. Professional Services RFP Administrative Information
 - V. Contract Terms and Conditions
 - VI. RFP Miscellaneous Information
 - VII. Attachments
- Appendix A - Minimum Mandatory Submission Requirements
- Appendix B - Scope of Work and Technical Requirements
- Appendix B-1 - Outpatient Withdrawal Management
- Appendix B-2 - Residential/Inpatient Withdrawal Management
- Appendix B-3 - Technical Response Requirements
- Appendix C – Division of Substance Abuse & Mental Health (DSAMH) Policies
- Appendix D - Business Proposal Requirement
- Appendix D -1 - Budget Workbook Instructions
- Appendix D -2 - Budget Workbook
- Appendix D -3 Financial Survey
- Appendix E- Divisional Requirements
- Appendix F- Professional Services Agreement

**** [Ctrl+Click on the headings above will take you directly to the section.](#)**

I. Overview

The State of Delaware Department of Department of Health and Social Services, Division of Substance Abuse and Mental Health, seeks professional services to Withdrawal Management Services. This request for proposals (“RFP”) is issued pursuant to 29 *Del. C.* §§ [6981 and 6982](#).

The proposed schedule of events subject to the RFP is outlined below:

Public Notice	Date: 09/07/2020
Conference Call RSVP Deadline	Date: 09/24/2020
Prebid Meeting	Date: 10/01/2020

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Deadline for Questions Date: 10/06/2020

Response to Questions Posted by: Date: 10/20/2020

Deadline for Receipt of Proposals Date: November 11th, 2020 at 11:00 AM (EDT)

Estimated Notification of Award Date: 12/9/2020

Each proposal must be accompanied by a transmittal letter which briefly summarizes the proposing firm's interest in providing the required professional services. The transmittal letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal. (Applicant exceptions must also be recorded on Attachment 3).

Furthermore, the transmittal letter must attest to the fact, at a minimum, that the Vendor shall not store or transfer non-public State of Delaware data outside of the United States. For technology related solicitations, Vendors may refer to the Delaware Department of Technology and Information identified terms and conditions included in this solicitation.

The State of Delaware reserves the right to deny any and all exceptions taken to the RFP requirements.

PREBID MEETING

A pre-bid Conference Call meeting has been scheduled for **October 1, 2020 at 2:30 pm EST**. It is requested that bidders limit representation to two (2) individuals. Bidders should RSVP to DHSS_DMS_dmsprocure@delaware.gov.

While not mandatory, the pre-bid meeting gives applicants an opportunity to walk through the RFP boilerplate, the RFP process, and address any questions or concerns from potential bidders.

Join Zoom Meeting

<https://zoom.us/j/91505177241?pwd=aFNNZnlSUG1DK2FhYzljQ1RsQkJtQT09>

Meeting ID: 915 0517 7241

Passcode: 634548

One tap mobile

+13017158592,,91505177241#,,,,,0#,,634548# US (Germantown)

+13126266799,,91505177241#,,,,,0#,,634548# US (Chicago)

Dial by your location

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 408 638 0968 US (San Jose)

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Meeting ID: 915 0517 7241

Passcode: 634548

Find your local number: <https://zoom.us/j/91505177241>

II. Scope of Services

A. Background/Program Description

Drug overdose is the leading cause of accidental death in the United States (Centers for Disease Control and Prevention, 2017). More than 70,200 Americans died from overdoses in 2017. Opioid overdoses, including those from methadone, synthetic opioids, and heroin, rose from 18,515 in 2007 to 47,600 in 2017, more than a two-fold increase (National Institute on Drug Abuse, 2019). In Delaware, the age-adjusted rate of drug overdose deaths increased significantly by 20.2% from 2016 (30.8 per 100,000) to 2017 (37.0 per 100,000) (CDC, 2018).

Withdrawal Management is a critical means of reducing the rates of addiction, drug overdose and death and an essential component of the continuum of services for individuals with substance use disorders (SUD). According to SAMHSA's Treatment Improvement Protocol (TIP) 45, "[Withdrawal Management] is a set of interventions aimed at managing acute intoxication and withdrawal...to minimize the physical harm caused by the abuse of substances." Effective Withdrawal Management programs address these medical aims, as well as key clinical goals. Because of high recidivism rates among individuals with SUD who overdose, recover and then overdose again, sometimes within a short time span. Withdrawal Management also must serve as an entry point for those individuals to engage with and transition to appropriate, ongoing SUD treatment services. Making that linkage increases the likelihood for long-term recovery from SUD and improves the quality of life for individuals, families and communities. It also reduces healthcare and social service costs through decreasing acute care hospital Emergency Department visits for overdoses and other medical conditions as well as lowering demands for criminal justice system interventions.

B. Purpose of RFP

Delaware Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) is seeking proposals from qualified providers to operate a range of Withdrawal Management (WM) services for adult residents of Delaware. These services will encompass the American Society of Addiction Medicine (ASAM) Withdrawal Management Levels of Care (2015), including Ambulatory Withdrawal Management with Extended On-Site Monitoring (2-WM), Clinically Managed Residential Withdrawal Management (3.2-WM), and Medically Monitored Inpatient Withdrawal Management (3.7-WM). Services for Ambulatory Withdrawal Management without Extended On-Site Monitoring (1-WM) and Medically Managed Intensive Inpatient Withdrawal Management (4-WM) are desired but optional. The successful Bidders will demonstrate it can effectively promote individuals' medical stabilization following acute intoxication or overdose as well as fostering their consistent

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

engagement with SUD treatment services immediately upon completion of Withdrawal Management. The Bidder will provide services that are evidence-based, trauma-informed, and person-centered, supporting individuals “decision-making abilities and preferences” (“Crossing the Quality Chasm, Institute of Medicine report, Recommendation 3.1, 2001).

C. Description of Services

The successful Bidder will be expected to operate the Adult Withdrawal Management Program in accordance with the guidelines and principles articulated in the relevant ASAM publications and TIP 45. As described in TIP 45, all programs will operate 24/7 and provide both the Physical Detoxification Services (Chapter 4) and the Psychosocial/Biomedical Services (Chapter 3). Their primary emphases should be on:

- Conducting comprehensive assessments of an individuals’ medical and psychosocial conditions to determine appropriate levels of treatment
- Medical and psychosocial stabilization, including the initiation and tapering of medications used for the treatment of substance use withdrawal and familiarizing the individual with the range of treatments and principle of personal responsibility in recovery services
- Fostering the individuals’ engagement with treatment, including stressing the importance of following through with the continuum of care.

Required Levels of Care:

DSAMH requires applicants for Comprehensive Withdrawal Management services to provide ASAM Levels 2-WM, 3.2-WM and 3.7-WM; Levels 1-WM and 4-WM are desired but optional.

See Appendix B for information and links to the full range of services.

D. Target Population

The target population for this RFP is adult (18 years of age and over) residents of Delaware meeting *The American Society of Addiction Medicine’s* “The ASAM Criteria”, 3rd edition, 2013, for withdrawal management services (ASAM 1-WM, 2-WM, 3.2-WM, 3.7-WM and 4-WM.)

III. Required Information

The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this proposal may result in rejection of the proposal at the sole discretion of the State.

A. Minimum Requirements

1. Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Prior to the execution of an award document, the successful Vendor shall either furnish the Agency with proof of State of Delaware Business Licensure or initiate the process of application where required.

2. Vendor shall provide responses to the Request for Proposal (RFP) scope of work and clearly identify capabilities as presented in the General Evaluation Requirements below.
3. Complete all appropriate attachments and forms as identified within the RFP.
4. Proof of insurance and amount of insurance shall be furnished to the Agency prior to the start of the contract period and shall be no less than as identified in the bid solicitation, Section V, Item 8, subsection g (insurance).

B. General Evaluation Requirements

1. Experience and Reputation
2. Expertise
3. Capacity to meet requirements
4. Soundness of Approach
5. Sustainability
6. Partnerships with Other Bidders
7. Pricing
8. Bonus points will be based on Bidder's ability to leverage other public-private partnerships and any in-kind funding sources to complement the proposed model.

C. Minimum Mandatory Submission Requirements are listed in Appendix A

D. Scopes of Work and Technical Requirements are listed in Appendix B.

E. Business Proposal Requirements listed in Appendix D.

F. Attachments and Appendices

The following attachments and appendixes shall be considered part of the solicitation:

a. Attachments:

- Attachment 1 – No Proposal Reply Form
- Attachment 2 – Non-Collusion Statement
- Attachment 3 – Exceptions
- Attachment 4 – Confidentiality and Proprietary Information
- Attachment 5 – Business References
- Attachment 6 – Subcontractor Information Form
- Attachment 7 – Monthly Usage Report
- Attachment 8 – Subcontracting (2nd Tier Spend) Report
- Attachment 9 – List of Contracts in the State of Delaware Form
- Attachment 10 – Office of Supplier Diversity Application

b. Appendixes:

- Appendix A – Minimum Response Requirements
- Appendix B – Key Outcome Indicators

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- Appendix B-1 – Scopes of Work and Technical Requirements
- Appendix C – Division of Substance Abuse & Mental Health (DSAMH) Policies
- Appendix D – Business Proposal Requirements
- Appendix D-1 – Budget Workbook Instructions
- Appendix D-2 – Budget Workbook
- Appendix D-3 – RFP Financial Survey
- Appendix E – Divisional Requirements
- Appendix F – Professional Services Agreement

IV. Professional Services RFP Administrative Information

A. RFP Issuance

1. Public Notice

Public notice has been provided in accordance with 29 *Del. C.* [§6981](#).

2. Obtaining Copies of the RFP

This RFP is available in electronic form through the State of Delaware Procurement website at www.bids.delaware.gov and **through Bonfire at <https://dhss.bonfirehub.com>** Paper copies of this RFP will not be available.

3. Assistance to Vendors with a Disability

Vendors with a disability may receive accommodation regarding the means of communicating this RFP or participating in the procurement process. For more information, contact the Designated Contact no later than ten days prior to the deadline for receipt of proposals.

4. RFP Designated Contact

All requests, questions, or other communications about this RFP shall be made through Bonfire at <https://dhss.bonfirehub.com> Communications made to other State of Delaware personnel or attempting to ask questions by phone or in person will not be allowed or recognized as valid and may disqualify the vendor. Vendors should rely only on information posted at <https://dhss.bonfirehub.com> ire/. The RFP designated contact.

**Ruthena Gbedema
1901 DuPont Highway
Springer Building
New Castle, DE 19720**

DHSS_DSAMHCONTRACTS@DELAWARE.GOV

5. Consultants and Legal Counsel

The State of Delaware may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors' responses. Bidders shall not contact the State's consultant or legal counsel on any matter related to the RFP.

6. Contact with State Employees

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact regarding this RFP is expressly prohibited without prior consent.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently doing business in the State who require contact in the normal course of doing that business.

7. Organizations Ineligible to Bid

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

8. Exclusions

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a vendor who:

- a. Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;
- b. Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;
- c. Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;
- d. Has violated contract provisions such as;
 - 1) Known failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or
 - 2) Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;
- e. Has violated ethical standards set out in law or regulation; and
- f. Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

B. RFP Submissions

- 1. ALL PROPOSALS MUST BE SUBMITTED ONLINE ON THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES' eProcurement portal, which is currently found at <https://dhss.bonfirehub.com/>. Responses submitted by hard copy, mail, facsimile, or e-mail will not be accepted.**

2. Acknowledgement of Understanding of Terms

By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

3. Proposals

To be considered, all proposals must be submitted through Bonfire at <https://dhss.bonfirehub.com/> and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

All proposals must be submitted prior to **11:00 AM (EDT)** on **November 11th, 2020**.

PROPOSAL REQUIREMENTS

1. Proposals must be received before the Proposal Due Date and Time, as identified in the Procurement Schedule for this RFP. Responses received after the Proposal Due Date and Time will not be accepted

2. Upload your submission at: <https://dhss.bonfirehub.com>

Important Notes:

- • Logging in and/or uploading the file(s) does not mean the response is submitted. Users must successfully upload all the file(s) and **MUST** click the submit button before the proposal due date and time.
- • Users will receive an email confirmation receipt with a unique confirmation number once the submission has been finalized. This will confirm that the proposal has been submitted successfully.
- • Each submitted item of Requested Information will only become visible to DHSS after the proposal due date and time.
- If the file is mandatory, you will not be able to complete your submission until the requirement is met.
- • Uploading large documents may take significant time depending on the size of the file(s) and your Internet connection speed. The maximum upload file size is 1000 MB.
- • Minimum system requirements: Internet Explorer 11, Microsoft Edge, Google Chrome, or Mozilla Firefox. Java Script must be enabled.
- Notarizations are no longer required.

Need Help? Please contact Bonfire directly at Support@GoBonfire.com or 1(800)354-8010 ext. 2 for technical questions or issues related to your submission. You can also visit their help forum at <https://bonfirehub.zendesk.com/hc>.

Any proposal submitted after the Deadline for Receipt of Proposals date shall not be accepted. The contents of any proposal shall not be disclosed as to be made available to competing entities during the negotiation process.

Upon receipt of vendor proposals, each vendor shall be presumed to be thoroughly familiar with all specifications and requirements of this RFP. The failure or omission to examine any form, instrument or document shall in no way relieve vendors from any obligation in respect to this RFP.

4. Proposal Modifications

Any changes, amendments or modifications to a proposal must be submitted through Bonfire prior to the proposal due date. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

5. Proposal Costs and Expenses

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

The State of Delaware will not pay any costs incurred by any Vendor associated with any aspect of responding to this solicitation, including proposal preparation, system demonstrations or negotiation process.

6. Proposal Expiration Date

Prices quoted in the proposal shall remain fixed and binding on the bidder at least through December 31, 2021. The State of Delaware reserves the right to ask for an extension of time if needed.

7. Late Proposals

Proposals submitted after the specified date and time will not be accepted by the Bonfire Portal. Evaluation of the proposals is expected to begin shortly after the proposal due date. To document compliance with the deadline, the proposal will be date and time stamped upon receipt by Bonfire

8. Proposal Opening

The State of Delaware will receive proposals via Bonfire until the date and time shown in this RFP. Proposals will be opened in the presence of State of Delaware personnel.

There will be no public opening of proposals but a public log will be kept of the names of all vendor organizations that submitted proposals. The contents of any proposal shall not be disclosed in accordance with [Executive Order # 31](#) and Title 29, Delaware Code, [Chapter 100](#).

9. Non-Conforming Proposals

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the State of Delaware.

10. Concise Proposals

The State of Delaware discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. The State of Delaware's interest is in the quality and responsiveness of the proposal.

11. Realistic Proposals

It is the expectation of the State of Delaware that vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The State of Delaware shall bear no responsibility or increase obligation for a vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

12. Confidentiality of Documents

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Subject to applicable law or the order of a court of competent jurisdiction to the contrary, all documents submitted as part of the vendor's proposal will be treated as confidential during the evaluation process. As such, vendor proposals will not be available for review by anyone other than the State of Delaware/Proposal Evaluation Team or its designated agents. There shall be no disclosure of any vendor's information to a competing vendor prior to award of the contract unless such disclosure is required by law or by order of a court of competent jurisdiction.

The State of Delaware and its constituent agencies are required to comply with the State of Delaware Freedom of Information Act, [29 Del. C. § 10001, et seq.](#) ("FOIA"). FOIA requires that the State of Delaware's records are public records (unless otherwise declared by FOIA or other law to be exempt from disclosure) and are subject to inspection and copying by any person upon a written request. Once a proposal is received by the State of Delaware and a decision on contract award is made, the content of selected and non-selected vendor proposals will likely become subject to FOIA's public disclosure obligations.

The State of Delaware wishes to create a business-friendly environment and procurement process. As such, the State respects the vendor community's desire to protect its intellectual property, trade secrets, and confidential business information (collectively referred to herein as "confidential business information"). Proposals must contain sufficient information to be evaluated. If a vendor feels that they cannot submit their proposal without including confidential business information, they must adhere to the following procedure or their proposal may be deemed unresponsive, may not be recommended for selection, and any applicable protection for the vendor's confidential business information may be lost.

In order to allow the State to assess its ability to protect a vendor's confidential business information, vendors will be permitted to designate appropriate portions of their proposal as confidential business information.

Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate file labeled "Confidential Business Information" and include the specific RFP number. The file must contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by 29 Del. C. § 10002, and briefly stating the reasons that each document meets the said definitions.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, the State of Delaware will open the file to determine whether the procedure described above has been followed. A vendor's allegation as to its confidential business information shall not be binding on the State. The State shall independently determine the validity of any vendor designation as set forth in this section. Any vendor submitting a proposal or using the procedures discussed herein expressly accepts the State's absolute right and duty to independently assess the legal and factual validity of any information designated as confidential business information. Accordingly, Vendor(s) assume the risk that confidential business information included within a proposal may enter the public domain.

13. Price Not Confidential

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Vendors shall be advised that as a publicly bid contract, no Vendor shall retain the right to declare their pricing confidential.

14. Multi-Vendor Solutions (Joint Ventures)

Multi-vendor solutions (joint ventures) will be allowed only if one of the venture partners is designated as the “**prime contractor**”. The “**prime contractor**” must be the joint venture’s contact point for the State of Delaware and be responsible for the joint venture’s performance under the contract, including all project management, legal and financial responsibility for the implementation of all vendor systems. If a joint venture is proposed, a copy of the joint venture agreement clearly describing the responsibilities of the partners must be submitted with the proposal. Services specified in the proposal shall not be subcontracted without prior written approval by the State of Delaware, and approval of a request to subcontract shall not in any way relieve Vendor of responsibility for the professional and technical accuracy and adequacy of the work. Further, vendor shall be and remain liable for all damages to the State of Delaware caused by negligent performance or non-performance of work by its subcontractor or its sub-subcontractor.

Multi-vendor proposals must be a consolidated response with all cost included in the cost summary. Where necessary, RFP response pages are to be duplicated for each vendor.

a. Primary Vendor

The State of Delaware expects to negotiate and contract with only one “prime vendor”. The State of Delaware will not accept any proposals that reflect an equal teaming arrangement or from vendors who are co-bidding on this RFP. The prime vendor will be responsible for the management of all subcontractors.

Any contract that may result from this RFP shall specify that the prime vendor is solely responsible for fulfillment of any contract with the State as a result of this procurement. The State will make contract payments only to the awarded vendor. Payments to any-subcontractors are the sole responsibility of the prime vendor (awarded vendor).

Nothing in this section shall prohibit the State of Delaware from the full exercise of its options under Section IV.B.18 regarding multiple source contracting.

b. Sub-contracting

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and major subcontractors must be identified by name. **The prime vendor shall be wholly responsible for the entire contract performance whether or not subcontractors are used.** Any sub-contractors must be approved by State of Delaware.

c. Multiple Proposals

A primary vendor may not participate in more than one proposal in any form. Sub-contracting vendors may participate in multiple joint venture proposals.

15. Sub-Contracting

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and subcontractors must be identified by name. Any sub-contractors must be approved by State of Delaware.

16. Discrepancies and Omissions

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of vendor. Should vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, vendor shall notify the State of Delaware's Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, at least ten (10) calendar days prior to the time set for opening of the proposals.

a. RFP Question and Answer Process

QUESTIONS

Questions must be submitted before the due date identified in the Procurement Schedule for this RFP. All inquiries must be submitted in the Q/A section of the project listing in the [Bonfire Procurement Portal \(https://dhss.bonfirehub.com\)](https://dhss.bonfirehub.com). The Department's response to questions will be posted, according to the procurement schedule, under the project listing in Bonfire and to the State of Delaware Bid Solicitation Directory Website: <http://www.bids.delaware.gov/>.

To contact Delaware Health and Social Services or ask questions in relation to this RFP, respondents must register with the Organization's public purchasing portal at <https://dhss.bonfirehub.com> (the "Portal") and initiate the communication electronically through the Opportunity Q&A. Delaware Health and Social Services will not accept any respondent's communications by any other means, except as specifically stated in this RFP.

17. State's Right to Reject Proposals

The State of Delaware reserves the right to accept or reject any or all proposals or any part of any proposal, to waive defects, technicalities or any specifications (whether they be in the State of Delaware's specifications or vendor's response), to sit and act as sole judge of the merit and qualifications of each product offered, or to solicit new proposals on the same project or on a modified project which may include portions of the originally proposed project as the State of Delaware may deem necessary in the best interest of the State of Delaware.

18. State's Right to Cancel Solicitation

The State of Delaware reserves the right to cancel this solicitation at any time during the procurement process, for any reason or for no reason. The State of Delaware makes no commitments expressed or implied, that this process will result in a business transaction with any vendor.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

This RFP does not constitute an offer by the State of Delaware. Vendor's participation in this process may result in the State of Delaware selecting your organization to engage in further discussions and negotiations toward execution of a contract. The commencement of such negotiations does not, however, signify a commitment by the State of Delaware to execute a contract nor to continue negotiations. The State of Delaware may terminate negotiations at any time and for any reason, or for no reason.

19. State's Right to Award Multiple Source Contracting

Pursuant to 29 *Del. C.* [§ 6986](#), the State of Delaware may award a contract for a particular professional service to two or more vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

20. Potential Contract Overlap

Vendors shall be advised that the State, at its sole discretion, shall retain the right to solicit for goods and/or services as required by its agencies and as it serves the best interest of the State. As needs are identified, there may exist instances where contract deliverables, and/or goods or services to be solicited and subsequently awarded, overlap previous awards. The State reserves the right to reject any or all bids in whole or in part, to make partial awards, to award to multiple vendors during the same period, to award by types, on a zone-by-zone basis or on an item-by-item or lump sum basis item by item, or lump sum total, whichever may be most advantageous to the State of Delaware.

20. Supplemental Solicitation

The State reserves the right to advertise a supplemental solicitation during the term of the Agreement if deemed in the best interest of the State.

21. Notification of Withdrawal of Proposal

Vendor may modify or withdraw its proposal by written request, provided that both proposal and request is received by the State of Delaware prior to the proposal due date. Proposals may be re-submitted in accordance with the proposal due date in order to be considered further.

Proposals become the property of the State of Delaware at the proposal submission deadline. All proposals received are considered firm offers at that time.

22. Revisions to the RFP

If it becomes necessary to revise any part of the RFP, an addendum will be posted on the State of Delaware's website at www.bids.delaware.gov and <https://dhss.bonfirehub.com>. The State of Delaware is not bound by any statement related to this RFP made by any State of Delaware employee, contractor or its agents.

23. Exceptions to the RFP

Any exceptions to the RFP, or the State of Delaware's terms and conditions, must be recorded on Attachment 3. Acceptance of exceptions is within the sole discretion of the evaluation committee.

24. Business References

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Provide at least three (3) business references consisting of current or previous customers of similar scope and value using Attachment 5. Include business name, mailing address, contact name and phone number, number of years doing business with, and type of work performed. Personal references cannot be considered.

25. Award of Contract

The final award of a contract is subject to approval by the State of Delaware. The State of Delaware has the sole right to select the successful vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP.

Notice in writing to a vendor of the acceptance of its proposal by the State of Delaware and the subsequent full execution of a written contract will constitute a contract, and no vendor will acquire any legal or equitable rights or privileges until the occurrence of both such events.

a. RFP Award Notifications

After reviews of the evaluation committee report and its recommendation, and once the contract terms and conditions have been finalized, the State of Delaware will award the contract.

The contract shall be awarded to the vendor whose proposal is most advantageous, taking into consideration the evaluation factors set forth in the RFP.

It should be explicitly noted that the State of Delaware is not obligated to award the contract to the vendor who submits the lowest bid or the vendor who receives the highest total point score, rather the contract will be awarded to the vendor whose proposal is the most advantageous to the State of Delaware. The award is subject to the appropriate State of Delaware approvals.

After a final selection is made, the winning vendor will be invited to negotiate a contract with the State of Delaware; remaining vendors will be notified in writing of their selection status.

26. Cooperatives

Vendors, who have been awarded similar contracts through a competitive bidding process with a cooperative, are welcome to submit the cooperative pricing for this solicitation. **State of Delaware terms will take precedence.**

C. RFP Evaluation Process

An evaluation team composed of representatives of the State of Delaware will evaluate proposals on a variety of quantitative criteria. Neither the lowest price nor highest scoring proposal will necessarily be selected.

The State of Delaware reserves full discretion to determine the competence and responsibility, professionally and/or financially, of vendors. Vendors are to provide in a timely manner any and all information that the State of Delaware may deem necessary to make a decision.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

1. Proposal Evaluation Team

The Proposal Evaluation Team shall be comprised of representatives of the State of Delaware. The Team shall determine which vendors meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 *Del. C.* §§ [6981](#) and [6982](#). Professional services for this solicitation are considered under 29 *Del. C.* §6982(b). The Team may negotiate with one or more vendors during the same period and may, at its discretion, terminate negotiations with any or all vendors. The Team shall make a recommendation regarding the award to the Division of Substance Abuse and Mental Health Director, who shall have final authority, subject to the provisions of this RFP and 29 *Del. C.* § [6982\(b\)](#), to award a contract to the successful vendor in the best interests of the State of Delaware.

2. Proposal Selection Criteria

The Proposal Evaluation Team shall assign up to the maximum number of points for each Evaluation Item to each of the proposing vendor's proposals. All assignments of points shall be at the sole discretion of the Proposal Evaluation Team.

The proposals shall contain the essential information on which the award decision shall be made. The information required to be submitted in response to this RFP has been determined by the State of Delaware to be essential for use by the Team in the bid evaluation and award process. Therefore, all instructions contained in this RFP shall be met in order to qualify as a responsive and responsible contractor and participate in the Proposal Evaluation Team's consideration for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Team.

The Team reserves the right to:

- Select for contract or for negotiations a proposal other than that with lowest costs.
- Reject any and all proposals or portions of proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all vendors during the contract review and negotiation.
- Negotiate any aspect of the proposal with any vendor and negotiate with more than one vendor at the same time.
- Select more than one vendor pursuant to 29 *Del. C.* §[6986](#). Such selection will be based on the following criteria:
 - needs of the Division; and
 - funding availability

Criteria Weight

All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the Evaluation Team to evaluate proposals:

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Criteria	Points / Weight
<p><u>Minimum Mandatory Submission Requirements</u> Failure to provide all appropriate information may deem the submitting Bidder as “non-responsive</p>	Pass/Fail
<p><u>Experience and Reputation:</u> The qualifications and experience of the organization and persons to be assigned to the project.</p> <p>References and/or Letters of Support should be included including the complete of the Business References referenced in Attachment 5, and a complete List of Contracts in the State of Delaware Form referenced in Attachment 9.</p> <p>In addition, to these attachments, scoring will be based on the content in the responses to the questions in Technical Requirements in Attachment B related to Experience and Reputation, including how they incorporate and address the scope of work requirements.</p>	20
<p><u>Expertise related to the Scope of Work and Technical Requirements in Attachment B:</u> Familiarity and experience creating and running similar projects, including the ability to perform the work in a timely manner, company oversight and on-going project support and maintenance.</p> <p>Scoring will be based on the content in the responses to the questions in Technical Requirements in Attachment B related to Expertise, including how they incorporate and address the scope of work requirements.</p>	20
<p><u>Capacity to meet requirements:</u> Ability for organization to serve individuals, including financial soundness, staff capacity and staff to resident ratio.</p> <p>Scoring will be based on the content in the responses to the questions in Technical Requirements in Attachment B related to Capacity to meet requirements, including how they incorporate and address the scope of work requirements.</p>	15
<p><u>Soundness of Approach:</u> Response describes a model which provides details about evidence-based practices, integrated services which fully supports a continuum of care and quality of life at the appropriate ASAM Level of Care.</p> <p>Scoring will be based on the content in the responses to the questions in Technical Requirements in Attachment B related to the scope of work requirements.</p>	20
<p><u>Sustainability:</u> Evidence is provided which supports long-term sustainability of the organization and model proposed. Include potential income projections substantiated by prior project management of similar scope and content.</p>	10

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Criteria	Points / Weight
<p>Bidders must complete and attach Appendix D-3 related to organization's financial stability as well as letters of support from organizations which are external to the Bidder and which acknowledge or indicate a long-term investment, commitment, or partnership (optional). Bidders must also attach an emergency response/disaster plan.</p> <p>In addition to the above, scoring will be based on the content in the response to the question in the Technical Requirements in Attachment B related to Sustainability.</p>	
<p>Partnerships with other Bidders: Model includes community partnerships with one or more Bidders in a significant role within the model.</p> <p>Bidders who propose models which include community partnerships will receive up to 5 bonus points.</p>	5
<p>Pricing: Bidder must accept pricing/costs cannot exceed the rates listed in the most current Delaware Adult Behavioral Health Service Certification and Reimbursement Manual¹.</p> <p>For services which do not have rates established in the reimbursement manual, Bidders are asked to provide a fee-based cost estimate for the services proposed with a supporting budget through submission of Appendix D-2 Budget Workbook.</p>	10
Total:	100
<p>Bonus points will be awarded based on the following:</p> <ul style="list-style-type: none"> • Bidder whose solution describes how it will commit to and leverage other public-private partnerships and any in-kind funding sources to complement the proposed model. • Signed Memorandum of Understanding (MOU) with partner organization. • If a public-private partnership will be proposed, evidence of previous partnerships focused on wrap around supports and services for vulnerable populations. 	<p>5</p> <p>5</p> <p>5</p> <p>Total: 15</p>
Total	115

¹ Bidders should reference the most current manual posted on the DHSS website at the time of response. At the time of issuance, the current Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual can be found at:
<https://www.dhss.delaware.gov/dhss/dsamh/files/stateplanmanual11012016.pdf>.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Criteria	Points / Weight
Bidders must circle Yes or No to the following questions and include the answers in their response.	
1. Does the Bidder have a Supplier Diversity plan currently in place?	Yes / No
2. Does the Bidder have any diverse sub-contractors as outlined in Attachment 8 Tier II Sub-contractors?	Yes / No
3. Does the Bidder have a written inclusion policy in place? If yes, attach a clearly identifiable copy of the inclusion plan to your proposal.	Yes / No
Answers to these 3 questions are mandatory and do not affect the weighted evaluation of this proposal. However, an affirmative answer to question 2 may directly impact quarterly sub-contracting reporting as illustrated in Attachment 8 in those instances where an awarded contract includes subcontracting activity.	

Vendors are encouraged to review the evaluation criteria and to provide a response that addresses each of the scored items. Evaluators will not be able to make assumptions about a vendor's capabilities so the responding vendor should be detailed in their proposal responses.

3. Proposal Clarification

The Evaluation Team may contact any vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Proposals may not be modified as a result of any such clarification request.

4. References

The Evaluation Team may contact any customer of the vendor, whether or not included in the vendor's reference list, and use such information in the evaluation process. Additionally, the State of Delaware may choose to visit existing installations of comparable systems, which may or may not include vendor personnel. If the vendor is involved in such site visits, the State of Delaware will pay travel costs only for State of Delaware personnel for these visits.

5. Oral Presentations

After initial scoring and a determination that vendor(s) are qualified to perform the required services, selected vendors may be invited to make oral presentations to the Evaluation Team. All vendor(s) selected will be given an opportunity to present to the Evaluation Team.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

The selected vendors will have their presentations scored or ranked based on their ability to successfully meet the needs of the contract requirements, successfully demonstrate their product and/or service, and respond to questions about the solution capabilities.

The vendor representative(s) attending the oral presentation shall be technically qualified to respond to questions related to the proposed system and its components. All of the vendor's costs associated with participation in oral discussions and system demonstrations conducted for the State of Delaware are the vendor's responsibility.

V. Contract Terms and Conditions

1. Contract Use by Other Agencies

REF: Title 29, Chapter [6904\(e\)](#) Delaware Code. If no state contract exists for a certain good or service, covered agencies may procure that certain good or service under another agency's contract so long as the arrangement is agreeable to all parties. Agencies, other than covered agencies, may also procure such goods or services under another agency's contract when the arrangement is agreeable to all parties.

2. Cooperative Use of Award

As a publicly competed contract awarded in compliance with 29 DE Code Chapter 69, this contract is available for use by other states and/or governmental entities through a participating addendum. Interested parties should contact the State Contract Procurement Officer identified in the contract for instruction. Final approval for permitting participation in this contract resides with the Director of Government Support Services and in no way places any obligation upon the awarded vendor(s).

3. As a Service Subscription

As a Service subscription license costs shall be incurred at the individual license level only as the individual license is utilized within a fully functioning solution. Subscription costs will not be applicable during periods of implementation and solution development prior to the State's full acceptance of a working solution. Additional subscription license requests above actual utilization may not exceed 5% of the total and are subject to Delaware budget and technical review.

4. General Information

- a. The term of the contract between the successful Bidder and the State shall be for **three (3) years with two (2) optional extensions for a period of one (1) year for each extension.**
- b. The selected vendor will be required to enter into a written agreement with the State of Delaware. The State of Delaware reserves the right to incorporate standard State contractual provisions into any contract negotiated as a result of a proposal submitted in response to this RFP. Any proposed modifications to the terms and conditions of the standard contract are subject to review and approval by the State of Delaware. Vendors will be required to sign the contract for all services, and may be required to sign additional agreements.
- c. The selected vendor or vendors will be expected to enter negotiations with the State of Delaware, which will result in a formal contract between parties.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Procurement will be in accordance with subsequent contracted agreement. This RFP and the selected vendor's response to this RFP will be incorporated as part of any formal contract.

- d. The State of Delaware's standard contract will most likely be supplemented with the vendor's software license, support/maintenance, source code escrow agreements, and any other applicable agreements. The terms and conditions of these agreements will be negotiated with the finalist during actual contract negotiations.
- e. The successful vendor shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after award of the contract. No vendor is to begin any service prior to receipt of a State of Delaware purchase order signed by two authorized representatives of the agency requesting service, properly processed through the State of Delaware Accounting Office and the Department of Finance. The purchase order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once it is received by the successful vendor.
- f. If the vendor to whom the award is made fails to enter into the agreement as herein provided, the award will be annulled, and an award may be made to another vendor. Such vendor shall fulfill every stipulation embraced herein as if they were the party to whom the first award was made.
- g. The State reserves the right to extend this contract on a month-to-month basis for a period of up to three months after the term of the full contract has been completed.
- h. Vendors are not restricted from offering lower pricing at any time during the contract term.

5. Collusion or Fraud

Any evidence of agreement or collusion among vendor(s) and prospective vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such vendor(s) void.

By responding, the vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the vendor's proposal preparation.

Advance knowledge of information which gives any particular vendor advantages over any other interested vendor(s), in advance of the opening of proposals, whether in response to advertising or an employee or representative thereof, will potentially void that particular proposal.

6. Lobbying and Gratuities

Lobbying or providing gratuities shall be strictly prohibited. Vendors found to be lobbying, providing gratuities to, or in any way attempting to influence a State of Delaware employee or agent of the State of Delaware concerning this RFP or the award of a contract resulting from this RFP shall have their proposal immediately rejected and shall be barred from further participation in this RFP.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

The selected vendor will warrant that no person or selling agency has been employed or retained to solicit or secure a contract resulting from this RFP upon agreement or understanding for a commission, or a percentage, brokerage or contingent fee. For breach or violation of this warranty, the State of Delaware shall have the right to annul any contract resulting from this RFP without liability or at its discretion deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

All contact with State of Delaware employees, contractors or agents of the State of Delaware concerning this RFP shall be conducted in strict accordance with the manner, forum and conditions set forth in this RFP.

7. Solicitation of State Employees

Until contract award, vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State of Delaware's employ in order to accept employment with the vendor, its affiliates, actual or prospective contractors, or any person acting in concert with vendor, without prior written approval of the State of Delaware's contracting officer. Solicitation of State of Delaware employees by a vendor may result in rejection of the vendor's proposal.

This paragraph does not prevent the employment by a vendor of a State of Delaware employee who has initiated contact with the vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the contractor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under state or federal law. If a vendor discovers that they have done so, they must terminate that employment immediately.

8. General Contract Terms

a. Independent Contractors

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes.

It may be at the State of Delaware's discretion as to the location of work for the contractual support personnel during the project period. The State of Delaware may provide working space and sufficient supplies and material to augment the Contractor's services.

b. Temporary Personnel are Not State Employees Unless and Until They are Hired

Vendor agrees that any individual or group of temporary staff person(s) provided to the State of Delaware pursuant to this Solicitation shall remain the employee(s)

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

of Vendor for all purposes including any required compliance with the Affordable Care Act by the Vendor. Vendor agrees that it shall not allege, argue, or take any position that individual temporary staff person(s) provided to the State pursuant to this Solicitation must be provided any benefits, including any healthcare benefits by the State of Delaware and Vendor agrees to assume the total and complete responsibility for the provision of any healthcare benefits required by the Affordable Care Act to aforesaid individual temporary staff person(s). In the event that the Internal Revenue Service, or any other third party governmental entity determines that the State of Delaware is a dual employer or the sole employer of any individual temporary staff person(s) provided to the State of Delaware pursuant to this Solicitation, Vendor agrees to hold harmless, indemnify, and defend the State to the maximum extent of any liability to the State arising out of such determinations.

Notwithstanding the content of the preceding paragraph, should the State of Delaware subsequently directly hire any individual temporary staff employee(s) provided pursuant to this Solicitation, the aforementioned obligations to hold harmless, indemnify, and defend the State of Delaware shall cease and terminate for the period following the date of hire. Nothing herein shall be deemed to terminate the Vendor's obligation to hold harmless, indemnify, and defend the State of Delaware for any liability that arises out of compliance with the ACA prior to the date of hire by the State of Delaware. Vendor will waive any separation fee provided an employee works for both the vendor and hiring agency, continuously, for a three (3) month period and is provided thirty (30) days written notice of intent to hire from the agency. Notice can be issued at second month if it is the State's intention to hire.

c. ACA Safe Harbor

The State and its utilizing agencies are not the employer of temporary or contracted staff. However, the State is concerned that it could be determined to be a Common-law Employer as defined by the Affordable Care Act ("ACA"). Therefore, the State seeks to utilize the "Common-law Employer Safe Harbor Exception" under the ACA to transfer health benefit insurance requirements to the staffing company. The Common-law Employer Safe Harbor Exception can be attained when the State and/or its agencies are charged and pay for an "Additional Fee" with respect to the employees electing to obtain health coverage from the Vendor.

The Common-law Employer Safe Harbor Exception under the ACA requires that an Additional Fee must be charged to those employees who obtain health coverage from the Vendor, but does not state the required amount of the fee. The State requires that all Vendors shall identify the Additional Fee to obtain health coverage from the Vendor and delineate the Additional Fee from all other charges and fees. The Vendor shall identify both the Additional Fee to be charged and the basis of how the fee is applied (i.e. per employee, per invoice, etc.). The State will consider the Additional Fee and prior to award reserves the right to negotiate any fees offered by the Vendor. Further, the Additional Fee shall be separately scored in the proposal to ensure that neither prices charged nor the Additional Fee charged will have a detrimental effect when selecting vendor(s) for award.

d. Licenses and Permits

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

In performance of the contract, the vendor will be required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful vendor. The vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 *Del. C.* § [2502](#).

Prior to receiving an award, the successful vendor shall either furnish the State of Delaware with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject vendor to applicable fines and/or interest penalties.

e. Notice

Any notice to the State of Delaware required under the contract shall be sent by registered mail to:

**Delaware Division of Substance Abuse and Mental Health
Herman M. Holloway Sr. Health and Social Services Campus
Contracts Unit
1901 M. DuPont Highway, New Castle, DE 19720
Springer Building**

f. Indemnification

1. General Indemnification

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.

2. Proprietary Rights Indemnification

Vendor shall warrant that all elements of its solution, including all equipment, software, documentation, services and deliverables, do not and will not infringe upon or violate any patent, copyright, trade secret or other proprietary rights of any third party. In the event of any claim, suit or action by any third party against the State of Delaware, the State of Delaware shall promptly notify the vendor in writing and vendor shall defend such claim, suit or action at vendor's expense, and vendor shall indemnify the State of Delaware against any loss, cost, damage, expense or liability arising out of such claim, suit or action (including, without limitation, litigation costs, lost employee time, and counsel fees) whether or not such claim, suit or action is successful.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

If any equipment, software, services (including methods) products or other intellectual property used or furnished by the vendor (collectively "Products") is or in vendor's reasonable judgment is likely to be, held to constitute an infringing product, vendor shall at its expense and option either:

- a. Procure the right for the State of Delaware to continue using the Product(s);
- b. Replace the product with a non-infringing equivalent that satisfies all the requirements of the contract; or
- c. Modify the Product(s) to make it or them non-infringing, provided that the modification does not materially alter the functionality or efficacy of the product or cause the Product(s) or any part of the work to fail to conform to the requirements of the Contract, or only alters the Product(s) to a degree that the State of Delaware agrees to and accepts in writing.

g. Insurance

1. Vendor recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the vendor's negligent performance under this contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the vendor in their negligent performance under this contract.
2. The vendor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor and is not an employee of the State of Delaware.
3. As a part of the contract requirements, the contractor must obtain at its own cost and expense and keep in force and effect during the term of this contract, including all extensions, the minimum coverage limits specified below with a carrier satisfactory to the State. All contractors must carry the following coverage depending on the type of service or product being delivered.
 - a. Worker's Compensation and Employer's Liability Insurance in accordance with applicable law.
 - b. Commercial General Liability - \$1,000,000 per occurrence/\$3,000,000 per aggregate.
 - c. Automotive Liability Insurance covering all automotive units used in the work (including all units leased from and/or provided by the State to Vendor pursuant to this Agreement as well as all units used by Vendor, regardless of the identity of the registered owner, used by Vendor for completing the Work required by this Agreement to include but not limited to transporting Delaware clients or staff), providing coverage on a primary non-contributory basis with limits of not less than:

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

1. \$1,000,000 combined single limit each accident, for bodily injury;
2. \$250,000 for property damage to others;
3. \$25,000 per person per accident Uninsured/Underinsured Motorists coverage;
4. \$25,000 per person, \$300,000 per accident Personal Injury Protection (PIP) benefits as provided for in 21 Del. C. §2118; and
5. Comprehensive coverage for all leased vehicles, which shall cover the replacement cost of the vehicle in the event of collision, damage or other loss.

The successful vendor must carry at least one of the following depending on the scope of work being performed.

- a. Medical/Professional Liability - \$1,000,000 per occurrence/\$3,000,000 per aggregate
- b. Miscellaneous Errors and Omissions - \$1,000,000 per occurrence/\$3,000,000 per aggregate
- c. Product Liability - \$1,000,000 per occurrence/\$3,000,000 aggregate

Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provisions.

Before any work is done pursuant to this Agreement, the Certificate of Insurance and/or copies of the insurance policies, referencing the contract number stated herein, shall be filed with the State. The certificate holder is as follows:

**Delaware Division of Substance Abuse and Mental Health
Herman M. Holloway Sr. Health and Social Services Campus
Contract No: HSS-20-039
1901 N. DuPont Highway, New Castle, DE 19720
Springer Building
Attention: Contracts Unit**

Nothing contained herein shall restrict or limit the Vendor's right to procure insurance coverage in amounts higher than those required by this Agreement. To the extent that the Vendor procures insurance coverage in amounts higher than the amounts required by this Agreement, all said additionally procured coverages will be applicable to any loss or claim and shall replace the insurance obligations contained herein.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

To the extent that Vendor has complied with the terms of this Agreement and has procured insurance coverage for all vehicles Leased and/or operated by Vendor as part of this Agreement, the State of Delaware's self-insured insurance program shall not provide any coverage whether coverage is sought as primary, co-primary, excess or umbrella insurer or coverage for any loss of any nature.

In no event shall the State of Delaware be named as an additional insured on any policy required under this agreement.

4. The vendor shall provide a Certificate of Insurance (COI) as proof that the vendor has the required insurance. The COI shall be provided to agency contact prior to any work being completed by the awarded vendor(s).
5. The State of Delaware shall not be named as an additional insured.
6. Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provisions.

h. Performance Requirements

The selected Vendor will warrant that it possesses, or has arranged through subcontractors, all capital and other equipment, labor, materials, and licenses necessary to carry out and complete the work hereunder in compliance with any and all Federal and State laws, and County and local ordinances, regulations and codes.

i. BID BOND

There is no Bid Bond Requirement.

j. PERFORMANCE BOND

There is no Performance Bond requirement.

k. Vendor Emergency Response Point of Contact

The awarded vendor(s) shall provide the name(s), telephone, or cell phone number(s) of those individuals who can be contacted twenty four (24) hours a day, seven (7) days a week where there is a critical need for commodities or services when the Governor of the State of Delaware declares a state of emergency under the Delaware Emergency Operations Plan or in the event of a local emergency or disaster where a state governmental entity requires the services of the vendor. Failure to provide this information could render the proposal as non-responsive.

In the event of a serious emergency, pandemic or disaster outside the control of the State, the State may negotiate, as may be authorized by law, emergency performance from the Contractor to address the immediate needs of the State, even if not contemplated under the original Contract or procurement. Payments are subject to appropriation and other payment terms.

l. Warranty

The Vendor will provide a warranty that the deliverables provided pursuant to the contract will function as designed for a period of no less than one (1) year from the date of system acceptance. The warranty shall require the Vendor correct, at its

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

own expense, the setup, configuration, customizations or modifications so that it functions according to the State's requirements.

m. Costs and Payment Schedules

All contract costs must be as detailed specifically in the Vendor's cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the State of Delaware. The proposal costs shall include full compensation for all taxes that the selected vendor is required to pay.

The State of Delaware will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).

n. Price Adjustment

The Vendor is not prohibited from offering a price reduction on its services or materiel offered under the contract. The State is not prohibited from requesting a price reduction on those services or materiel during the initial term or any subsequent options that the State may agree to exercise.

o. Liquidated Damages

The State of Delaware may include in the final contract liquidated damages provisions for non-performance.

p. Dispute Resolution

At the option of, and in the manner prescribed by the, Division of Substance Abuse and Mental Health the parties shall attempt in good faith to resolve any dispute arising out of or relating to this Agreement promptly by negotiation between executives who have authority to settle the controversy and who are at a higher level of management than the persons with direct responsibility for administration of this Agreement. All offers, promises, conduct and statements, whether oral or written, made in the course of the negotiation by any of the parties, their agents, employees, experts and attorneys are confidential, privileged and inadmissible for any purpose, including impeachment, in arbitration or other proceeding involving the parties, provided evidence that is otherwise admissible or discoverable shall not be rendered inadmissible.

If the matter is not resolved by negotiation, as outlined above, or, alternatively, Agency elects to proceed directly to mediation, then the matter will proceed to mediation as set forth below. Any disputes, claims or controversies arising out of or relating to this Agreement shall be submitted to mediation by a mediator selected by Agency, and if the matter is not resolved through mediation, then it shall be submitted, in the sole discretion of the Agency Director, for final and binding arbitration. Agency reserves the right to proceed directly to arbitration or litigation without negotiation or mediation. Any such proceedings held pursuant to this provision shall be governed by Delaware law and venue shall be in Delaware. The parties shall maintain the confidential nature of the arbitration proceeding and the Award, including the Hearing, except as may be necessary to prepare for or conduct the arbitration hearing on the merits. Each party shall bear its own costs of mediation, arbitration or litigation, including attorneys' fees.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

q. Remedies

Except as otherwise provided in this solicitation, including but not limited to Section 8.o above, all claims, counterclaims, disputes, and other matters in question between the State of Delaware and the Contractor arising out of, or relating to, this solicitation, or a breach of it may be decided by arbitration if the parties mutually agree, or in a court of competent jurisdiction within the State of Delaware.

r. Termination of Contract

The contract resulting from this RFP may be terminated as follows by the Division of Substance Abuse and Mental Health.

Termination for Cause

If, for any reasons, or through any cause, the Vendor fails to fulfill in timely and proper manner its obligations under this Contract, or if the Vendor violates any of the covenants, agreements, or stipulations of this Contract, the State shall thereupon have the right to terminate this contract by giving written notice to the Vendor of such termination and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports or other material prepared by the Vendor under this Contract shall, at the option of the State, become its property, and the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials which is usable to the State.

On receipt of the contract cancellation notice from the State, the Vendor shall have no less than five (5) days to provide a written response and may identify a method(s) to resolve the violation(s). A vendor response shall not effect or prevent the contract cancellation unless the State provides a written acceptance of the vendor response. If the State does accept the Vendor's method and/or action plan to correct the identified deficiencies, the State will define the time by which the Vendor must fulfill its corrective obligations. Final retraction of the State's termination for cause will only occur after the Vendor successfully rectifies the original violation(s). At its discretion the State may reject in writing the Vendor's proposed action plan and proceed with the original contract cancellation timeline.

1. Termination for Convenience

The State may terminate this Contract at any time by giving written notice of such termination and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, models, photographs, reports, supplies, and other materials shall, at the option of the State, become its property and the Vendor shall be entitled to receive compensation for any satisfactory work completed on such documents and other materials, and which is usable to the State.

2. Termination for Non-Appropriations

In the event the General Assembly fails to appropriate the specific funds necessary to enter into or continue the contractual agreement, in whole or part, the agreement shall be terminated as to any obligation of the State requiring the

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

expenditure of money for which no specific appropriation is available at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds. This is not a termination for convenience and will not be converted to such.

s. Non-discrimination

In performing the services subject to this RFP the vendor, as set forth in Title 19 Delaware Code Chapter 7 section [711](#), will agree that it will not discriminate against any employee or applicant with respect to compensation, terms, conditions or privileges of employment because of such individual's race, marital status, genetic information, color, age, religion, sex, sexual orientation, gender identity, or national origin. The successful vendor shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

t. Covenant against Contingent Fees

The successful vendor will warrant that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees, bona-fide established commercial or selling agencies maintained by the Vendor for the purpose of securing business. For breach or violation of this warranty the State of Delaware shall have the right to annul the contract without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

u. Vendor Activity

No activity is to be executed in an off shore facility, either by a subcontracted firm or a foreign office or division of the vendor. The vendor must attest to the fact that no activity will take place outside of the United States in its transmittal letter. Failure to adhere to this requirement is cause for elimination from future consideration.

v. Vendor Responsibility

The State will enter into a contract with the successful Vendor(s). The successful Vendor(s) shall be responsible for all products and services as required by this RFP whether or not the Vendor or its subcontractor provided final fulfillment of the order. Subcontractors, if any, shall be clearly identified in the Vendor's proposal by completing Attachment 6, and are subject the approval and acceptance of the Division of Substance Abuse and Mental Health.

w. Personnel, Equipment and Services

1. The Vendor represents that it has, or will secure at its own expense, all personnel required to perform the services required under this contract.
2. All of the equipment and services required hereunder shall be provided by or performed by the Vendor or under its direct supervision, and all personnel, including subcontractors, engaged in the work shall be fully qualified and shall be authorized under State and local law to perform such services.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

3. None of the equipment and/or services covered by this contract shall be subcontracted without the prior written approval of the State. Only those subcontractors identified in Attachment 6 are considered approved upon award. Changes to those subcontractor(s) listed in Attachment 6 must be approved in writing by the State.

x. Fair Background Check Practices

Pursuant to 29 Del. C. [§6909B](#), the State does not consider the criminal record, criminal history, credit history or credit score of an applicant for state employment during the initial application process unless otherwise required by state and/or federal law. Vendors doing business with the State are encouraged to adopt fair background check practices. Vendors can refer to 19 Del. C. [§711\(q\)](#) for applicable established provisions.

y. Vendor Background Check Requirements

Vendor(s) selected for an award that access state property or come in contact with vulnerable populations, including children and youth, shall be required to complete background checks on employees serving the State's on premises contracts. Unless otherwise directed, at a minimum, this shall include a check of the following registry:

- Delaware Sex Offender Central Registry at:
<https://sexoffender.dsp.delaware.gov/>

Individuals that are listed in the registry shall be prevented from direct contact in the service of an awarded state contract, but may provide support or off-site premises service for contract vendors. Should an individual be identified and the Vendor(s) believes their employee's service does not represent a conflict with this requirement, may apply for a waiver to the primary agency listed in the solicitation. The Agency's decision to allow or deny access to any individual identified on a registry database is final and at the Agency's sole discretion.

By Agency request, the Vendor(s) shall provide a list of all employees serving an awarded contract, and certify adherence to the background check requirement. Individual(s) found in the central registry in violation of the terms stated, shall be immediately prevented from a return to state property in service of a contract award. A violation of this condition represents a violation of the contract terms and conditions, and may subject the Vendor to penalty, including contract cancellation for cause.

Individual contracts may require additional background checks and/or security clearance(s), depending on the nature of the services to be provided or locations accessed, but any other requirements shall be stated in the contract scope of work or be a matter of common law. The Vendor(s) shall be responsible for the background check requirements of any authorized Subcontractor providing service to the Agency's contract.

z. Drug Testing Requirements for Large Public Works

Pursuant to 29 Del.C. [§6908\(a\)\(6\)](#), effective as of January 1, 2016, OMB has established regulations that require Contractors and Subcontractors to implement a

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

program of mandatory drug testing for Employees who work on Large Public Works Contracts funded all or in part with public funds. The regulations establish the mechanism, standards and requirements of a Mandatory Drug Testing Program that will be incorporated by reference into all Large Public Works Contracts awarded pursuant to 29 Del.C. [§6962](#).

Final publication of the identified regulations can be found at the following:
[4104 Regulations for the Drug Testing of Contractor and Subcontractor Employees Working on Large Public Works Projects](#)

aa. Work Product

All materials and products developed under the executed contract by the vendor are the sole and exclusive property of the State. The vendor will seek written permission to use any product created under the contract.

bb. Contract Documents

The RFP, the purchase order, the executed contract and any supplemental documents between the State of Delaware and the successful vendor shall constitute the contract between the State of Delaware and the vendor. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: contract, State of Delaware's RFP, Vendor's response to the RFP and purchase order. No other documents shall be considered. These documents will constitute the entire agreement between the State of Delaware and the vendor.

cc. Applicable Law

The laws of the State of Delaware shall apply, except where Federal Law has precedence. The successful vendor consents to jurisdiction and venue in the State of Delaware.

In submitting a proposal, Vendors certify that they comply with all federal, state and local laws applicable to its activities and obligations including:

1. the laws of the State of Delaware;
2. the applicable portion of the Federal Civil Rights Act of 1964;
3. the Equal Employment Opportunity Act and the regulations issued there under by the federal government;
4. a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury; and
5. that programs, services, and activities provided to the general public under resulting contract conform with the Americans with Disabilities Act of 1990, and the regulations issued there under by the federal government.

If any vendor fails to comply with (1) through (5) of this paragraph, the State of Delaware reserves the right to disregard the proposal, terminate the contract, or consider the vendor in default.

The selected vendor shall keep itself fully informed of and shall observe and comply with all applicable existing Federal and State laws, and County and local

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

ordinances, regulations and codes, and those laws, ordinances, regulations, and codes adopted during its performance of the work.

dd. Severability

If any term or provision of this Agreement is found by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, the same shall not affect the other terms or provisions hereof or the whole of this Agreement, but such term or provision shall be deemed modified to the extent necessary in the court's opinion to render such term or provision enforceable, and the rights and obligations of the parties shall be construed and enforced accordingly, preserving to the fullest permissible extent the intent and agreements of the parties herein set forth.

ee. Assignment Of Antitrust Claims

As consideration for the award and execution of this contract by the State, the Vendor hereby grants, conveys, sells, assigns, and transfers to the State of Delaware all of its right, title and interest in and to all known or unknown causes of action it presently has or may now or hereafter acquire under the antitrust laws of the United States and the State of Delaware, regarding the specific goods or services purchased or acquired for the State pursuant to this contract. Upon either the State's or the Vendor notice of the filing of or reasonable likelihood of filing of an action under the antitrust laws of the United States or the State of Delaware, the State and Vendor shall meet and confer about coordination of representation in such action.

ff. Scope of Agreement

If the scope of any provision of the contract is determined to be too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

gg. Affirmation

The Vendor must affirm that within the past five (5) years the firm or any officer, controlling stockholder, partner, principal, or other person substantially involved in the contracting activities of the business is not currently suspended or debarred and is not a successor, subsidiary, or affiliate of a suspended or debarred business.

hh. Audit Access to Records

The Vendor shall maintain books, records, documents, and other evidence pertaining to this Contract to the extent and in such detail as shall adequately reflect performance hereunder. The Vendor agrees to preserve and make available to the State, upon request, such records for a period of five (5) years from the date services were rendered by the Vendor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Vendor agrees to make such records available for inspection, audit, or reproduction to any official State representative in the performance of their duties under the Contract. Upon notice given to the Vendor, representatives of the

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

State or other duly authorized State or Federal agency may inspect, monitor, and/or evaluate the cost and billing records or other material relative to this Contract. The cost of any Contract audit disallowances resulting from the examination of the Vendor's financial records will be borne by the Vendor. Reimbursement to the State for disallowances shall be drawn from the Vendor's own resources and not charged to Contract cost or cost pools indirectly charging Contract costs.

ii. IRS 1075 Publication (If Applicable)

1. Performance

In performance of this contract, the Contractor agrees to comply with and assume responsibility for compliance by his or her employees with the following requirements:

All work will be performed under the supervision of the contractor or the contractor's responsible employees.

The contractor and the contractor's employees with access to or who use FTI must meet the background check requirements defined in IRS Publication 1075.

Any Federal tax returns or Federal tax return information (hereafter referred to as returns or return information) made available shall be used only for the purpose of carrying out the provisions of this contract. Information contained in such material shall be treated as confidential and shall not be divulged or made known in any manner to any person except as may be necessary in the performance of this contract. Inspection by or disclosure to anyone other than an officer or employee of the contractor is prohibited.

All returns and return information will be accounted for upon receipt and properly stored before, during, and after processing. In addition, all related output and products will be given the same level of protection as required for the source material.

No work involving returns and return information furnished under this contract will be subcontracted without prior written approval of the IRS.

The contractor will maintain a list of employees authorized access. Such list will be provided to the agency and, upon request, to the IRS reviewing office.

The agency will have the right to void the contract if the contractor fails to provide the safeguards described above.

The contractor shall comply with agency incident response policies and procedures for reporting unauthorized disclosures of agency data. (Include any additional safeguards that may be appropriate)

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

2. Criminal/Civil Sanctions

Each officer or employee of any person to whom returns or return information is or may be disclosed shall be notified in writing by such person that returns or return information disclosed to such officer or employee can be used only for a purpose and to the extent authorized herein, and that further disclosure of any such returns or return information for a purpose or to an extent unauthorized herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the costs of prosecution. Such person shall also notify each such officer and employee that any such unauthorized future disclosure of returns or return information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRCs 7213 and 7431 and set forth at 26 CFR 301.6103(n)-1.

Each officer or employee of any person to whom returns or return information is or may be disclosed shall be notified in writing by such person that any return or return information made available in any format shall be used only for the purpose of carrying out the provisions of this contract. Information contained in such material shall be treated as confidential and shall not be divulged or made known in any manner to any person except as may be necessary in the performance of this contract. Inspection by or disclosure to anyone without an official need-to-know constitutes a criminal misdemeanor punishable upon conviction by a fine of as much as \$1,000.00 or imprisonment for as long as 1 year, or both, together with the costs of prosecution. Such person shall also notify each such officer and employee that any such unauthorized inspection or disclosure of returns or return information may also result in an award of civil damages against the officer or employee [United States for Federal employees] in an amount equal to the sum of the greater of \$1,000.00 for each act of unauthorized inspection or disclosure with respect to which such defendant is found liable or the sum of the actual damages sustained by the plaintiff as a result of such unauthorized inspection or disclosure plus in the case of a willful inspection or disclosure which is the result of gross negligence, punitive damages, plus the costs of the action. The penalties are prescribed by IRCs 7213A and 7431 and set forth at 26 CFR 301.6103(n)-1.

Additionally, it is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a(i)(1), which is made applicable to contractors by 5 U.S.C. 552a(m)(1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

Granting a contractor access to FTI must be preceded by certifying that each individual understands the agency's security policy and procedures for

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

safeguarding IRS information. Contractors must maintain their authorization to access FTI through annual recertification. The initial certification and recertification must be documented and placed in the agency's files for review. As part of the certification and at least annually afterwards, contractors must be advised of the provisions of IRCs 7431, 7213, and 7213A (see Exhibit 4, Sanctions for Unauthorized Disclosure, and Exhibit 5, Civil Damages for Unauthorized Disclosure). The training provided before the initial certification and annually thereafter must also cover the incident response policy and procedure for reporting unauthorized disclosures and data breaches. (See Section 10) For both the initial certification and the annual certification, the contractor must sign, either with ink or electronic signature, a confidentiality statement certifying their understanding of the security requirements.

3. Inspection

The IRS and the Agency, with 24 hour notice, shall have the right to send its inspectors into the offices and plants of the contractor to inspect facilities and operations performing any work with FTI under this contract for compliance with requirements defined in IRS Publication 1075. The IRS' right of inspection shall include the use of manual and/or automated scanning tools to perform compliance and vulnerability assessments of information technology (IT) assets that access, store, process or transmit FTI. On the basis of such inspection, corrective actions may be required in cases where the contractor is found to be noncompliant with contract safeguards.

jj. Other General Conditions

1. **Current Version** – “Packaged” application and system software shall be the most current version generally available as of the date of the physical installation of the software.
2. **Current Manufacture** – Equipment specified and/or furnished under this specification shall be standard products of manufacturers regularly engaged in the production of such equipment and shall be the manufacturer's latest design. All material and equipment offered shall be new and unused.
3. **Volumes and Quantities** – Activity volume estimates and other quantities have been reviewed for accuracy; however, they may be subject to change prior or subsequent to award of the contract.
4. **Prior Use** – The State of Delaware reserves the right to use equipment and material furnished under this proposal prior to final acceptance. Such use shall not constitute acceptance of the work or any part thereof by the State of Delaware.
5. **Status Reporting** – The selected vendor will be required to lead and/or participate in status meetings and submit status reports covering such items as progress of work being performed, milestones attained, resources expended, problems encountered and corrective action taken, until final system acceptance.
6. **Regulations** – All equipment, software and services must meet all applicable local, State and Federal regulations in effect on the date of the contract.
7. **Assignment** – Any resulting contract shall not be assigned except by express prior written consent from the Agency.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

8. **Changes** – No alterations in any terms, conditions, delivery, price, quality, or specifications of items ordered will be effective without the written consent of the State of Delaware.
9. **Billing** – The successful vendor is required to "Bill as Shipped" to the respective ordering agency(s). Ordering agencies shall provide contract number, ship to and bill to address, contact name and phone number.
10. **Payment** – The State reserves the right to pay by Automated Clearing House (ACH), Purchase Card (P-Card), or check. The agencies will authorize and process for payment of each invoice within thirty (30) days after the date of receipt of a correct invoice. Vendors are invited to offer in their proposal value added discounts (i.e. speed to pay discounts for specific payment terms). Cash or separate discounts should be computed and incorporated as invoiced.
11. **W-9** - The State of Delaware requires completion of the [Delaware Substitute Form W-9](https://esupplier.erp.delaware.gov) through the Supplier Public Portal at <https://esupplier.erp.delaware.gov> to make payments to vendors. Successful completion of this form enables the creation of a State of Delaware vendor record.
12. **Purchase Orders** – Agencies that are part of the First State Financial (FSF) system are required to identify the contract number **HSS-20-039** on all Purchase Orders (P.O.) and shall complete the same when entering P.O. information in the state's financial reporting system.
13. **Purchase Card** – The State of Delaware intends to maximize the use of the P-Card for payment for goods and services provided under contract. Vendors shall not charge additional fees for acceptance of this payment method and shall incorporate any costs into their proposals. Additionally there shall be no minimum or maximum limits on any P-Card transaction under the contract.
14. **Additional Terms and Conditions** – The State of Delaware reserves the right to add terms and conditions during the contract negotiations.

VI. RFP Miscellaneous Information

1. No Press Releases or Public Disclosure

The State of Delaware reserves the right to pre-approve any news or broadcast advertising releases concerning this solicitation, the resulting contract, the work performed, or any reference to the State of Delaware with regard to any project or contract performance. Any such news or advertising releases pertaining to this solicitation or resulting contract shall require the prior express written permission of the State of Delaware.

The State will not prohibit or otherwise prevent the awarded vendor(s) from direct marketing to the State of Delaware agencies, departments, municipalities, and/or any other political subdivisions, however, the Vendor shall not use the State's seal or imply preference for the solution or goods provided.

2. Definitions of Requirements

To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words *shall*, *will* and/or *must* are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal.

3. Production Environment Requirements

The State of Delaware requires that all hardware, system software products, and application software products included in proposals be currently in use in a production environment by a least three other customers, have been in use for at least six months, and have been generally available from the manufacturers for a period of six months. Unreleased or beta test hardware, system software, or application software will not be acceptable.

VII. Attachments

The following attachments and appendixes shall be considered part of the solicitation:

Attachments:

- Attachment 1 – No Proposal Reply Form
- Attachment 2 – Non-Collusion Statement
- Attachment 3 – Exceptions
- Attachment 4 – Confidentiality and Proprietary Information
- Attachment 5 – Business References
- Attachment 6 – Subcontractor Information Form
- Attachment 7 – Monthly Usage Report
- Attachment 8 – Subcontracting (2nd Tier Spend) Report
- Attachment 9 – List of Contracts in the State of Delaware Form
- Attachment 10 – Office of Supplier Diversity Application

Appendices:

- Appendix A – Minimum Response Requirements
- Appendix B – Key Outcome Indicators
- Appendix B-1 – Scope of Work / Technical Requirements
- Appendix C – Division of Substance Abuse & Mental Health (DSAMH) Policies
- Appendix D – Business Proposal Requirements
- Appendix D-1 – Budget Workbook Instructions
- Appendix D-2 – Budget Workbook
- Appendix D-3 – RFP Financial Survey
- Appendix E – Divisional Requirements
- Appendix F – Professional Services Agreement

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

IMPORTANT – PLEASE NOTE

- **Attachments 2, 3, 4, and 5 must be included in your proposal**
- Attachment 6 must be included in your proposal if subcontractors will be involved
- Attachments 7 and 8 represent required reporting on the part of awarded vendors. Those bidders receiving an award will be provided with active spreadsheets for reporting.

REQUIRED REPORTING

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested parties.

A complete and accurate Usage Report (Attachment 7) shall be furnished in an Excel format and submitted electronically, no later than the 15th (or next business day after the 15th day) of each month, detailing the purchasing of all items and/or services on this contract. The reports shall be completed in Excel format, using the template provided, and submitted as an attachment to Department of Health and Social Services, Division of Substance Abuse and Mental Health, with a copy going to the contract officer identified as your point of contact. Submitted reports shall cover the full month (Report due by January 15th will cover the period of December 1 – 31.), contain accurate descriptions of the products, goods or services procured, purchasing agency information, quantities procured and prices paid. Reports are required monthly, including those with “no spend”. Any exception to this mandatory requirement or failure to submit complete reports, or in the format required, may result in corrective action, up to and including the possible cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

Reporting is required by Executive Order.

In accordance with Executive Order 44, the State of Delaware is committed to supporting its diverse business industry and population. The successful Vendor will be required to accurately report on the participation by Diversity Suppliers which includes: minority (MBE), woman (WBE), veteran owned business (VOBE), or service disabled veteran owned business (SDVOBE) under this awarded contract. The reported data elements shall include but not be limited to; name of state contract/project, the name of the Diversity Supplier, Diversity Supplier contact information (phone, email), type of product or service provided by the Diversity Supplier and any minority, women, veteran, or service disabled veteran certifications for the subcontractor (State OSD certification, Minority Supplier Development Council, Women’s Business Enterprise Council, VetBiz.gov). The format used for Subcontracting 2nd Tier report is shown as in Attachment 8.

Accurate 2nd tier reports shall be submitted to the contracting Agency’s Office of Supplier Diversity at vendorusage@delaware.gov on the 15th (or next business day) of the month following each quarterly period. For consistency quarters shall be considered to end the last

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

day of March, June, September and December of each calendar year. Contract spend during the covered periods shall result in a report even if the contract has expired by the report due date.

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Attachment 1

NO PROPOSAL REPLY FORM

Contract No. HSS-20-039 Contract Title: WITHDRAWAL MANAGEMENT SERVICES

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- _____ 1. We do not wish to participate in the proposal process.

- _____ 2. We do not wish to bid under the terms and conditions of the Request for Proposal document.
Our objections are:

- _____ 3. We do not feel we can be competitive.

- _____ 4. We cannot submit a Proposal because of the marketing or franchising policies of the
manufacturing company.

- _____ 5. We do not wish to sell to the State. Our objections are:

- _____ 6. We do not sell the items/services on which Proposals are requested.

- _____ 7. Other: _____

FIRM NAME

SIGNATURE

_____ We wish to remain on the Vendor's List **for these goods or services.**

_____ We wish to be deleted from the Vendor's List **for these goods or services.**

PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Attachment 2

CONTRACT NO.: HSS-20-039
CONTRACT TITLE: Withdrawal Management Services
DEADLINE TO RESPOND: November 11th, 2020 at 11:00 AM (EDT)

NON-COLLUSION STATEMENT

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal, **and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Division of Substance Abuse and Mental Health.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor's acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

NOTE: Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Division of Substance Abuse and Mental Health.

COMPANY _____	NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 80px; height: 15px;">Corporation</td></tr> <tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 80px; height: 15px;">Partnership</td></tr> <tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 80px; height: 15px;">Individual</td></tr> </table>			Corporation			Partnership			Individual
		Corporation									
		Partnership									
		Individual									
_____ (Check one)											

NAME OF AUTHORIZED REPRESENTATIVE _____
(Please type or print)

SIGNATURE _____ TITLE _____

COMPANY ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

FEDERAL E.I. NUMBER _____ STATE OF DELAWARE LICENSE NUMBER _____

COMPANY CLASSIFICATIONS: CERT. NO.:	Certification type(s)	Circle all that apply
	Minority Business Enterprise (MBE)	Yes No
	Woman Business Enterprise (WBE)	Yes No
	Disadvantaged Business Enterprise (DBE)	Yes No
	Veteran Owned Business Enterprise (VOBE)	Yes No
	Service Disabled Veteran Owned Business Enterprise (SDVOBE)	Yes No

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:
(COMPANY NAME) _____

ADDRESS _____

CONTACT _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

AFFIRMATION: Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner, Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES _____ NO _____ if yes, please explain _____

THIS PAGE SHALL HAVE ORIGINAL SIGNATURE, AND BE RETURNED WITH YOUR PROPOSAL

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Attachment 5

Contract NO. HSS-20-039
Contract Title: Withdrawal Management Services

BUSINESS REFERENCES

List a minimum of three business references, including the following information:

- Business Name and Mailing address
- Contact Name and phone number
- Number of years doing business with
- Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list of the contract(s).

1. Contact Name & Title:	
Business Name:	
Address:	
Email:	
Phone # / Fax #:	
Current Vendor (YES or NO):	
Years Associated & Type of Work Performed:	

2. Contact Name & Title:	
Business Name:	
Address:	
Email:	
Phone # / Fax #:	
Current Vendor (YES or NO):	
Years Associated & Type of Work Performed:	

3. Contact Name & Title:	
Business Name:	
Address:	
Email:	
Phone # / Fax #:	
Current Vendor (YES or NO):	
Years Associated & Type of Work Performed:	

STATE OF DELAWARE PERSONNEL MAY NOT BE USED AS REFERENCES.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Attachment 6

SUBCONTRACTOR INFORMATION FORM

PART I – STATEMENT BY PROPOSING VENDOR		
1. CONTRACT NO. HSS-20-039	2. Proposing Vendor Name:	3. Mailing Address
4. SUBCONTRACTOR		
a. NAME	4c. Company OSD Classification: Certification Number: _____	
b. Mailing Address:	4d. Women Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4e. Minority Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4f. Disadvantaged Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4g. Veteran Owned Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4h. Service Disabled Veteran Owned Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. DESCRIPTION OF WORK BY SUBCONTRACTOR		
6a. NAME OF PERSON SIGNING	7. BY (<i>Signature</i>)	8. DATE SIGNED
6b. TITLE OF PERSON SIGNING		
PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR		
9a. NAME OF PERSON SIGNING	10. BY (<i>Signature</i>)	11. DATE SIGNED
9b. TITLE OF PERSON SIGNING		

*** Use a separate form for each subcontractor**

STATE OF DELAWARE
 DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Attachment 8

SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY

State of Delaware																	
Subcontracting (2nd tier) Quarterly Report																	
Prime Name:							Report Start Date:										
Contract Name/Number							Report End Date:										
Contact Name:							Today's Date:										
Contact Phone:							*Minimum Required			Requested detail							
Vendor Name*	Vendor TaxID*	Contract Name/ Number*	Vendor Contact Name*	Vendor Contact Phone*	Report Start Date*	Report End Date*	Amount Paid to Subcontractor*	Work Performed by Subcontractor UNSPSC	M/WBE Certifying Agency	Veteran /Service Disabled Veteran Certifying Agency	2nd tier Supplier Name	2nd tier Supplier Address	2nd tier Supplier Phone Number	2nd tier Supplier email	Description of Work Performed	2nd tier Supplier Tax Id	

Note: A copy of the Subcontracting Quarterly Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: vendorusage@delaware.gov



**The Office of Supplier Diversity (OSD) has moved to the
Division of Small Business (DSB)**

Supplier Diversity Applications can be found here:

<https://gss.omb.delaware.gov/osd/>

Completed Applications can be emailed to: OSD@Delaware.gov

For more information, please send an email to OSD:

OSD@Delaware.gov or call 302-577-8477

Self-Register to receive business development information here:

<http://directory.osd.gss.omb.delaware.gov/self-registration.shtml>

New Address for OSD:

Office of Supplier Diversity (OSD)
State of Delaware
Division of Small Business
820 N. French Street, 10th Floor
Wilmington, DE 19801

Telephone: 302-577-8477 Fax: 302-736-7915

Email: OSD@Delaware.gov

Web site: <https://gss.omb.delaware.gov/osd/>

Dover address for the Division of Small Business

Local applicants may drop off applications here:

Division of Small Business
99 Kings Highway
Dover, DE 19901
Phone: 302-739-4271

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix A - MINIMUM MANDATORY SUBMISSION REQUIREMENTS

Each vendor solicitation response should contain at a minimum the following information:

1. Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services. Also, the transmittal letter must attest to the fact, at a minimum, that the Vendor shall not store or transfer non-public State of Delaware data outside of the United States.
2. The remaining vendor proposal package shall identify how the vendor proposes meeting the contract requirements and shall include pricing. Vendors are encouraged to review the Evaluation criteria identified to see how the proposals will be scored and verify that the response has sufficient documentation to support each criteria listed.
3. Pricing as identified in the solicitation
4. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment 2). All other copies may have reproduced or copied signatures – Form must be included.
5. One (1) completed RFP Exception form (See Attachment 3) – please check box if no information – Form must be included.
6. One (1) completed Confidentiality Form (See Attachment 4) – please check if no information is deemed confidential – Form must be included.
7. One (1) completed Business Reference form (See Attachment 5) – please provide references other than State of Delaware contacts – Form must be included.
8. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment 6) for each subcontractor – only provide if applicable.
9. One (1) complete OSD application (See link on Attachment 9) – only provide if applicable

The items listed above provide the basis for evaluating each vendor's proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

Vendors shall submit proposals to the following

1. Proposals shall be submitted online at <https://dhss.bonfirehub.com/>

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix B - SCOPE OF WORK AND TECHNICAL REQUIREMENTS

INTRODUCTION

Withdrawal Management is a critical means of reducing the rates of addiction, drug overdose and death and an essential component of the continuum of services for individuals with substance use disorders (SUD). Effective programs address the medical aim of minimizing the physical harm caused by the abuse of substances, as well as key clinical goals, including linking individuals to appropriate, ongoing SUD treatment services. Delaware Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) is seeking proposals from qualified providers to operate a range of Withdrawal Management services for adult residents of Delaware.

The RFP includes several Withdrawal Management levels as described below. These services will encompass the American Society of Addiction Medicine (ASAM) Withdrawal Management Levels of Care (2013), including: Ambulatory Withdrawal Management with Extended On-Site Monitoring (2-WM), Clinically Managed Residential Withdrawal Management (3.2-WM), and Medically Monitored Inpatient Withdrawal Management (3.7-WM). Services for Medically Ambulatory Withdrawal Management without Extended On-Site Monitoring (1-WM) and Managed Intensive Inpatient Withdrawal Management (4-WM) are desired but optional. The successful Bidder will demonstrate it can effectively promote individuals’ medical stabilization following acute intoxication or overdose as well as fostering their consistent engagement with SUD treatment services immediately upon completion of Withdrawal Management. The Bidder will provide services that are evidence-based, trauma-informed, and person-centered, supporting individuals “decision-making abilities and preferences” (“Crossing the Quality Chasm, Institute of Medicine report, Recommendation 3.1, 2001).

Withdrawal Management Level	Staffing
1.0 Ambulatory Withdrawal Management without Extended On-Site Monitoring (Optional)	<ol style="list-style-type: none"> 1. A designated medical director certified in addiction medicine or an addiction psychiatrist always available on call, as allowed under law. 2. A designated prescriber with on call availability 24/7 for consultation and to discharge individual to higher Level of care if necessary. A PA, NP, or APRN may perform duties within their scopes of practice that are designated by a physician within their scope of practice. 3. At least one nurse (NP, RN, or LPN) per 12 individuals always onsite. 4. One certified peer per 12 individuals onsite during days and evenings. 5. One behavioral health technician per 12 individuals always onsite. 6. 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.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

<p>2.0 Ambulatory Withdrawal Management with Extended Onsite Monitoring</p>	<ol style="list-style-type: none"> 1. A designated medical director certified in addiction medicine or an addiction psychiatrist always available on call, as allowed under law. 2. A designated prescriber with on call availability 24/7 for consultation and to discharge individual to higher Level of care if necessary. A PA, NP, or APRN may perform duties within their scopes of practice that are designated by a physician within their scope of practice. 3. At least one nurse (NP, RN, or LPN) per 12 individuals always onsite. 4. One certified peer per 12 individuals onsite during days and evenings. 5. One behavioral health technician per 12 individuals always onsite. 6. 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.
<p>3.2 Clinically Managed Residential Withdrawal Management</p>	<ol style="list-style-type: none"> 1. A designated medical director certified in addiction medicine or an addiction psychiatrist must be always available on call, as allowed under law. 2. A designated prescriber available onsite for consultation at least 10 hours per week; a PA, NP, or APRN may perform duties within their scopes of practice that are designated by a physician. 3. At least one nurse (NP, RN or LPN) available onsite at least 10 hours per week but at no time serve more than 15 individuals. 4. Licensed practitioners or unlicensed counselors with direct supervision onsite; one clinician per 12 individuals. 5. One full-time certified peer. 6. 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.
<p>3.7 Medically Monitored Inpatient Withdrawal Management</p>	<ol style="list-style-type: none"> 1. A designed medical director certified in addiction medicine or an addiction psychiatrist always available on call. This may be a physician certified in addiction medicine or addiction psychiatrist or a provider of addiction pharmacotherapy integrated with psychosocial therapies, including a PA or other independent practitioner with prescribing privileges knowledgeable about addiction treatment. 2. A psychiatrist, psychiatric NP, or APRN is onsite at least 15 hours per week for every 15 residents to assess the individual within 24 hours of admission (or earlier, if medically necessary), and is available to provide daily onsite monitoring of care and further evaluation. 3. Physician, PA, NP or APRN onsite at least 15 hours per week for every 15 residents. 4. One nurse (RN or LPN) per 15 residents is always onsite with an RN supervisor or NP on call. 5. For every 15 residents, one licensed practitioner or unlicensed counselor with direct supervision is onsite during days and evenings. 6. One recovery coach per 15 residents is onsite during days and evenings. 7. One behavioral health technician for every 15 residents is onsite

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

	<p>and always awake.</p> <p>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.</p>
<p>4.0 Medically Managed Inpatient Detox (Optional)</p>	<ol style="list-style-type: none"> 1. A designated medical director certified in addiction medicine or an addiction psychiatrist always available on call, as allowed under law. 2. A physician(s) shall provide onsite services as necessary and on-call services 24/7. 3. Qualified medical personnel or a licensed nurse onsite who has knowledge of the complications associated with withdrawal. 4. Staff on duty and awake at all times. 5. A counselor shall be available onsite to clients at least 8 hours per day, 7 days per week and available on call 24 hours per day.

A. Program Design

Bidders responding to programs serving people with SUD and co-occurring disorders must include a Recovery Plan that requires the involvement of a certified and credentialed counselor and clinical supervisor(s). Current standards are found under Title 16 Standards Applicable to Residential Detoxification and Ambulatory Detoxification.

Bidders must use the ASAM Criteria structure multidimensional assessment around six dimensions to provide a common language of holistic, biopsychosocial assessment and treatment across addiction treatment, physical health and mental health services, which addresses spiritual issues relevant to recovery. The six dimensions include:

1. Acute Intoxication and Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problem Potential
6. Recovery/Living Environment

B. Priority Populations

Bidders must serve priority populations consistent with ASAM and the Substance Abuse and Mental Health Services Administration (SAMHSA) populations as outlined in [DSAMH's Capacity Management and Priority Populations DSAMH 010 Policy](#). Priority populations include adolescents, people with HIV/AIDS, individuals in the criminal justice system, people who use intravenous drugs, individuals with pain, pregnant women, women with dependent children, individuals with Opioid Use Disorder (OUD) and individuals with other medical conditions including those with tuberculosis. Bidders will describe how they will ensure that all policies and procedures are followed as it relates to caring for these priority populations, waitlist procedures, and additional details consistent with all state and federal policies.

Bidders must maintain detailed plans, including:

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Waitlist procedures for managing high risk/priority populations including intravenous drug use but not limited to: adolescents, people with HIV/AIDS, individuals in the criminal justice system, people who use intravenous drugs, individuals with pain, pregnant women, women with dependent children, individuals with Opioid Use Disorder (OUD) and individuals with other medical conditions including those with tuberculosis.

C. Staffing Standards

Bidders must meet the following staffing standards and those outlined in the scopes of work below for specific withdrawal management level services for which the Bidder is bidding, including:

1. Requirements listed for applicable billable services according to third party billing requirements.
2. Willingness to comply with all department standards including regulations, policies, and procedures related to provider qualifications.
3. Willingness to complete department required training for the Evidence-Based Practice(s) (EBPs) when required. Willingness to supply evidence of EBP certificates if previously completed by staff.
4. Providing supervision by a team lead who has received specific, relevant EBP training.
5. Conducting criminal background investigations in accordance with state requirements.
6. Conducting screenings against the child abuse and adult abuse registries and obtaining service letters in accordance with 19 Del Code Section 708 and 11 Del Code Sections 8563 and 8564 to determine existence of adverse registry finding(s) in the performance of the service.
7. Employing a driver with a valid driver's license if the operation of a vehicle is necessary to provide the service.
8. In the case of direct care personnel, possess certification through successful completion of training programs as required by the Department (e.g. physician, nurse, psychologist, social worker, Peer Support Specialist, etc.).

D. Pricing

Bidder must accept pricing/costs cannot exceed the rates listed in the most current Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual².

Bidders are asked to provide a fee-based cost estimate for the services proposed with a supporting budget through submission of Appendix D-2 Budget Workbook. Please note start-up costs may be considered. Please see the example of startup costs outlined in the payment schedule below.

Example Start-up Payment Schedule: payments will be made on a cost reimbursement basis for:

Furnishings and linens	\$10,000 (\$1,000/bed x 10 bed)
Computers	\$2,500.00
Vehicle (Transportation)	\$10,000.00-only lease vehicle
Salaries (2 weeks only)	\$ 1,735

² Bidders should reference the most current manual posted on the DHSS website at the time of response. At the time of issuance, the current Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual can be found at: <https://www.dhss.delaware.gov/dhss/dsamh/files/stateplanmanual11012016.pdf>.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Final rates/pricing will be determined at the time of contracting in discussions with DSAMH. DSAMH may implement financial incentives tied to key performance metrics. DSAMH may also propose alternative value-based payment models at the time of contracting. Total contract reimbursement will be determined by base pricing plus incentives. Required metrics and rates will be determined at the time of contracting based on the scope of services proposed.

To participate in this program:

- Bidder will be required to register and provide updated information as required to System for Award Management. Information about System for Award Management can be found at: <https://www.sam.gov/>.
- Bidder will be required to obtain a Data Universal Number System (DUNS) Number. Information about obtaining a DUNS number can be found at: <http://www.dnb.com/>.
- Bidder will be required to enroll as a Medicaid Fee for Service Bidder as well as enroll with the Managed Care Organizations Bidder panels (for Medicaid eligible services).
- Bidder shall acknowledge DSAMH, as a funding source in all publicity pertaining to this Scope of Work.
- Payments made will adhere to the State of Delaware, Office of Management and Budget, Budget and Accounting Manual. <https://budget.delaware.gov/accounting-manual/index.shtml>

E. Adherence to Policies, Processes, Procedures, Requirements, Rules, Laws, and Regulations

Bidders that provide withdrawal management services directly or indirectly are following Local Town ordinances and regulations, Delaware State Withdrawal Management (Detoxification) Regulations, and Federal laws.

Bidders are required to ensure that all services offered to residents are required to adhere to all local state and federally applicable policies, processes, procedures, requirements, rules, laws, and regulations, including, but not limited to those listed in this RFP and especially the DSAMH POLICY. Providers policies and practices must detail adherence to the above listed requirements, where applicable. In settings where these policies do not apply in part or full the Bidder must detail this and obtain written approval from DSAMH.

Bidders are required to ensure that residents are fully informed of their rights and responsibilities as tenants.

Additionally, Bidder:

- A. is responsible for ensuring physical site meets all local, state, and federal ordinances and legal requirements prior to and throughout resident occupancy. Examples include but are not limited to Town Zoning, Fire Safety, Landlord/Tenant Code, Group Home Regulations, or other requirements dependent on provider setting, size, and scope of services.
- B. has responsibility to manage property or lease if not owned by Bidder, manage community relationships, and any legal issues or lawsuits related to property. This may include responding to CLASI inquiry or representing program in Landlord/Tenant court.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- C. has responsibility to ensure appropriate services are in place based on setting and population served to meet all program requirements and level of care standards required by contract or state regulations.
- D. when applicable, must meet and maintain requirements for licensure with Delaware Health Care Quality Commission to provide withdrawal management services before resident occupancy.
- E. when applicable, must meet and maintain requirements for Delaware State requirements for property before resident occupancy.

F. Informing Clients about Withdrawal Management Options and Detoxification Medications

Bidders are required to ensure that individuals are informed about Withdrawal Management treatments and are provided an array of options that meet minimum requirements for Withdrawal Management services. DSAMH is committed to promoting choice, affordability, and quality in care for all enrolled consumers with mental illness and/or substance use disorders. Bidders will discuss the facts concerning the use of buprenorphine, naltrexone, clordiazepoxide or other detoxification medications dispensed by the program

G. Integrated Services

Bidder will ensure close communication and coordination among the staff members, clinical team members, care managers, and residents to tailor supervision and services appropriately, ensure supported coordination of clinical services, and educate and empower the resident to achieve the highest possible level of independent living. Formal and informal processes for collaboration will be devised and routinely implemented. Those processes will be regularly reviewed to determine their effectiveness for optimal coordination of care. The Recovery and Transition Plans will govern the support and treatment activities of all parties.

Bidders focused on SUD and co-occurring populations will provide solutions that include additional integrated services aligned with the withdrawal management service types, including but not limited to:

- 1. Intake and assessments;
- 2. Outreach and engagement strategies;
- 3. Evidence-based health and wellness services;
- 4. Recovery-oriented case management interventions and services;
- 5. Crisis intervention services;
- 6. Harm reduction services;
- 7. Referrals to other community services, such as educational opportunities or vocational services; and
- 8. If unable to provide the service or services, referrals to other treatments, including but not limited to behavioral health, co-occurring or other medical conditions.

Bidders must use the Delaware Treatment and Referral Network (DTRN) when making referrals for residents requiring access to behavioral health treatment services.

H. Recovery and Transition Plans

For individuals with co-occurring or substance use disorder(s), Bidder will co-develop an individualized recovery plan with the resident which includes:

- 1. a transition plan/strategy;
- 2. services and supports available for residents to increase recovery capital through such

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- things as recovery support and community service, work/employment, etc.; and
3. written criteria and guidelines for peer leadership and mentoring roles;
 4. structured scheduled, curriculum-driven, and/or otherwise defined support services and life skills development by trained staff (peer and clinical) to provide learning opportunities;
 5. a care coordination team to support the maintenance and execution of the plan; and
 6. Follow up with referrals for seamless transition to other behavioral health or medical care, as noted above.

I. Accessibility

All Bidders must provide accessibility to services in terms of transportation; American Disabilities Act; and sensitivity to the education; ethnic and cultural needs of the community. The provider must demonstrate that they have access to the requisite language resources for individuals assigned to their program who do not speak English (or who have other language accessibility needs).

J. Safeguarding of Resident Funds

The Bidder is responsible for safeguarding and managing resident funds, and must:

1. provide accountability for the property, and for management, receipt and disbursement of resident/resident funds;
2. notify DSAMH immediately in writing of any incident of misappropriation of resident/resident funds or property;
3. arrange for representative payee services when warranted by the resident's/resident's ability to manage his or her own funds;
4. conduct an independent annual professional audit of all resident/resident funds, and submit audit findings to DSAMH no later than June 30th of each year; and
5. develop and submit copies of written, internal policies and procedures regarding resident funds and property management to DSAMH.

Payments under this Contract are only available for individuals who lack health insurance. The Bidder shall not bill DSAMH for services provided under this Contract which may otherwise be submitted to an individual's health insurance for reimbursement. The Bidder shall not bill DSAMH for additional reimbursement after receiving payment from an individual's health insurer if the Bidder disagrees with the health insurer's rate of reimbursement.

1. The Bidder's fiscal records and accounts, including those involving other programs which, by virtue of cost or material resources sharing, are substantially related to this Contract, shall be subject to audit by duly authorized Federal and State officials.
2. Any and all fees paid to the Bidder shall be subject to claw back by DSAMH in the event that such fees are determined by DSAMH or applicable governmental authority to be inappropriate for any reason, including without limitation in the event that services provided are determined not to be medically necessary.

K. Quality Improvement

Bidder, as part of day-to-day operations, shall maintain a Quality Improvement plan for identifying, evaluating and correcting deficiencies in the quality and quantity of services with identified "performance targets". The Quality Improvement plan shall have a documented method for managing these targets including how they will be evaluated, tracked and reported.

L. Data Submission

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

All awarded Bidders submitting electronic data are required to use the state's Secure File Transfer Protocol (SFTP) site. Bidders 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 Bidder's inability to use the SFTP site. Contact DSAMH for information (DSAMH_SRU@delaware.gov) on creating an account and any other questions or concerns about data reporting requirements.

To accomplish this, several authorization forms need to be completed and returned to the DSAMH SRU. In addition, SFTP resident 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>
2. Secure File Transfer User Procedures
http://dhss.delaware.gov/dhss/dms/irm/files/sftpuserprocedures_20120611.pdf
3. DHSS SFTP Quick Start Guide
<http://dhss.delaware.gov/dhss/dms/irm/files/sftpquickstartguide06112012.pdf>
4. Biggs Data Center Non-Disclosure Form
<http://www.dhss.delaware.gov/dhss/dms/files/irmnon-d02072013.pdf>
5. DTI State Information Transport Network (SITN) Acceptable Use Policy
<http://dti.delaware.gov/pdfs/pp/AcceptableUsePolicy.pdf>

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

Data Submission elements will be specified each contract.

M. Consumer Report Form (CRF)

All Awarded Bidders are required to submit CRF information for all publicly funded residents served. This includes all Medicaid, Medicare and DSAMH funded residents.

Performance outcomes will be measured through submission of the CRF. DSAMH Statistics and Research Unit (SRU) maintains all CRF submission information and requirements at <http://dhss.delaware.gov/dhss/dsamh/cpfrms.html>. The Division reserves the right to update the website at the Division's discretion, and if updated, will notify the Bidder. The Bidder is responsible for complying with any updates and/or changes.

The Bidder shall implement policies and procedures for ensuring the complete, accurate and timely submission of encounter data (CRF) for all services for which Bidder has incurred any financial liability, whether directly or through subcontracts or other arrangements. Encounter data shall include data elements specified in DSAMH's most recent requirements related to CRF data reporting. The Bidder must comply with completing all data elements as defined; reporting deadlines; and format submission requirements. Bidder shall have in place mechanisms, including edits and reporting systems enough to assure encounter data transfer is complete and accurate prior to submission to DSAMH SRU. Bidder shall upload encounter data to DSAMH SRU by the 10th business day of each month in the form and manner specified at <http://dhss.delaware.gov/dhss/dsamh/cpfrms.html> related to data reporting.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Upon written notice by DSAMH SRU that the encounter data (CRF) has not been uploaded, is incomplete or has not met the 95% threshold for error rate, the Bidder shall ensure that corrected data is transferred within the ten (10) business days of receipt of DSAMH notification. Upon Bidder's written request, DSAMH may provide a written extension for submission of corrected encounter data.

Bidders with Electronic Health Record system will be given ninety (90) days advance notice of any changes for required data collection. This is to help prepare their external/internal Bidders for coming adjustments to their system.

N. Record Keeping Requirements

Bidder will be responsible for maintaining a record on each client and safeguarding the medical record and its contents against loss, tampering, and unauthorized use. The medical record documents information about a consumer's mental illness, rehabilitation, assessment results, recovery plans, treatment, and support services received. The records must be comprehensive, up to date, and provide evidence of the provision of high quality, comprehensive, person centered treatment, according to the individualized recovery plan goals.

Bidder shall develop and maintain a plan that shall include a process and procedure where residents who are able may document their experiences in their own medical record.

In addition, Bidder shall provide monthly statistical reports, as defined by DSAMH, to monitor program activities, resident demographics, program performance and outcomes.

The Bidder shall ensure the maintenance of complete and accurate records for each individual served. Complete records shall include documentation enough to disclose the quantity, quality, appropriateness, and timeliness of services provided. The content of medical records shall be consistent with the utilization control requirements in 42 CFR Part 456, Subparts A and B.

The Bidder shall ensure that records are maintained in a detailed and comprehensive manner that conforms to good professional practice, permits effective professional review and audit processes, and facilitates an adequate system for follow-up. Records must be legible, signed, and dated. Records must be documented accurately and in a timely manner, readily assessable, and permit prompt and systematic retrieval of information.

O. 100 Million Lives Well-being In the Nation (WIN) Measurement Framework and Assessment

DSAMH will be standardizing the submission of Well-Being In the Nation (WIN) Measurement Framework and Assessment³. The WIN offers a set of common measures to assess and improve population and community health and well-being across sectors and is intended to help people address all of the drivers of health, well-being and equity together. This includes measures for the social determinants of health. The framework is divided into three elements: core measures, leading indicators, and a full flexible set of measures. The framework was developed by the National Committee on Vital and Health Statistics; measure development was facilitated by 100 Million Healthier Lives, with input from 100+ people and organizations.

P. Measurement and Monitoring

³ www.winmeasures.org

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

The Bidder is required to submit Consumer Reporting Forms (CRF) upon admission and discharge. Programs will also be required to develop internal performance and outcome measures (such as drug use, criminality, education, employment, housing, etc.) to evaluate program effectiveness and identify areas where improvement is needed, and to submit annual reports to DSAMH in a format to be agreed upon by the provider and DSAMH. Programs will be required to collect and report performance and outcome statistics to DSAMH in accordance with the requirements of the SAPT Block Grant.

DSAMH has the right to conduct any on-site evaluation and monitoring of the Bidder's activity at any time.

The extension of the service period of the contract is based on but not limited to the past performance of the Bidder.

The determination shall be based on, but not limited to, considerations of the following factors:

Performance Objective	Method of Assessment
Provide services as identified in Scope of Services	On-site monitoring, review of program reports, third-party feedback
Compliance with all State and Federal statutes and regulations as applicable for the operation of services identified in this Scope of Work.	On-site monitoring, review of program reports, third-party feedback
Adhere to requirements in Professional Service Agreement, Divisional Requirements, Scope of Services, and Contract Budget information	On-site monitoring, review of program reports, third-party feedback
Reconcile accounts before submitting invoices	Review of Bidder invoices and back-ups to the invoices
Submit required invoices on time	Review of Invoices
Deliver required reports	Review of Reports and Deadlines

Q. Quality Measures/Key Outcome Indicators

As requested by DSAMH, selected Bidders will be expected to provide reporting, defined at the time of contracting and on an ongoing basis. Quality measures will be comprised of structure, outcome, process and/or resident experience measures such as the 100 Million Lives WIN Well-Being Assessment, information captured in Recovery and Treatment plans, use of the CRF form, health improvements, stabilization, connections to primary care, or like a subset of population health or outcome measures in other programs. As appropriate, measures from existing programs and measure sets will be considered for incorporation such as measures which support PROMISE or the Substance Use Treatment and Recovery Transformation (START) Initiative.

DSAMH will perform contractual renewal evaluations based on the performance and quality measures outlined at the time of contracting and programmatically established and updated on an ongoing basis. Measure reporting may require providers to participate in mandatory training. Trainings may be out of state and potentially occur over multiple days. The Bidder is mandated

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

to send all relevant staff to DSAMH sponsored trainings and ensure continuity of training material within the organization in the event of staff turnover.

At the end of each year, DSAMH will evaluate performance according to outcome measures defined above, random file reviews and resident interviews based upon the below criteria (e.g. positive and negative outcomes). DSAMH reserves the right to periodically update, add, and/or modify measures and other data requirements. A process will be developed to ensure successful Bidders are included with enough notice for a successful Bidder to implement identified measures.

Below are examples of outcome measures that DSAMH and successful Bidders may collect. Encounter-Derived Measures will be periodically calculated by the State using various data sources such as claims data, CRF data, etc. Bidders shall report on Provider-Derived performance measures at intervals and pursuant to instructions to be specified by the State. DSAMH, with input from successful Bidders, will identify additional measures from those not marked as “current measures” from the following list or others as determined by DSAMH.

Example Measures

Measure	Definition	Source
7-day follow-up after withdrawal management	The measure assesses the extent to which patients initiate ongoing outpatient treatment within 7 days after receiving withdrawal management services.	
Discharge summary and care coordination follow up within 7 days.	This measure assesses care coordination and discharge summary-sharing and care coordination among all providers.	
All-cause residential/inpatient re-admission	This measure assesses the rate of all-cause unplanned readmissions, 90 days following an initial episode of residential/inpatient SUD treatment.	Core

Example

Measures
General demographic data (race, age, sex, co-occurring conditions, veteran status)
A. % of residents referred to community mental health services. (Source DTRN)
% of residents receiving community mental health services. (Source CRF)
Additional outcome measures related to moving towards a more stable situation including <ul style="list-style-type: none"> • Income from any source (entry vs exit) • SSI/SSDI (entry vs exit)

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Measures
<ul style="list-style-type: none">• Medicaid/Medicare/insurance (entry vs exit)• Sustained improvements in functioning (e.g., employment)

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Example Substance Use Treatment and Recovery Transformation (START) Measures

Measure Title	Measure Code	Measure Description
Follow-Up visit after All-Cause Emergency Department (ED) Visit with Mental Health (MH) or Substance Use Disorder (SUD) Diagnosis - 30 days	FU30	The percentage of emergency department visits (all-cause) for members 18 years of age and older with a diagnosis of mental illness or substance abuse disorder who had a follow-up visit with any provider within 30 days of the ED visit.
Follow-Up visit after All-Cause ED Visit with MH or SUD Diagnosis - 7 Days	FU7	The percentage of emergency department visits (all-cause) for members 18 years of age and older with a diagnosis of mental illness or substance abuse disorder who had a follow-up visit with any provider within 7 days of the ED visit.
Follow-Up after ED Visit for Mental Illness - 7 Days	FUMH7	The percentage of emergency department visits for members 18 years of age and older with a principal diagnosis of mental illness who had a follow-up visit with any provider for mental illness within 7 days of the ED visit.
Follow-Up after ED Visit for Alcohol or Other Drug Abuse or Dependence - 7 days	FUSUD7	The percentage of emergency department visits for members 18 years of age and older with a diagnosis of alcohol or other drug abuse dependence who had a follow-up visit within 7 days of the ED visit.
Follow-Up MH visit after Hospitalization - 30 days	FUH30	The percentage of discharges for patients 18 years of age and older with a diagnosis of mental illness who were hospitalized (all-cause) and who had a follow-up visit with a mental health practitioner within 30 days.
Initiation of Alcohol and Other Drug Dependence Treatment	INT14	The percentage of adult Medicaid recipients with a new episode of alcohol or other drug dependence who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
Use of Pharmacotherapy for Opioid Use Disorder	PHARM	The percentage of Medicaid beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year. The measure will report any medications used in medication-assisted treatment of opioid

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Measure Title	Measure Code	Measure Description
		dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.
Engagement of/Short-term Persistence in Alcohol and Other Drug Dependence Treatment	ESUD30	The percentage of patients with a new episode of alcohol or other drug dependence who initiate treatment through an inpatient alcohol or drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization and who had two or more additional services (inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any Alcohol or Other Drug (AOD) diagnosis within 30 days) with any AOD diagnosis of AOD within 30 days of the initiation encounter.
Mental Health Treatment	MH	% of adults with any mental health conditions receiving treatment.
Continuity of Pharmacotherapy for Opioid Use Disorder	CONTOUD	Individuals in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days.
Continuity of Pharmacotherapy for Depression	CONTDEP	The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days.
Opioid overdose-related deaths (natural, synthetic, semi-synthetic opioids)	OPD	Opioid overdose-related deaths (natural, synthetic, semi-synthetic opioids (T40.2, T40.3, T40.4, T40.6).
Drug Overdose-related deaths*	OD	All-Drug overdose death rates (includes any opioid (T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6); natural and semisynthetic opioids (T40.2); methadone (T40.3); synthetic opioids, other than methadone (T40.4); cocaine (T40.5), and heroin (T40.1), psychostimulants with abuse potential (T43.6).
Emergency Department Overdoses	EDOD	Outpatient emergency department visits involving any drug overdose.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Measure Title	Measure Code	Measure Description
Continuity of Pharmacotherapy for Opioid Use Disorder	CONTOUD	Individuals in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days.
General Mental Health	GMH	Percent of Delawareans who report having mental health that is "not good" for 14 or more out of past 30 days. (BRFSS)
General Physical Health	GPH	Percent of Delawareans 18 years of age and older who report physical or mental health as a limitation in the past 30 days.
Adult MH Suffering	ADULTMHWELL2	Percent of Delawareans 18 years of age and older who self-report a low level of mental health wellbeing/are suffering.
MH/SUD and Primary Care	PRIMARY CARE	The percent of patients 18 years of age and older with a diagnosis of mental illness or substance use disorder that had a primary care visit in the last 12 months
Diabetes Screen w/ MH	DIABSCRN	The percentage of patients 18 years of age and older with a diagnosis of serious mental illness who received a screening for A1C/fasting blood sugar.
Employment	EMP	% of working age DSAMH residents who are employed.
Housing	HOUS	% of DSAMH residents that are in stable housing (defined by categories in CRF), or report that their housing situation has improved (MHSIP).
Hope	HOPE	Percent of Delawareans 18 years of age and older who self-report thriving/ a score of 7+ on the Cantril ladder question of " On which step do you think you will stand about five years from now
Current Wellbeing	WELL	Percent of Delawareans 18 years of age and older who self-report thriving/ a score of 7+ on the Cantril ladder question of " Indicate where on the ladder you personally stand right now."
Adult Adverse Childhood Experiences (ACES)	AACES	Percentage of Delawareans ages 18+ who report having experienced ACES (0, 1, 2, 3, 4 ACES).
Peer Recovery Specialists	Government Performance and Results Act (GPRA) and other DSAMH-defined measures	Individual sessions per resident, including but not limited to: Peer Coaching or Mentoring Housing Support Alcohol- and Drug-Free Social Activities Information and Referrals

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Measure Title	Measure Code	Measure Description
		Other Peer-to-Peer Recovery Support Services (Specify)

R. Outcomes Reporting

Outcomes will be measured through an annual submission of the Consumer Reporting Form (CRF) and a monthly report of key indicators presented in the chart below. Payment for services will be withheld until the required reports are submitted. CRF submission information and instructions are available at <http://dhss.delaware.gov/dhss/dsamh/cpfrms.html>.

Requirements for collection and reporting of performance measures will be phased-in annually as described in the following table.

Measures and Reporting Implementation Schedule	
Base Contract Year*	Measure Reporting Requirement
Year 1	<ul style="list-style-type: none"> • Providers shall continue submission of all required program and service-specific measures and other data elements. • Providers receive training on annual Consumer Reporting Form (CRF) data submission, DSAMH policy reporting requirements, and Provider-Derived performance measures specifications. • Providers submit complete, timely and accurate CRF data to DSAMH. • DSAMH, with provider input, begins identification of additional measures that will be added to reporting requirements in subsequent contact years. DSAMH, with provider input, identifies data required to demonstrate policy compliance (see year 2 below).

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Year 2	<ul style="list-style-type: none"> • Providers continue submission of all required program and service-specific measures and other data elements. • Providers continue submitting complete, timely and accurate CRF data to DSAMH. • Providers submit data to demonstrate compliance regarding the following DSAMH policies: <ul style="list-style-type: none"> ○ Charitable Choice Policy ○ Community Access to Treatment Standards Policy ○ Cultural Diversity Linguistic Services Policy ○ Discharge from Services Policy ○ Housing Policy ○ Outpatient Treatment Over Objection (OTOO) Policy ○ Provider Appeal Process Policy ○ Capacity Management and Priority Populations Policy ○ Emergency Preparedness Policy ○ Trauma Informed Care Policy ○ Delaware Treatment and Referral Network Standards ○ Resident Responsibility and Billing for Uninsured Policy ○ Critical Incident Reporting ○ Nicotine Dependence and Treatment <p style="margin-left: 40px;">In addition, providers begin submission of Provider-Derived Performance measures as determined by DSAMH in year 1.</p>
Year 3	<ul style="list-style-type: none"> • Same as year 2 data requirements

Bidders selected for contract negotiations should be aware that DSAMH intends to include a robust “Quality Improvement” methodology into any contract resulting from this RFP. The requirement contained in this paragraph is an essential and material term of any proposal and the failure to include a “Quality Improvement” section shall be grounds to deem such proposals non-responsive. DSAMH reserves the right to accept or reject, in whole or in part, or negotiate any portion of the proposal’s “Quality Improvement” section during the negotiation phase of this matter. DSAMH 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.

S. Miscellaneous

Bidder must ensure compliance with the following:

1. Current State motor vehicle registration for all vehicles owned, leased, and/or hired and used as a component of the Individual Employment Support services.
2. Applicable Delaware regulations and agree to be enrolled as a DSAMH provider.
3. Department standards, including regulations, policies, and procedures relating to provider qualifications.
4. Current automobile insurance for any automobiles owned, leased, and/or hired

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

when used as a component of the service.

5. Current Worker's Compensation insurance in accordance with State statute and in accordance with department policies.
6. Current Commercial General Liability insurance.
7. Employee (direct, contracted, or in a consulting capacity) training to meet the unique needs of the individual; for example, communication, mobility, and behavioral needs.

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Scopes of Work

CORE PROGRAM COMPONENTS

The successful Bidder will be expected to operate the Adult Withdrawal Management Program in accordance with the guidelines and principles articulated in the Delaware Substance Abuse Facility Licensing Standards (reg. 6001; 2018), relevant ASAM publications and TIP 45. As described in TIP 45, all programs will operate 24/7 and provide both the Physical Detoxification Services (Chapter 4) and the Psychosocial/Biomedical Services (Chapter 3). Their primary emphases should be on:

- Conducting comprehensive assessments of an individuals' medical and psychosocial conditions to determine appropriate levels of treatment
- Medical and psychosocial stabilization, including the initiation and tapering of medications used for the treatment of substance use disorders and familiarizing the individual with the range of treatments and the principle of personal responsibility in recovery services
- Fostering the individuals' engagement with treatment, including stressing the importance of following through with ongoing recovery-oriented services in the continuum of care.

All Levels:

- Intakes must be accepted 24/7.
- At admission to Withdrawal Management, the provider must document that individuals demonstrate appropriate severity to meet both Delaware-ASAM and Diagnostic and Statistical Manual (DSM) 5 diagnostic criteria.
- Individuals must be medically stable at intake. A physical health screening must be conducted within three (3) hours of intake and, based on the findings, may necessitate a need for a full medical assessment.
- The program must actively facilitate enrollment of individuals in Medicaid (if eligible) or commercial health insurance plans as quickly as possible.
- The program must ensure that emergency procedures are maintained as required in §5.1.4.4.1.21. They shall be in operation whenever clients are present at the program.
- The program must have protocols for medical/nursing monitoring schedules, including
 - Monitoring on the first day to determine the response to Withdrawal Management medication
 - Monitoring of vital signs throughout the Withdrawal Management process
 - Monitoring of symptom history within the most recent 24 hours.
 - The program's drug-screening procedure
 - The program's Withdrawal Management medication dispensing procedure
- The program must have protocols developed and supported by a physician knowledgeable in addiction medicine setting forth the requirements for qualified staff

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

members to obtain waivers to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications for the treatment of Opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e., methadone clinic) in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000.)

- The Bidder must describe how its medication policy will comply with §5.1.4.4.1.19 and include protocols and policies for Withdrawal Management and induction of medications for addiction treatment.
- DSAMH values programs that utilize methadone, buprenorphine, and naloxone for opiate Withdrawal Management but will accept applications from Bidders that offer buprenorphine and naloxone but not methadone.
- The program must have protocols for the decrease or discontinuation of Withdrawal Management medications, including:
 - Protocols for decreasing or discontinuing Withdrawal Management medications at the individual's request
 - Protocols for decreasing or discontinuing medications when the program determines that maximum benefit has been achieved
 - A protocol for responding to an individual's medical complications during the Withdrawal Management process
- The Bidder must describe a stabilization plan that includes:
 - Documentation and rationale for changes in medication dosage
 - Average length of stay criteria
 - Criteria for linkage from resident/inpatient to outpatient treatment
- The program must have Withdrawal Management protocols specifically for pregnant women. The program must ensure that protocols are clinically reasonable, do not present undue access challenges, and are designed to promote safety and positive outcomes for both the woman and child.
- The program must have rules regarding non-compliance and discharge procedures that include:
 - Administrative Withdrawal Management medication policies
 - Signs and symptoms of overdose
 - When to seek emergency assistance
 - Criteria for linkage from resident/inpatient to outpatient treatment.
- Bidders are required to inform individuals about the interactions between the Withdrawal Management medication(s) dispensed by the program and other medications and medical procedures, including but not limited to:
 - Any potential adverse reactions, including those resulting from interactions with other prescribed or over-the-counter pharmacological agents or other medical interventions
- Bidders are required to inform individuals about the importance of notifying their primary care physicians of their admission to Withdrawal Management services and the facts concerning withdrawal from the use of buprenorphine, naltrexone, chlordiazepoxide or

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

other Withdrawal Management medications dispensed by the program, including, but not limited to:

- Policies and procedures regarding voluntary, involuntary, and against medical advice withdrawal from Withdrawal Management medications.
 - Any potential adverse reactions as a result of withdrawal from Withdrawal Management medications, including those resulting from interactions with other prescribed or over-the-counter pharmacological agents or other medical interventions
 - The importance of notifying the individual's primary care physician of withdrawal from the program.
-
- The program must use a screening tool based on the DSM 5 criteria to diagnose those with Tobacco Use Disorder. For individuals who meet criteria, their treatment plans should include at least basic treatment options (e.g., nicotine replacement therapy, varenicline, counseling, Quitline). All Withdrawal Management programs must ensure a tobacco-free environment within the bounds of their property for all staff members, visitors and individuals in treatment.
 - The program must have care management processes for ensuring that individuals will be assessed for need and receive support to graduate to less restrictive supports and services and greater independence Those process shall be person-centered care and include the individual's input into the treatment plan. Discharge summaries from Withdrawal Management must include all information required in Delaware Substance Abuse Facility Licensing Standards (Title 16, 6001, 8.1.2.1.14).
 - The program must have care management processes for ensuring continuity of care so that, upon discharge from Withdrawal Management services, individuals will continue to receive their FDA-approved medication(s) for their behavioral health needs.
 - The program must have care coordination processes for helping individuals to navigate the health system, including assisting individuals with establishing ongoing relationships with primary care providers in patient-centered medical homes or federally qualified health centers.
 - The program must have a process for facilitating patient follow-up for medical appointments; this may include accompanying the individual to medical appointments when necessary. The Bidder will describe how communication will occur between internal staff and outside providers to follow up on any changes in an individual's care plans.
 - DSAMH values integrated approaches to care. Applications that create Comprehensive Withdrawal Management services that co-locate with behavioral health services and/or social services (e.g., affordable housing agencies) will be highly considered.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

The successful Bidder will also follow the **Overarching Principles of Care during Withdrawal Management** described by the Center for Substance Abuse Treatment (CSAT Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol⁴:

- Substance use disorders are brain disorders and not evidence of moral weakness.
- Substance use disorders are treatable and there is hope for recovery.
- Individuals with substance use disorders are treated in a nonjudgmental and supportive manner and with due consideration for individual background, language requirements, sexual orientation, disability status, vulnerabilities and strengths.
- Withdrawal Management services do not offer a “cure” for substance use disorders. They often are a critical step toward recovery and often the “first door” through which individuals pass to ongoing treatment.
- Particular attention should be paid to those individuals who have undergone multiple withdrawals in the past and for whom each withdrawal appears worse than previous ones.
- Treatment plans are person-centered and completed in partnership with the individual and, if the individual provides explicit permission, with family members, significant others, friends, employers and/or other members of the individual’s social support network. All individuals are encouraged to allow family members and others to become actively involved in fostering treatment and recovery.
- All healthcare professionals involved in the care of the individual will maximize opportunities to promote rehabilitation and maintenance activities and to link him or her to appropriate substance use disorder treatment services immediately upon discharge from Withdrawal Management.

The Comprehensive Withdrawal Management program **must** include (except for Levels 1- WM and 4-WM) each of the following ASAM-defined Withdrawal Management Levels of Care (LOC):

- Level 2-WM Ambulatory Withdrawal Management with Extended Onsite Monitoring
- Level 3.2-WM Clinically Managed Residential Withdrawal Management
- Level 3.7-WM Medically Monitored Inpatient Withdrawal Management
- Optional: Level 1-WM Ambulatory Withdrawal Management Without Extended Onsite Monitoring, Level 4- WM Medically Managed Intensive Inpatient Withdrawal Management

The ASAM levels of care are defined in **The ASAM Criteria** (3rd edition, 2013). While each LOC is described as an independent treatment program, DSAMH will be contracting for a fully integrated approach to care. Staffing, program documentation, clinical supervision and general resource budgeting and allocation must be presented in an integrated model of Withdrawal Management. The goal is to provide a service that is extremely accessible and flexible in program design and treatment decisions.

⁴ Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 45. HHS Publication No. (SMA) 15-4131. Rockville, MD: Center for Substance Abuse Treatment, 2006.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Placements of individuals with severe intoxication or physiological dependence at the appropriate level of care (both at initial presentation and during ongoing evaluation and treatment) depends on effective assessment and referral programs. The assessment is designed to gather and analyze information regarding an individual's current substance use behavior and social, medical and treatment histories. Its purpose is to provide sufficient information for problem identification and, if appropriate, SUD treatment or referral. This service also includes referral and assistance as needed for the individual to gain access to other needed Medicaid SUD or mental health services. Referral arrangements may include:

- Appropriate discharge/transfer planning to other SUD or mental health providers or levels of care, including coordination (with the individual's explicit permission) with the individual's family members, friends, and other community members to cultivate the individual's natural support network.
- Coordination with other SUD and mental health providers and potential providers of services to ensure seamless service access and delivery.
- Brokering of services to obtain and integrate SUD and mental health services.
- Facilitation and advocacy to resolve issues that impede access to needed SUD or mental health services.

Service providers employed by addiction treatment services and co-occurring treatment service agencies must work in a program licensed by DSAMH and comply with all relevant licensing regulations. Qualified providers shall develop, implement, and comply with policies and procedures that establish processes for referrals for an individual. Qualified providers may conduct an initial screen of an individual's presenting SUD before assessing the individual. Qualified providers shall be licensed in accordance with State licensure laws and regulations and will comply with licensing standards regarding assessment practices. Once an individual receives an assessment, a staff member shall provide the individual with a recommendation for further assessment or treatment and an explanation of that recommendation.

Appendix B.1. Outpatient Withdrawal Management

Assessment for appropriate Withdrawal Management LOC should be based on diagnostic criteria, such as the DSM 5, the Delaware-ASAM criteria, and validated severity assessment scales.

Individuals are appropriate for Level 1-WM or Level 2-WM services if they have mild to moderate withdrawal symptoms without complications and are medically stable. They will be referred to--and strongly encouraged to engage with--appropriate recovery-oriented services upon discharge from Withdrawal Management. There will be ongoing evaluation to ensure the individual is medically and psychiatrically appropriate for Withdrawal Management level of care. The individual will be transferred to higher level of care when indicated.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

All programs must submit plans for outpatient Withdrawal Management admission guidelines, assessment and treatment services, and staffing that adhere to Delaware Title 6001 Substance Abuse Facility Licensing Standards (11.0-11.5; <https://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Substance%20Abuse%20and%20Mental%20Health/6001.shtml>) and the Delaware Services Certificate and Reimbursement Manual (pgs. 38-51; <https://dhss.delaware.gov/dhss/dsamh/files/stateplanmanual11012016.pdf>).

Appendix B.2 Residential/Inpatient Withdrawal Management

Assessment for appropriate Withdrawal Management level of care should be based on diagnostic criteria, such as the DSM 5, the Delaware regulations, ASAM criteria, and validated severity assessment scales.

Individuals are appropriate for Level 3.2-WM, Level 3.7-WM or Level 4-WM services if they have moderate to severe withdrawal symptoms and/or complications, such as comorbid serious medical conditions or medical instability. They require 24/7 onsite support to manage withdrawal symptoms, increase their motivation for engaging in ongoing recovery services, and, if applicable, closely monitor medical conditions.

Level 3.2-WM, Level 3.7-WM, and Level 4-WM residential services are designed to treat the individual's level of clinical severity to achieve safe and comfortable withdrawal from drugs and alcohol and to effectively facilitate the individual's entry into ongoing recovery treatment. It is important for medical and nursing personnel to be readily available to evaluate and confirm that withdrawal management is being conducted safely. All facilities are licensed by DSAMH.

All programs must submit plans for residential Withdrawal Management admission guidelines, assessment and treatment services, and staffing that adhere to [Delaware Title 6001 Substance Abuse Facility Licensing Standards](#) (10.0-10.4) and the [Delaware Services Certificate and Reimbursement Manual](#) (pgs. 53-64)

Appendix B-3 Technical Response Requirements

DSAMH may enter into one or more contracts per service regardless of the number of locations utilized to deliver services. Bidders are required to answer all questions as outlined in this section.

A. Experience and Reputation

These criteria include questions which ascertain the qualifications and experience of the organization and persons to be assigned to the project. There is no page limit for the questions in this criterion.

1. Complete and attach the Business References found in Attachment 5.
2. Complete and attach the List of Contracts in the State of Delaware Form found in Attachment 9.
3. Identify by location and describe the Bidder's qualifications and experience providing proposed withdrawal management services and comprehensive care management in line with those set forth by the Scope of Work for the Withdrawal Management Type(s)

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

outlined in this Appendix.

4. Provide two staffing organization charts as follows:
 - a. Chart one depicting the organization as a whole and how the proposed services fit in the overall organizational/agency structure (may be more than one page).
 - b. Chart two depicting each of the individual services being proposed showing staffing (job function/title and name)
5. Provide current staff resumes for each staff member submitted with the proposal response, including Designation of a project manager as the primary point of contact with DSAMH.
6. Describe Bidder's screening and hiring procedures including guidelines to be used in staff screening and hiring procedures. Measures adequate to screen job Bidders to determine history of patient/resident abuse/neglect (must comply with 29 Del. C. Section 708 and 11 Del. C. Section 8564) must be described.
7. Describe Bidder's staff training/orientation and development. A staff training and/or orientation plan must be submitted within 60 days of Notice of Award applicable to all staff who will be assigned to the program. The plan must be updated annually. Please outline planned training, orientation and development activities. The training must also include mandatory PROMISE training as approved by the Division.
Note: The Department reserves the right to amend any contracts resulting from this RFP to require specific staff training.
8. Describe staff qualifications and experience working with individuals with serious mental illness and/or substance use disorders in the applicable withdrawal management type in Bidder's design.
9. Describe Bidder's experience in securing supportive services and stable housing for individuals with behavioral health needs in recovery in the applicable withdrawal management services included in Bidder's design.
10. Describe Bidder's experience and strategies for assisting residents engaged in vocational/employment pursuits.
11. Provide any measurable outcomes experienced with similar populations and include the elements in your program design that have contributed to positive outcome results.
12. Describe the Bidder's experience with any past or current partnerships proposed with other providers.
13. Please describe Bidder's experience with billing third party payers.

B. Expertise

This criterion includes questions which establish an understanding of the Bidder's familiarity and experience creating and running similar projects, including the ability to perform the work in a timely manner, company oversight and on-going project support and maintenance. There is no page limit for the questions in this section:

1. Describe any challenges Bidder has experienced providing Withdrawal Management services, comprehensive care management, linkages to housing, and supports in line with those set forth by the Scope(s) of Work and the applicable Withdrawal Management Level(s) outlined in this Appendix, what you did to overcome any obstacles. Describe any improvements in your model design over the past three years and the reason for those changes.
2. Please include a formal Quality Improvement Plan for identifying, evaluating and correcting deficiencies in the quality and quantity of services proposed under the scope of work. The Quality Improvement plan shall include proposed "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

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

contained in this paragraph is an essential and material term for procurement of services.

3. Describe Bidder's ability to comply with reporting requirements. These include, but are not limited to:
 - a. Collection of statistical data as requested.
 - b. Detail-level invoicing with person level data in prescribed format.
 - c. Compliance with future claims submissions and billing to be created by DSAMH.
 - d. Reporting of Outcome Measures.
 - e. Approach for timely collecting, tracking and reporting Provider- Derived performance measures.
 - f. Adhere to the Consumer Reporting Form (CRF) data submission requirements.
 - g. Approach to identifying any barriers to Outcome or Performance measures.

C. Capacity to Meet Requirements

This criterion includes questions which determine the ability for the Bidder to serve individuals with behavioral health disorders, including staff capacity, number of beds, services areas and staff to resident ratio. There is no page limit for the questions in this criterion.

1. Provide a description anticipated flow of individuals with behavioral health needs you anticipate being able to graduate through Bidder's proposed model in a 2-year period through this model, the target service area (county/geographic location), and the number of beds or locations Bidder intends to provide
2. Provide staff qualifications and staff to resident ratios by level of staff.
3. Provide an Implementation Work Plan in chart format with dates, tasks and resources necessary to meet the requirements for each service Bidder is bidding for in this RFP. This Implementation Work Plan should clearly indicate timelines for completion of each activity. The plan must cover start up through program implementation activities, including hiring of key staff. The Work Plan should:
 - a. indicate which services Bidder already provides and detail any necessary modifications, planned changes to increase or decrease resident capacity, and/or re-location of existing services (if applicable),
 - b. specify timeframes for adding new services and/or new service locations,
 - c. specify timeframes for establishing service operations, hiring staff, training staff, and the delivery of treatment.

Task	Milestone Activity (Short description)	Start	Target Completion Date
1			
2			
3			
4			
5			
6			

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

7			
8			
9			
10			

D. Soundness of Approach

This criterion includes questions which evaluate the model proposed and determines whether the model which provides withdrawal management services is fully supportive of the continuum of care and quality of life in alignment with the standards outlined in Appendix C for the proposed withdrawal management level. Responses should be limited to 25 pages for all the questions in this criterion.

1. Please provide describe your service model including details about the proposed evidence-based practices, published source by ASAM, National Quality Forum (NQF), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Institute on Drug Abuse (NIDA). The Bidder should demonstrate a mechanism for ensuring fidelity to the specific evidence-based practice models employed.
2. Please describe a simulation of your model for (those that apply):
 - a. An individual with SUD with co-occurring SPMI
 - b. An individual with a medical disability
 - c. An individual with no family support
 - d. An individual with an involved family and/or peer support system
 - e. An individual who is representative of the following high-risk priority populations, including adolescents, people with HIV/AIDS, individuals in the criminal justice system, people who use intravenous drugs, individuals with pain, pregnant women, women with dependent children, individuals with Opioid Use Disorder (OUD) and individuals with other medical conditions including those with tuberculosis.
3. Describe how you will assess the effectiveness of the services on an ongoing basis.
4. Describe your planned protocol for the availability and administration of naloxone (Narcan) in the event of an emergency situation involving narcotic overdose. This also includes a plan for educating staff, patients and their families.
5. Describe how you will ensure access to services for patients currently receiving FDA approved medication(s) for behavioral health needs, including but not limited to Medication for Addiction Treatment (MAT) for Opioid Use Disorder.
6. Please highlight innovations with your model and explain how they will help to connect individuals with services in the full continuum of care.
7. Describe how accessibility to services are addressed in terms of transportation; American Disabilities Act; and sensitivity to the education; ethnic and cultural needs of the community. The provider must demonstrate that they have access to the requisite language resources for individuals assigned to their program who do not speak English.
8. Confirm that services will be performed in compliance with the American Disabilities Act and the Olmstead Decision pursuant to the Delaware Settlement Agreement. For more information please visit: <https://www.justice.gov/opa/file/902701/download>.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

E. Sustainability

This criterion examines the evidence provided which describes how the Bidder will support long-term sustainability of the organization and model proposed by reviewing income projections substantiated by prior project management of similar scope and content. Responses should be limited to one (1) page for the question in this criterion, excluding Appendix D-3 and attached letters of support and emergency/disaster plan.

1. Describe the plan for long term sustainability of the proposed model.
2. Complete Appendix D-3 related to organization's financial stability.
3. Attach letters of support from organizations which are external to the Bidder and which acknowledge or indicate a long-term investment, commitment, or partnership (optional).
4. Attach an emergency response/disaster plan.

F. Partnerships with other providers

This criterion will review whether the proposed service model includes community partnerships with one or more providers having a significant role within the model. Responses should be limited to three (3) pages per withdrawal management level proposed for all the questions in this criterion.

1. Illustrate the role, relationship, and level of involvement of additional Bidder and community partners included in the model proposed in E. An organization chart may be included to further illustrate this and will not be included in the page limit.
2. Describe the nature of your contractual relationship with the partner(s) above. Please note, Bidder partners will not be separately reimbursed for services as this is an integrated model.

G. Pricing

This criterion will consider the Bidder's pricing model proposed. There is no page limit for the question in this criterion.

1. Bidder must acknowledge that they will accept the rates listed in the most current Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual.
2. For withdrawal which do not have rates established in the reimbursement manual, Bidders are asked to provide a fee-based cost estimate for the services proposed with a supporting budget through submission of Appendix D-2 Budget Workbook.

Please note: Final rates/pricing will be determined at the time of contracting in discussions with DSAMH. Total contract reimbursement will be determined by base pricing plus incentives to be determined by DSAMH. Required metrics and rates will be determined at the time of contracting based on the scope of services proposed.

H. Bonus points

Bonus points will be awarded based on responses in which Bidder describes how they will commit to and leverage other public-private partnerships and any in-kind funding sources to complement the proposed model. Signed Memorandum of Understanding (MOU) with partner organization are requested, if available. If a public-private partnership will be proposed, evidence of previous partnerships focused on wrap around supports and services for vulnerable populations are requested, if available.⁵ Responses should be limited to three 3 pages for the question in this criterion.

⁵<https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2019/05/CSH->

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

1. Please provide describe any public-private partnerships that will be used to compliment the proposed model (e.g. partnerships with hospitals or state housing authorities). Attach MOUs and any letters of commitment.

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix C – Division of Substance Abuse & Mental Health (DSAMH) Policies

Contract No. HSS-20-039

Contract Title: WITHDRAWAL MANAGEMENT SERVICES

The Bidder agrees to comply with the following Delaware Health & Social Services and Government policies as applicable :

- [Capacity Management and Priority Populations](#)
- [Charitable Choice](#)
- [Resident Confidentiality](#)
- [Resident Responsibility and Billing for Uninsured](#)
- [Resident Service Waiting Lists](#)
- [Community Access to Treatment Standards](#)
- [Criminal Background Check](#)
- [Critical Incident Reporting](#)
- [Cultural Diversity Linguistic Services](#)
- [Delaware Code](#)⁶
- [Delaware Treatment and Referral Network](#)
- [Discharge from Services](#)
- [Discharge Transition Practices Guidelines](#)
- [Housing Policy](#)
- [Human Subjects Review Board](#)
- [Inclusion](#)
- [McKinney-Vento Homeless Assistance Act](#)
- [Nicotine Dependence and Treatment](#)
- [Outpatient Treatment Over Objection \(OTOO\)](#)
- [Provider Appeal Process](#)
- [Safeguarding & Management of Resident/Resident Funds](#)
- [Standard Ability to Pay Fee Schedule](#)
- [Standardized Requirements During the Development Phase of Community Based](#)

⁶ Including but not limited to:

- Delaware Code Title 16, Chapter 22, Substance Abuse Facility Licensing Standards.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Residential Homes

- [Standardized Reporting and Investigation of Suspected Abuse, Neglect, Mistreatment, Financial Exploitation and Significant Injury of Residents Receiving Services in Residential Facilities Operated By Or For DHSS](#)
- [Trauma Informed Care](#)
- [State of Delaware Residential Landlord Code](#)

Please note: This list is not all-inclusive. Bidder must abide by all local, state, and federal policies, processes, procedures, requirements, rules, laws, and regulations.

DSAMH reserves the right to modify, replace, or add to these policies with 60 days' notice to Bidders. In the event of a policy modification or addition of new policy, the Bidder agrees to formulate a plan, in writing, regarding the contractor's compliance strategy with modified or new policy.

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix D – Business Proposal Requirements

Contract No. HSS-20-039

Contract Title: WITHDRAWAL MANAGEMENT SERVICES

Business proposals including budget information must be presented separate from the Technical Proposals.

Awarded Bidders will demonstrate organizational capability as mentioned in **Appendix B** and **described in further detail below:**

Organization must provide a copy of the last independent A-133 audit, if it is required to conduct A-133 audit according to the federal requirements). If your A-133 audit resulted in administrative findings or corrective actions, the findings/corrective actions must be included in your submission to us along with your organization's response to those findings. Organizations that are not subject to an A-133 Audit must submit their most recent Independent Audit/Evaluation.

Organization will submit the most recent organizational chart and current Board of Director's roster (if applicable).

The Department of Health and Social Services, Division of Substance Abuse and Mental Health reserves the right to terminate the contract, based upon merger or acquisition of the

Bidder, during the course of the contract. Organizations must include a description of any current or anticipated business or financial obligations, which will coincide with the term of this contract.

Organizations applying under this RFP must complete the Budget Workbook, Appendix D-2 and RFP Financial Survey, Appendix D-3 (document can be found at <https://dhss.bonfirehub.com>

Financial stability as determined by completion of **Appendix D-3** and review of financial information provided by the Bidder; perceived ability to start up and manage the program in the time required using the staff, structure and phase in required in the RFP. Financial stability should be demonstrated through production of balance sheets and income statements or other generally accepted business record for the last 3 years that includes the following: The Bidder's Earnings before Interest & Taxes, Total Assets, Net Sales, Market Value of Equity, Total Liabilities, Current Assets, Current Liabilities, and Retained Earnings.

In addition to financial information, discuss any corporate reorganization or restructuring that has occurred within the last three years and discuss how the restructuring will impact the Bidder's ability to provide services proposed. The Bidder must disclose the existence of any related entities (sharing corporate structure or principal officers) doing business in the field of correctional health care. The DSAMH reserves the right to terminate the contract, based upon merger or acquisition of the Bidder, during the course of the contract. The Bidder must include a description of any current or anticipated business or financial obligations, which will coincide with the term of this contract.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix D-1 Budget Workbook Instructions

THESE INSTRUCTIONS ARE ASSOCIATED WITH THE BUDGET WORKBOOK ASSIGNED
TO
RFP/CONTRACT NUMBER: HSS-20-039
PROGRAM/SERVICE: WITHDRAWAL MANAGEMENT SERVICES

1. General Budget Guidelines

Please read these guidelines thoroughly before beginning to complete the budget workbook.

Organizations are required to complete a Budget Form to determine the appropriateness of agency costs allocated to the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) contracts, and to assist in making cost comparisons among similar programs and services. Those contracts include cost reimbursable contracts and contracts that have previously been cost reimbursable but have been converted to a unit cost contract. A separate budget form must be filled out for each Bidder funded in this contract.

1.1 Types of Costs

The total cost of contracts is comprised of the allowable program costs, plus the allocable portion of agency administrative costs. Therefore, for purposes of this budget form, contracted costs are categorized into those two separate and distinct types: Program Costs and Administrative Costs. Definitions of these costs are provided below. Certain costs incurred by contractors may be deemed unallowable for inclusion in DSAMH contracts and, therefore, should not be included in the proposed budget in the Budget Workbook. These are enumerated later in this document.

1.1.1 Program Costs-Program costs are defined as those costs incurred in the provision of services to residents (for a further discussion of the difference between program costs and administrative costs of personnel). Examples of program costs are: salaries and applicable other employment costs, travel, contractual services (such as telephone, postage, and rent), supplies, and capital outlay/equipment.

One method of distinguishing administrative personnel from program service personnel is by their proximity to resident services. For instance, service workers would include staff working with residents and their supervisor, if they spend 100% of their time in supervision. As appropriate, the next level of supervision/management may also be considered as part of the program staff if their principal accountability is related to the on-site oversight of the program. All levels of personnel above this level should be considered administrative staff. Full Time Equivalent (FTE) positions should be prorated if they spend time working in multiple programs.

Certain costs, such as those for space or utilities, can be either administrative or program-related, depending on what type of employee occupies the space.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- 1.1.2 Administrative Costs-** Administrative costs are defined as those costs incurred to provide central support functions to the service components of the program. Administrative costs are those that have been incurred for the overall general executive and administrative offices of the organization and other expenses of a general nature that do not relate solely to any major program area of the organization. In general, administrative costs cannot be readily identified to a specific program objective without effort disproportionate to the results. This category may also include the allocable share of salaries and fringe benefit costs, operation and maintenance expense, depreciation and use allowances, and interest costs. Examples of costs that fit in this category include central office functions, such as the director's office, the office of finance, business services, budget and planning, personnel, payroll, safety and risk management, general counsel and management information systems.
- 1.1.3 Startup Costs-** Startup costs are the expenses incurred during the process of creating a new project. Startup costs (if allowable) will be discussed during contract negotiations.

1.2 Unallowable Costs

DSAMH will not pay for the following costs:

- 1.2.1** Costs incurred before the effective date or after the termination date of any contract.
- 1.2.2** Costs for services which:
- 1.2.2.1** have not been rendered;
 - 1.2.2.2** cannot be verified as having been provided, according to standard DSAMH monitoring and audit procedures;
 - 1.2.2.3** have not been provided by DSAMH approved agencies and programs;
 - 1.2.2.4** have been provided to persons not authorized by DSAMH;
 - 1.2.2.5** have been provided to persons of less than 18 years of age, unless such persons have been approved in writing by DSAMH as eligible to receive services under this Contract;
 - 1.2.2.6** have been paid for by Medicaid or Medicare, by other third-party payers, by or on behalf of the recipient of services; or
 - 1.2.2.7** are a benefit offered as a covered service in any healthcare plan under which the resident has been determined to be covered, or for which the resident has been found to be eligible, unless such residents are specifically approved in writing by DSAMH as eligible to receive services under this Contract.
- 1.2.3** Costs incurred prior to the approval of the Purchase Order by the Delaware State Department of Finance.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- 1.2.4 Costs incurred in violation of any provision of the contract or the Operating Guidelines (if available).
- 1.2.5 Costs of acquisition, renovation or improvement of facilities or land. Ongoing costs of facility maintenance and repair are distinguished from improvement and are allowable.
- 1.2.6 Costs incurred for the purchase and maintenance of Vehicles.
- 1.2.7 Costs of acquisition of Computer system purchases including electronic health record software.
- 1.2.8 Costs of political activities, including: transportation of voters or prospective voters to the polls, activities in connection with an election or a voter registration effort, contributions to political organizations and expenses related to lobbying.
- 1.2.9 Costs of idle facilities. Idle facilities mean completely unused facilities that are excess to the organization's current needs. Unallowable costs related to the idle facility include: maintenance, repair, rent, property tax, insurance and depreciation or use allowances.
- 1.2.10 Interest payments, late payment fees and penalties charged by Bidders as a result of late invoicing.
- 1.2.11 Costs related to fines or penalties imposed on the agency or legal fees related to the defense of the agency or any of its employees in any civil or criminal action.
- 1.2.12 Costs that violate any requirement or are identified as a prohibited activity in the Scope of Work (Appendix B of Contract / RFP).
- 1.2.13 Costs that violate any applicable Federal or State statute or regulation.

In determining unallowable costs listed as 1.2.1-1.2.8, DSAMH used, Subpart E of the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, which replaced OMB (Office of Management and Budget) Circulars A-21, A-87 and A-122 Federal Cost Principles on December 26, 2013. A copy of this document is available at the following link:

<http://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1&rgn=div5>

2. General Information Regarding Budget Workbook

The budget workbook is a standardized format for the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH)

- 2.1 The budget is an Excel workbook. The workbook consists of:
 - 2.1.1 Personnel Detail Worksheet;
 - 2.1.2 Budget Worksheet;
 - 2.1.3 Budget Narrative
- 2.2 Portions of the budget workbook and its worksheets are automated. Some items are calculated by the worksheet and some are transferred from other areas of the worksheet and workbook. As a result, the Salary and Budget worksheets require the most entries and time. Questions should be directed to the appropriate DSAMH representative.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- 2.3 A complete budget workbook must be submitted as part of the Request for Proposal (RFP) Appendix D-Business Proposal or during the annual contract renewal/amendment process as requested by DSAMH. If part of the contract, the budget workbook is listed under Appendix C-of the contract.
- 2.4 Develop a methodology for allocation of costs to each funding stream. This will speed the completion of the salary, fringe benefit and budget worksheets. In reviewing the budget proposal, DSAMH may ask for an explanation of the methodology.
- 2.5 A DSAMH representative will provide additional instructions as appropriate.

3. Definitions

- 3.1 Funding stream refers to the source of funds for each service/program.
 - 3.1.1 Requested Funds: legislative and federal appropriations administered by DSAMH.
 - 3.1.2 Other Resources: any other funding sources the agency utilizes to cover expenses.
- 3.2 Indirect Costs are those costs that have been incurred for common or joint objectives, and thus are not readily subject to treatment as direct costs (program costs) of a specific program/service or other ultimate or revenue producing cost centers. An indirect cost rate represents the ratio between the total indirect costs and benefiting total direct costs, after excluding and or reclassifying unallowable costs, and extraordinary or distorting expenditures. (i.e., capital expenditures and major contracts and subgrants). Indirect costs should not exceed a level beyond the Department of Health and Social Services cap of 12%.
- 3.3 Direct costs are costs that can be identified specifically with a project and therefore are charged to that project. The accounting system records these costs as they are incurred within the series of accounts assigned for that purpose and further distribution is not required. In the past, this may also have been referred to as program costs.

4. Instructions for Completing the Budget Workbook

- 4.1 Before beginning – save the budget workbook file with a new name for each service/program.
- 4.2 Bidders must complete the columns named “Requested Funds”; and “Other Resources”; No entries are needed or permitted in the areas shaded blue, green, purple, yellow, brown, or orange.

5. Personnel Detail Worksheet

- 5.1 The first step in the development of the budget is to complete the Personnel Detail Worksheet.
- 5.2 In the boxes provided at the top of the page, enter the Bidder Agency, for this budget.

Column

- 5.3 A. Name of Staff In this Column list the name of each person (include each person’s credentials) scheduled to work on the project. If this is a new position or currently a vacant position, put “To Be Hired” in this Column.
Group the staff into two sections:
 - DIRECT STAFF: (intake staff, staff providing the services to the residents under this contract, etc.).
 - INDIRECT STAFF: (support staff, staff that are not directly providing the services but are necessary for the overall operation of the agency that provides the

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

services under this contract, like accounting, CEO, etc.).

- 5.4 B. Title/Position In this Column, enter the title or position of each person.
- 5.5 C. FTE **Enter** the Full Time Equivalent for each position listed from the perspective of the agency regardless of how many hours are spent on this contracted service

For example, if the standard workweek for your agency is 40 hours per week and person #1 will work only 30 hours per week for your agency, enter 0.75. If person #2 will work 40 hours per week for your agency, enter 1.0
- 5.6 D. Annual Salary Enter the **total annual salary** for each individual. This may be more than the salary paid from project funds. For positions "To Be Hired", enter the salary to be paid from the estimated time of hire until the end of the contract year.

The annual salary is the payment for the total number of time the employee works for the agency as a whole, not just for this contract.
- 5.7 E. % of Time on Project This is the percent of the individual's total work time that is spent on this project.
- 5.8 F-G. Salary Breakouts In Columns F through G, indicate the dollar amount of salary paid from each funding stream used in this contract, as appropriate. The individual's salary may be paid from just one funding stream or more than one. For example, part of salary is paid with Requested funds and the balance by Other Resources.
- 5.9 H. Total Contract Salary This Column calculates sum of Columns F through G.
- 5.10 Line 61 Totals The totals are automatically calculated for each Column.

6. **Budget Worksheet**

Budget Worksheet Note:

Sections D-1 and D-2 are automatically imported from the Personnel Detail Worksheet for columns D-F. For sections D-3 through D-7, no entries are needed or permitted in the colored areas.

- 6.1 Other Resources Column If the agency is utilizing other resources to cover the expenses of this program, enter the dollar value of each additional resource that is going to be utilized for this line item.
- 6.2 **Section D-3 Travel and Training Expenses**

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- 6.2.1** Line 12 Line 12 is the sum of lines 13 through 15. The values for this line are automatically calculated.
- 6.2.2** Line 13
Mileage Mileage expense is the projected number of miles that will be driven by staff and volunteers in their personal vehicles for agency purposes multiplied by the rate per mile reimbursement. This rate cannot exceed the State of Delaware's maximum allowable of forty cents (\$0.40) per mile. If an agency chooses to exceed the maximum, it may do so as long as the amount over the maximum is paid by the agency from other sources. <http://delcode.delaware.gov/title29/c071/index.shtml>
- Enter the value of the total number of miles multiplied by the reimbursement rate under appropriate funding stream(s), Columns D through F.
- Use the Budget Narrative D-3 Mileage to identify the quantity of the miles that the agency is projecting to use.
- For example**, if agency projects 100 miles to be driven by the staff under this project, then enter $100 * \$0.40 = \40.00 .
- 6.3.3** Line 14
Training Enter the cost of staff training for this project under appropriate funding stream(s).
- 6.3.4** Line 15
(Other specify) Use this line if you need to specify additional Travel or Training Cost. In the Column B, instead of Other (specify), enter the name of the travel or training budget line item and enter the cost of that line item under appropriate funding stream(s).
- 6.4 Section D-4 Contractual**
- 6.4.1** Line 16 Line 16 is the sum of Lines 17 through 32. The values for this line are automatically calculated.
- 6.4.2** Line 17
Rent Enter the cost of space rental under appropriate funding stream(s). Use the Budget Narrative C-4 Rent to identify each space rented, the square footage and the cost per square foot.
- 6.4.3** Lines 18-24
Electricity
Heat
Telephone/Internet
Utilities (Other)
Printing/Advertising
Postage
Insurance Enter the cost for each line item under appropriate funding stream(s).
- 6.4.4** Line 25
Repairs Enter the cost of repairs under appropriate funding stream(s). Use the Budget Narrative C-4 Repairs to describe the proposed repairs and the need for them.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- 6.4.5** Line 26
Audit Enter the cost of Audit under appropriate funding stream(s). Use the Budget Narrative C-4 Audit to describe what audit fees and what percent of the audit fees agency is allocating to the project expense.
- 6.4.6** Lines 27-32
Other (specify) Use this line if you need to specify additional Contractual Costs. In the Column B, instead of Other (specify), enter the name of the contractual budget line item and enter the cost of that line item under appropriate funding stream(s).
- 6.5 Section D5 Supplies**
- 6.5.1** Line 33 Line 33 is the sum of the lines 34 through 43. The values for this line are automatically calculated.
- 6.5.2** Lines 34-38
Office Supplies
Program Supplies
Janitorial Supplies
Building Supplies
Medical Supplies Enter the cost for each line item under appropriate funding stream(s).
- 6.5.3** Lines 39-43
Other (specify) Use this line if you need to specify additional Supplies Costs. In the Column B, instead of Other (specify), enter the name of the supply budget line item and enter the cost of that line item under appropriate funding stream(s).
- 6.6 Section D6 Equipment/Other Direct Costs**
- 6.6.1** If replacement or additional equipment is being requested, use the Budget Narrative to provide details on the specific piece of equipment requested and explain why it is needed.
- 6.6.6** Lines 44-46
Other (specify) Use this line if you need to specify additional Equipment/Other Direct Costs. In the Column B, instead of Other (specify), enter the name of the direct cost budget line item and enter the cost of that line item under appropriate funding stream(s).
- 6.7 Section D7 Indirect Costs**
Explain how Indirect Cost was determined.
- 6.8 Section D8 Total Budget**
The values for this line are automatically calculated.

7. Budget Narrative

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Budget Narrative Supplement Note:

For each section of the Budget Worksheet, use the Budget Narrative Worksheet to explain how a particular cost was calculated, explain why a certain cost is necessary or provide more information to clarify items in “Other Specify”. This is the budget justification and narrative.

The amount requested to DSAMH for each Section will appear to the right of each Section heading on the Budget Narrative.

7.1 D1

Staff Salaries

Explain how staff salaries were determined and allocated to this project. Explain any increases/decreases in salaries from the previous contract with the State (if applicable).

7.2 D2

Staff Fringe Benefits

In the Additional Narrative Section, explain how the fringe benefits were determined. Explain any increase/decrease in fringe benefits from the previous contract with the State (if applicable). Provide detail on the items included in the fringe benefits, and the percent and dollar amount of each item.

Complete the Fringe Benefits Classification table.

Example:

Fringe Benefit Classification	Amount	Percent
FICA	\$16,000	8%
Health Insurance	\$24,000	12%
Workers Compensation	\$10,000	5%
Total Fringe Benefits	\$50,000	25%

7.3 D3

Travel/Training

7.3.1 Travel

Explain Mileage in the Narrative Portion and enter the quantity of the estimated miles for this program into the Mileage cell. Please make sure that the dollar value in Total Mileage matches with the total amount given for Mileage on Budget Worksheet Line 13.

Example: Mileage x 0.40(DSAMH Max) = Total

Mileage **4,000.00** Rate **\$0.40** Total Mileage = **\$1,600**

7.3.2 Training

For the training narrative please give a detailed description of the training allocated on the Budget Worksheet. Training expenses must align with spending principles outlined in the State of Delaware Budget and Accounting Manual, Chapter 11-Training. <https://budget.delaware.gov/accounting-manual/index.shtml>

7.3.3 Other (Specify)

Identify and explain the cost.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- | | | |
|--------------|--|--|
| 7.4 | D4 | Contractual |
| 7.4.1 | Rent | Identify the square footage and the cost per square foot for each space rented . |
| | | <p style="text-align: right;">Example: Sq. Footage x Cost/sq. ft. = Total
 2000 sq. ft. x \$10/sq. ft. = \$20,000</p> <p>In Cell called "Total Months Charged to Rent" enter the total months included in the contract. If this budget is for the entire year, the total months entered should be twelve (12). If this contract budget is for a shorter or longer period than a year, agency must enter the total months included in the budget.</p> <p>In the Additional Narrative portion, please explain how the rent was determined and allocated to the project.</p> |
| 7.4.2 | Electricity
Heat
Telephone/Internet
Utilities (Other)
Printing/Advertising
Postage
Insurance | Explain how these costs were determined and allocated. |
| 7.4.3 | Repairs | Describe the proposed repairs and the need for them. |
| 7.4.4 | Audit | Explain how these costs were determined and allocated to the program. |
| 7.4.5 | Other (Specify) | Identify and explain each cost. |
| 7.5 | D5 | Supplies |
| 7.5.1 | Office Supplies
Program Supplies
Janitorial Supplies
Building Supplies
Medical Supplies | Explain how these costs were determined and allocated. |
| 7.5.2 | Other (Specify) | Identify and explain each cost. |
| 7.6 | D6 | Equipment & Other Direct Costs |
| | | If replacement or additional equipment is being requested, use the Budget Worksheet Supplement to provide details on the specific piece of equipment requested and explain why it is needed. |
| 7.6.3 | Other (Specify) | Identify and explain each cost. |

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- 7.7 Column E Other Resources**
Explain what the other resources are and how they are allocated to this project.
- 7.8 D7 Indirect Costs**
Explain how Indirect Cost was determined
- 7.9 D8 Total Budget**
The values for this line are automatically calculated.

Appendix D-2 Budget Workbook

Please see attached Excel workbook.

Appendix D-3 – RFP Financial Survey

Contract No. HSS-20-039

Contract Title: WITHDRAWAL MANAGEMENT SERVICES

NAME OF BIDDER AGENCY: [Click here to enter text.](#)

A. Organization Information

1. Nature of Business

a. Organization type:

For-profit Non-profit Not-for-profit

b. IRS tax-exempt status:

Non-exempt Exempt – Under IRS Code Section: [Click here to enter text.](#)

c. Corporation Data: Are the following documents up to date?

Item	Document Description	YES	NO
a.	Corporate Documentation (i.e., Certificate(s) of Incorporation; By-laws; Policy & Procedures as requested herein)	<input type="checkbox"/>	<input type="checkbox"/>
b.	Fidelity Bond	<input type="checkbox"/>	<input type="checkbox"/>
c.	Insurance Policies for property:		
	Liability	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
d.	Malpractice/Liability insurance to protect agency/staff against lawsuits brought by recipients of services	<input type="checkbox"/>	<input type="checkbox"/>
e.	IRS Form 501C – Tax Exempt Status	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

f.	IRS Form 4029 – Application for Exemption from Social Security and Medicare Taxes and Waiver of Benefits	<input type="checkbox"/>	<input type="checkbox"/>
g.	IRS Form 990 – Return of Organization Exempt from Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
h.	IRS Form 941 – Employer’s Quarterly Federal Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
i.	Delaware Annual Franchise Tax Report	<input type="checkbox"/>	<input type="checkbox"/>
j.	Delaware Forms (VCE – UC8A) W1–W3 Report of State Withholding	<input type="checkbox"/>	<input type="checkbox"/>
k.	Contracts for Purchased Services (i.e., Rent, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
l.	Delaware Business License	<input type="checkbox"/>	<input type="checkbox"/>

B. Finance, Accounting, and Internal Controls

1. Basis of accounting system:

Cash Accrual

2. Does the firm engage an independent auditor to conduct an annual audit of financial statements?

Yes No

a. If yes, select type of audit:

Federal Single Audit Financial Audit; Last fiscal year audited: _____

b. If no, is an Independent CPA Review performed? Yes No; Last fiscal year reviewed: _____

3. Provide, a listing of the firm’s Chart of Accounts (COA), including both the numeric code and description of each account in the accounting system.

4. The firm must maintain a complete set of accounting records, or books of account for original and secondary entries, in which all financial information of firm are recorded and maintained, including journals, ledgers, and supporting documentation.

Has your firm maintained a complete set of accounting records? Yes No

Note: If selected as a contract agency, these records may be audited by Division representatives at any time.

5. Internal Controls

Reference: The Committee of Sponsoring Organizations (COSO) of the Treadway Commission Internal Control Integrated Framework (COSO Framework) for Organizations to use in the assessment of internal control as adapted by the Government Accountability Office (GAO) *Standards for Internal Control in the Federal Government* issued Sep 2014.

a. Have deficiencies or material weaknesses in internal controls been found during an audit?

Yes No

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

b. Does your firm maintain written financial practice policies and procedures?

Yes No

If yes, please provide a copy to the Division in a labeled attachment to this survey.

c. Are Financial Policies and Procedures regularly reviewed and revised as necessary?

Yes No

d. If not present in the attached policies and procedures, explain the internal management mechanisms in place for safeguarding the assets of the organization, and for preventing and detecting errors, fraud, waste and abuse. Specifically describe the following financial management areas under marked sub-headings:

- Separation of functional responsibilities and duties
- Petty cash procedures (include uses, forms, maximum balance maintained, limits on transactions, procedures for reconciliation and replenishment)
- Receipts (describe flow of receipt, recording, and deposit)
- Disbursements (approvals, safeguarding blank checks, check issuance, required check signatories, maintenance of supporting documents)
- Bank statement (both process and timing of opening, review, reconciliation and approval of statement)

6. Billing Residents for Services

a. Does the firm maintain a schedule of fees?

Yes No

b. Summarize, the procedures for determining fees due from resident, include information about how a resident is informed about the fee schedule, determination of resident's ability to pay, the procedures for billing residents, and how the receipt of resident fees is documented.

c. Explain the procedures for billing third-party payers?

C. Program

1. Does the firm maintain a summary of total program funding and a breakdown of approximate funding by source?

Yes No

a. Briefly describe:

b. Does the program have person(s) responsible for the preparation and review of the program budget?

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Yes No

- c. Describe the procedures for preparing the overall program budget, estimating the projected income, and for the periodic budget review and adjustments.

2. Indirect (Facilities and Administration) Costs

- d. Describe the agency's development of its indirect cost pool(s), and the method of distributing indirect (F&A) charges across programs.

Please provide a copy of the policy to the Division in a labeled attachment

- d. Does the organization have a Federally approved indirect cost rate?

Yes No

- e. Indirect Cost Rate: ____%

Type of rate (predetermined, provisional, final, de minimis, etc.): ____

Allocation (distribution) basis: ____

D. Federal cognizant agency for indirect costs: ____

E. Procurement

1. Does the firm maintain a summary of total program funding and a breakdown of approximate funding by source?
2. What are the organization's procedures for procurement? Include description of:
 - a. Solicitation and bids process for service, and
 - b. Receipt and inspection of goods.

Please provide a copy of the policies to the Division in a labeled attachment.

NOTE: When procuring property and services under a Federal award, non-Federal entities that are not states, must follow Uniform Guidance procurement standards found at 2 CFR 200, §200.318 through §200.326.

F. Property Management

1. Describe the following elements of the firm's property management process.
 - a. Does the firm maintain an inventory (listing) of furnishings, office equipment, and other capital property?

Yes No
 - b. The inventory record includes (check all that apply; otherwise, write N/A for not applicable):

Property Inventory Data	Applicable
Property description	<input type="checkbox"/>

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Identification number of item (serial number, model)	<input type="checkbox"/>
Purchase or acquisition date	<input type="checkbox"/>
Purchase Price	<input type="checkbox"/>
Source of funds for purchase	<input type="checkbox"/>
% of Federal Participation in Property Costs (if applicable)	<input type="checkbox"/>
Condition of item	<input type="checkbox"/>
Location of item	<input type="checkbox"/>
Date of loss, destruction, or disposition of item	<input type="checkbox"/>
Fair Value of Property at loss, destruction, or disposition	<input type="checkbox"/>

c. Is the inventory kept up to date?

Yes No

d. How often is the inventory updated? ____

e. Identify the party responsible for maintaining the inventory? Name/Position:

G. Bidder Agency Signoff

1. Survey completed by (Printed or Typed Name): _____

2. Title/Position: _____

3. Signature: _____

Date: ____/____/____

[balance of page is intentionally left blank]

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix E – Divisional Requirements

Contract No. HSS-20-039

Contract Title: WITHDRAWAL MANAGEMENT SERVICES

The Divisional Requirements below will be listed in the awarded Bidder's contract. Divisional Requirements are updated at the Division's discretion as necessary.

The Vendor certifies, to the best of its knowledge and belief that all services provided under this contract shall be in compliance with all the terms, requirements and provisions of:

A. General

1. The Vendor agrees to provide the staff and services (as described in Appendices) and to seek reimbursement for services provided according to the terms and conditions set forth in this contract. Delaware residents shall be given priority over residents of other states in determining eligibility for services provided under this contract.
2. In the event that Vendor fails to complete the project or any phase thereof within the time specified in the Contract, or with such additional time as may be granted in writing by Delaware, or fails to prosecute the work, or any separable part thereof, with such diligence as will insure its completion within the time specified in this Agreement or any extensions thereof, Delaware may suspend the scheduled payments.
3. The Division reserves the right to reduce the number of people a Vendor currently serves, restrict the number of referrals a Vendor may receive, or rescind authorization to operate one or more service sites (e.g., neighborhood home, apartment) or any combination of such measures as sanctions for documented unsatisfactory contract performance as determined by the Division. The Division may impose such sanctions for a period of between 30 to 365 days, with the right to renew the sanctions at the Division's sole discretion.
4. The Vendor agrees to acknowledge, in any communication involving the public, the media, the legislature or others outside of DSAMH, that the services provided under the terms of this contract are funded by and are part of the system of public services offered by DSAMH.
5. The Vendor agrees to participate in the DSAMH reporting and identification system and to use such forms as are approved/required by or supplied by DSAMH. Any modifications to the approved forms must have prior authorization from DSAMH.
6. DSAMH retains the specific right of access to all treatment records, plans, reviews and essentially similar materials that relate to the services provided to residents/consumers under the terms of this contract. DSAMH shall be entitled to make and retain possession of copies of any treatment records, plans, reviews and essentially similar materials which relate to the services provided to residents/consumers under the terms of this contract and the Vendor shall not restrict DSAMH from such possession.
7. The Vendor agrees to submit incident reports, PM46 notifications as well as reporting of any and all adverse events.
8. The Vendor agrees to maintain such individual record systems as are necessary and required by DSAMH and/or federal mandate to document services. Program record systems shall be compatible with existing DSAMH systems, including the management information system (MIS), be based on project objectives and measure and track the movement of residents through the program.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

9. The Vendor agrees to provide DSAMH copies of such records, statistics and other data required for research, evaluation, resident follow-up, training needs assessment and program or financial monitoring or audit.
10. The Vendor agrees that no employee, board member, or representative of the Vendor, either personally or through an agent, shall solicit the referral of residents to any facility or program in a manner, which offers or implies an offer of rebate to persons referring residents or other fee-splitting inducement. This applies to contents of fee-schedules, billing methods, or personal solicitation. No person or entity involved in the referral of residents may receive payment or other inducement by a facility/program or its representatives. No person shall be employed for the sole reason to direct people with serious mental illness to a facility that they are employed by or get remuneration of any kind.
11. The Vendor and DSAMH mutually understand and agree that DSAMH may at any time elect to seek another provider to provide the services required by this contract. In the event that DSAMH selects another provider, the Vendor agrees and shall be required to cooperate fully in the development and execution of an orderly and coordinated close-out of the Vendor's program operation to ensure the continuity of appropriate resident care during the transition to another service provider.
12. The Vendor agrees to apportion the delivery of services as purchased under this contract and to assure that services are reasonably available to DSAMH-approved and/or funded consumers/residents throughout the term of the contract. DSAMH reserves the right to delay or withhold payments for services provided under this contract when it appears that services are being provided in a manner that threatens reasonable availability of services or delays the expected provision of resident specific data reports on a monthly basis throughout the term of the contract

B. Department of Health and Social Services Requirements

1. The Vendor shall ensure that its liability insurance extends coverage to such members of its governing and/or advisory boards as may be potentially liable for damages by virtue of their official position, service to, or otherwise apparent or presumed relationship to the Vendor and/or the services provided by the Vendor under the terms of this contract.
2. This entire Contract between the Vendor and the Division is composed of these several pages and the attached:

Appendix A	Divisional Requirements
Appendix B	Scope of Work/Service Description
Appendix C	Financial Requirements (to be created by DSAMH) Appendix C-1 Contract Budget
Appendix D	Vendor Work Plan
Appendix E	RFP-HSS-20-039 –Attachment 1 Vendor Response to HSS-20-039

This contract and its Appendices shall constitute the entire agreement between The Department and Vendor with respect to the subject matter of this Contract and shall not be modified or changed without the express written consent of the parties. The provisions of this contract supersede all prior oral and written quotations, communications, agreements, and understandings of the parties with respect to the subject matter of this Contract.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

If the amount of this contract listed in Section 2 of the contract boilerplate, paragraph 2.3 is over \$25,000, the Vendor, by their signature, is representing that the Firm and/or its Principals, along with its subcontractors and assignees under this Contract, are not currently subject to either suspension or debarment from Procurement and Non- Procurement activities by the Federal Government.

C. Federal Requirements

1. The following Federal Mandates:

- a. The Drug-Free Workplace Act of 1988.
- b. The Americans with Disabilities Act (PL 101-336).
- c. P.L. 103-227, Sections 1041-1044, 20 U.S.C. Sections 6081-6084, also known as the Pro-Children Act of 1994.
- d. Title IX of the Education Amendment of 1972 (45 CFR 86) which provides, in general, that no person shall on the basis of sex be excluded from program participation.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

HIPAA BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“BAA”) is entered into this day of _____, 20____ (“**Effective Date**”), by and between [Vendor Name] _____ (“**Business Associate**”), and the State of Delaware, Department of _____ [Agency/Division Name] (“**Covered Entity**”) (collectively, the “**Parties**”).

RECITALS

WHEREAS, The Parties have entered, and may in the future enter, into one or more arrangements or agreements (the “Agreement”) which require the Business Associate to perform functions or activities on behalf of, or services for, Covered Entity or a Covered Entity Affiliate (“CE Affiliate”) that involve the use or disclosure of either (a) Protected Health Information (“PHI”) that is subject to the final federal Privacy, Security, Breach Notification and Enforcement Rules (collectively the “HIPAA Rules”) issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (the Act including the HIPAA rules shall be referred to as “HIPAA”) and the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”), or health information relating to substance abuse and treatment (“Part 2 PHI”) protected under the Federal Confidentiality of Alcohol and Drug Abuse Patient Records law and regulations, 42 USC §290dd-2 and 42 CFR Part 2 (collectively, “Part 2”), as each is amended from time to time. The purpose of this BAA is to set forth the obligations of the Parties with respect to such PHI and Part 2 PHI.

WHEREAS, Business Associate provides [professional services professional services] for Covered Entity pursuant to a contract dated _____, 201[_] and such other engagements as shall be entered

WHEREAS, Business Associate, in the course of while providing services to Covered Entity, may have access to PHI and may be deemed a business associate for certain purposes under HIPAA;

WHEREAS, Business Associate is also a Qualified Service Organization (“QSO”) under Part 2 and must agree to certain mandatory provisions regarding the use and disclosure Part 2 PHI;

WHEREAS, the Parties contemplate that Business Associate may obtain PHI, with Covered Entity’s knowledge and consent, from certain other business associates of Covered Entity that may possess such PHI; and

WHEREAS, Business Associate and Covered Entity are entering into this BAA to set forth Business Associate’s obligations with respect to its handling of the PHI, whether such PHI was obtained from another business associate of Covered Entity or directly from Covered Entity;

NOW, THEREFORE, for mutual consideration, the sufficiency and delivery of which is acknowledged by the Parties, and upon the premises and covenants set forth herein, the Parties agree as follows:

1. **Definitions.** Unless otherwise defined herein, capitalized terms used in this BAA shall have the meanings ascribed to them in HIPAA or the Master Agreement between Covered Entity and Business Associate, as applicable.
2. **Obligations and Activities of Business Associate.** To the extent that Business Associate is provided with or creates any PHI on behalf of Covered Entity and is acting as a business associate of Covered Entity, Business Associate agrees to comply with the provisions of HIPAA applicable to business associates, and in doing so, represents and warrants as follows:
 - (a) **Use or Disclosure.** Business Associate agrees to not use or disclose PHI other than as set forth in this BAA, the Master Agreement, or as required by law.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

- (b) **Specific Use of Disclosure.** Except as otherwise limited by this BAA, Business Associate may:
- (i) use or disclose PHI to perform data aggregation and other services required under the Master Agreement to assist Covered Entity in its operations, as long as such use or disclosure would not violate HIPAA if done by Covered Entity, or HIPAA permits such use or disclosure by a business associate;
 - (ii) use or disclose PHI for the proper management and administration of Business Associate or to carry out Business Associate's legal responsibilities, provided that with respect to disclosure of PHI, such disclosure is required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached; and
 - (iii) de-identify PHI and maintain such de-identified PHI indefinitely, notwithstanding Section 4 of this Agreement, provided that all identifiers are destroyed or returned in accordance with the Privacy Rule.
- (c) **Minimum Necessary.** Business Associate agrees to take reasonable efforts to limit requests for, or uses and disclosures of, PHI to the extent practical, a limited data set, otherwise to the minimum necessary to accomplish the intended request, use, or disclosure.
- (d) **Safeguards.** Business Associate shall establish appropriate safeguards, consistent with HIPAA, that are reasonable and necessary to prevent any use or disclosure of PHI not expressly authorized by this BAA.
- (i) To the extent that Business Associate creates, receives, maintains, or transmits Electronic PHI, Business Associate agrees to establish administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity, as required by the Privacy Rule and Security Rule.
 - (ii) The safeguards established by Business Associate shall include securing PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity in accordance with the standards set forth in HITECH Act §13402(h) and any guidance issued thereunder.
 - (iii) Business Associate agrees to provide Covered Entity with such written documentation concerning safeguards as Covered Entity may reasonably request from time to time.
- (e) **Agents and Subcontractors.** Business Associate agrees to obtain written assurances that any agents, including subcontractors, to whom it provides PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, agree to the same restrictions and conditions that apply to Business Associate with respect to such PHI, including the requirement that it agree to implement reasonable and appropriate safeguards to protect Electronic PHI that is disclosed to it by Business Associate. To the extent permitted by law, Business Associate shall be fully liable to Covered Entity for any and all acts, failures, or omissions of Business Associate's agents and subcontractors in any breach of their subcontracts or assurances to Business Associate as though they were Business Associate's own acts, failures, or omissions.
- (f) **Reporting.** Within five (5) business days of discovery by Business Associate, Business Associate

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

agrees to notify Covered Entity in writing of any use or disclosure of, or Security Incident involving, PHI, including any Breach of Unsecured PHI, not provided for by this BAA or the Master Agreement, of which Business Associate may become aware.

- (i) In the notice provided to Covered Entity by Business Associate regarding unauthorized uses and/or disclosures of PHI, Business Associate shall describe the remedial or proposed mitigation efforts required under Section 2(g) of this BAA.
 - (ii) Specifically, with respect to reporting a Breach of Unsecured PHI, Business Associate agrees to must include the identity of the individual(s) whose Unsecured PHI was Breached in the written notice provided to Covered Entity, and any additional information required by HIPAA.
 - (iii) Business Associate agrees to cooperate with Covered Entity upon report of any such Breach so that Covered Entity may provide the individual(s) affected by such Breach with proper notice as required by HIPAA.
- (g) **Mitigation.** Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate resulting from a use or disclosure of PHI by Business Associate in violation of the requirements of this BAA or the Master Agreement.
- (h) **Audits and Inspections.** Business Associate agrees to make its internal practices, books, and records, including policies and procedures, relating to the use and disclosure of PHI available to the Secretary, in a time and manner mutually agreed to by the Parties or designated by the Secretary, for purposes of the Secretary determining the Covered Entity's compliance with HIPAA.
- (i) **Accounting.** Business Associate agrees to document and report to Covered Entity, within fourteen (14) days, Business Associate's disclosures of PHI so Covered Entity can comply with its accounting of disclosure obligations in accordance with 45 C.F.R. §164.528 and any subsequent regulations issued thereunder. Business Associate agrees to maintain electronic records of all such disclosures for a minimum of six (6) calendar years.
- (j) **Designated Record Set.** While the Parties do not intend for Business Associate to maintain any PHI in a designated record set, to the extent that Business Associate does maintain any PHI in a designated record set, Business Associate agrees to make available to Covered Entity PHI within fourteen (14) days:
- (i) for Covered Entity to comply with its access obligations in accordance with 45 C.F.R. §164.524 and any subsequent regulations issued thereunder; and
 - (ii) for amendment upon Covered Entity's request and incorporate any amendments to PHI as may be required for Covered Entity comply with its amendment obligations in accordance with 45 C.F.R. §164.526 and any subsequent guidance.
- (k) **HITECH Compliance Dates.** Business Associate agrees to comply with the HITECH Act provisions expressly addressed, or incorporated by reference, in this BAA as of the effective dates of applicability and enforcement established by the HITECH Act and any subsequent regulations issued thereunder.
- (l) **Part 2 QSO Compliance.**
- (i) To the extent that in performing its services for or on behalf of Covered Entity, Business Associate uses, discloses, maintains, or transmits Part 2 PHI, Business Associate

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

acknowledges and agrees that it is a QSO for the purpose of such federal law; acknowledges and agrees that in receiving, storing, processing or otherwise dealing with any such patient records, it is fully bound by the Part 2 regulations; and, if necessary will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by the Part 2 regulations.

- (ii) Notwithstanding any other language in this Agreement, Business Associate acknowledges and agrees that any patient information it receives from Covered Entity that is protected by Part 2 is subject to protections that may prohibit Business Associate from disclosing such information to agents or subcontractors without the specific written consent of the subject individual.
- (iii) Business Associate acknowledges that any unauthorized disclosure of information under this section is a federal criminal offense.

3. Obligations of Covered Entity.

- (a) Covered Entity agrees to notify Business Associate of any limitation(s) in Covered Entity's notice of privacy practices in accordance with 45 C.F.R. §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- (b) Covered Entity agrees to notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, including disclosure of data to insurers and health plans when the patient pays for medical services in full and requests that such notification not be made, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- (c) Covered Entity agrees to notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 4
- (d) C.F.R. §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- (e) Covered Entity agrees to limit its use, disclosure, and requests of PHI under this BAA to a limited data set or, if needed by Covered Entity, to the minimum necessary PHI to accomplish the intended purpose of such use, disclosure, or request.

4. Term and Termination.

- (a) **Term.** This BAA shall become effective upon the Effective Date and, unless otherwise terminated as provided herein, shall have a term that shall run concurrently with that of the last expiration date or termination of the Master Agreement.

(b) Termination Upon Breach.

- (i) Without limiting the termination rights of the Parties pursuant to the Master Agreement, upon either Party's knowledge of a material breach by the other Party to this BAA, the breaching Party shall notify the non-breaching Party of such breach and the breaching party shall have fourteen (14) days from the date of notification to the non-breaching party to cure such breach. In the event that such breach is not cured, or cure is infeasible, the non-breaching party shall have the right to immediately terminate this BAA and those portions of the Master Agreement that involve the disclosure to Business Associate of PHI, or, if not severable, the Master Agreement.

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

(c) **Termination by Either Party.** Either Party may terminate this BAA upon provision of thirty (30) days' prior written notice.

(d) **Effect of Termination.**

(i) To the extent feasible, upon termination of this BAA or the Master Agreement for any reason, Business Associate agrees, and shall cause any subcontractors or agents to return or destroy and retain no copies of all PHI received from, or created or received by Business Associate on behalf of, Covered Entity. Business Associate agrees to complete such return or destruction as promptly as possible and verify in writing within thirty (30) days of the termination of this BAA to Covered Entity that such return or destruction has been completed.

(ii) If not feasible, Business Associate agrees to provide Covered Entity notification of the conditions that make return or destruction of PHI not feasible. Upon notice to Covered Entity that return or destruction of PHI is not feasible, Business Associate agrees to extend the protections of this BAA to such PHI for as long as Business Associate maintains such PHI.

(iii) Without limiting the foregoing, Business Associate may retain copies of PHI in its workpapers related to the services provided in the Master Agreement to meet its professional obligations.

5. **Miscellaneous.**

(a) **Regulatory References.** A reference in this BAA to a section in the Privacy Rule or Security Rule means the section as in effect or as amended.

(b) **Amendment.** The Parties acknowledge that the provisions of this BAA are designed to comply with HIPAA and agree to take such action as is necessary to amend this BAA from time to time as is necessary for Covered Entity to comply with the requirements of HIPAA. Regardless of the execution of a formal amendment of this BAA, the BAA shall be deemed amended to permit the Covered Entity and Business Associate to comply with HIPAA.

(c) **Method of Providing Notice.** Any notice required to be given pursuant to the terms and provisions of this BAA shall be in writing and may be either personally delivered or sent by registered or certified mail in the United States Postal Service, Return Receipt Requested, postage prepaid, addressed to each Party at the addresses listed in the Master Agreement currently in effect between Covered Entity and Business Associate. Any such notice shall be deemed to have been given if mailed as provided herein, as of the date mailed.

(d) **Parties Bound.** This BAA shall inure to the benefit of and be binding upon the Parties hereto and their respective legal representatives, successors, and assigns. Business Associate may not assign or subcontract the rights or obligations under this BAA without the express written consent of Covered Entity. Covered Entity may assign its rights and obligations under this BAA to any successor or affiliated entity.

(e) **No Waiver.** No provision of this BAA or any breach thereof shall be deemed waived unless such waiver is in writing and signed by the Party claimed to have waived such provision or breach. No waiver of a breach shall constitute a waiver of or excuse any different or subsequent breach.

(f) **Effect on Master Agreement.** This BAA together with the Master Agreement constitutes the

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

complete agreement between the Parties and supersedes all prior representations or agreements, whether oral or written, with respect to such matters. In the event of any conflict between the terms of this BAA and the terms of the Master Agreement, the terms of this BAA shall control unless the terms of such Master Agreement are stricter, as determined by Covered Entity, with respect to PHI and comply with HIPAA, or the Parties specifically otherwise agree in writing. No oral modification or waiver of any of the provisions of this BAA shall be binding on either party. No obligation on either party to enter into any transaction is to be implied from the execution or delivery of this BAA.

- (g) **Interpretation.** Any ambiguity in this BAA shall be resolved to permit the Covered Entity to comply with HIPAA and any subsequent guidance.
- (h) **No Third-Party Rights.** Except as stated herein, the terms of this BAA are not intended nor should they be construed to grant any rights, remedies, obligations, or liabilities whatsoever to parties other than Business Associate and Covered Entity and their respective successors or assigns.
- (i) **Applicable Law.** This BAA shall be governed under the laws of the State of Delaware, without regard to choice of law principles, and the Delaware courts shall have sole and exclusive jurisdiction over any dispute arising under this Agreement.
- (j) **Judicial and Administrative Proceedings.** In the event that Business Associate receives a subpoena, court or administrative order, or other discovery request or mandate for release of PHI, Business Associate agrees to collaborate with Covered Entity with respect to Business Associate's response to such request. Business Associate shall notify Covered Entity within seven (7) days of receipt of such request or mandate.
- (k) **Transmitting Electronic PHI.** Electronic PHI transmitted or otherwise transferred from between Covered Entity and Business Associate must be encrypted by a process that renders the Electronic PHI unusable, unreadable, or indecipherable to unauthorized individuals within the meaning of HITECH Act § 13402 and any implementing guidance including, but not limited to, 42 C.F.R. § 164.402.

6. **IN WITNESS WHEREOF**, the Parties hereto have executed this BAA to be effective on the date set forth above.

Covered Entity

By: _____ Name: _____ Title: _____ Date: ___ / ___ / ___

Business Associate

By: _____ Name: _____ Title: _____ Date: ___ / ___ / ___

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Appendix F – Professional Service Agreement

Contract No. HSS-20-039

Contract Title: WITHDRAWAL MANAGEMENT SERVICES

The Professional Service Agreement template can be found at the following link: [Professional Services Agreement](#).