



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE February 05, 2007

PSC#0733

CO-OCCURRING DISORDERS RESIDENTIAL TREATMENT PROGRAM

FOR

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Date Due: MARCH 30, 2007
11:00 AM

ADDENDUM # 1 – Questions and Answers

PLEASE NOTE: This bid opening has been changed from March 16, 2007 to March 30, 2007 at 11:00 AM.

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED BID.

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PLEASE NOTE: SUBMISSION DEADLINE IS NOW ON OR BEFORE 11:00 AM ON FRIDAY, MARCH 30, 2007. DELIVERY IS THE SOLE RESPONSIBILITY OF THE PROPOSER. LATE DELIVERIES WILL NOT BE ACCEPTED.

QUESTIONS

1. Are the deliverables the same as the previous RFP and could you outline them? **There was never a previous RFP.**
2. Is there a working phone system in place for Cottage 8? Is the vendor required to purchase or upgrade a phone switch (PBX)? **For the purposes of responding to this rfp, the proposer should assume a phone system will need to be installed.**
3. May the Contractor purchase, and be reimbursed for, PCs, printers, and related equipment, which add value to its clinical program? **These items should be addressed in the business proposal.**
4. Is there *existing* computer networking *infrastructure* in place in Cottage 8, which Gateway could use for clinical & administrative purposes? (e.g.- existing cabling/wiring, server room, leased data line into the building, etc.....) **For the purposes of responding to this rfp, the proposer should assume there is NOT an existing infrastructure.**
5. *If so*, please describe it.
If not:
 - May we implement a small network infrastructure in Cottage 8, including cabling for several PCs and printers?
 - May we connect this small network in Cottage 8 to Gateway's administrative office on this campus, via either cabling or wireless? (Gateway's office is already connected to our clinical network.)
 - May we have use of a small air-conditioned room in Cottage 8 as a data center for servers, etc.?
 - Who would install cabling to implement this network? State maintenance staff?
 - May we have Internet access (for clinical & administrative use)? **For the purposes of responding to this rfp, the proposer should assume that these items will be at their expense and should reference these costs in the business proposal.**
6. Must this Vendor manage each client's financial assets? .
 - *If yes*, what are the state requirements relative to tracking & reporting this to the state? What are the expectations for those clients who may be unable to manage their funds? Is the contractor required to become the client's representative payee? **SSA rules should be followed. The program should be prepared to offer rep payee services and DHSS policy memorandum 24 outlines our expectations.**
7. The page behind the RFP covers page and page 19, 10. Funding Disclaimer Clause both state that the Department and Division have the right to terminate the contract without prior notice in the event the State determines that State or Federal funds are no longer available to continue the contract. **Will the contractor be reimbursed for all costs incurred and provided prior to the termination date? Yes, if in line with approved budget.**
8. Page 7, A. Guiding Principles, 7 requires the individual treatment plan be assessed continually and modified as necessary to ensure that the plan meets the individual's changing needs. **What**

are DSAMH's expectations regarding the frequency of treatment plan review? **Current A&D licensing standards require 30-day updates for residential programs.**

9. Page 9, V. Scope of Services, 6 requires the contractor provide an array of ancillary services including Medical services. **Can the medical services be provided through referral and service agreements or does DSAMH expect medical services to be provided on site and to be paid for under the agreement? Current A&D licensing standards require the program to assure access to medical and other services. A physical exam is required within a specified period of time before or after admission.**
10. Page 9, V. Scope of Services, 6 requires the contractor provide an array of ancillary services including Housing assistance. **Can DSAMH provide more information regarding its expectations in terms of Housing assistance services to clients. Assist clients in finding suitable housing, assist client in obtaining any entitlements that may help with housing, assist client in budgeting so that they can afford to move to housing, etc.**
11. Page 10, Client Funds/Assistance Management calls for assistance for rent for individual clients and assistance with utilities. **Since the RFP is for Residential Treatment services does DSAMH expect the provider to provide on-going case management services following discharge from residential treatment in order to assist clients in their transition to community life? If so, for how long after discharge from residential? No, the aftercare provider will be following the individual.**
12. Attachment 1, V. Procedures. **Is it correct that B. the procedures for Community-Based & Outpatient Services apply? The provider will be expected to have a policy on the collection of client fees. Attachment 1 is the DHSS policy.**
13. Do you expect the current **population** count (15) to remain stable, or do you expect it to grow this year? **Capacity is limited by the size of the facility. However, if capacity exceeds 16, it becomes an IMD. We do not expect to exceed 15.**
14. Page 11, Section VI. Indicates that allocated maximum funding is \$775,000 annually, **are there renewal options? If so, what are they and will the funding level increase. We will contract for a 3 year period. The funding will increase if we receive funding from the legislature, or through negotiation if there are significant changes that were not included in the original response.**
15. What have been **the substances of abuse** for this population, over the past year? **The full gamut of substances has been evidenced.**
16. **Can the State provide a breakdown, by sources of client income, for this population, over the past year? (SSI, Medicaid, Medicare, etc.) This information is not currently available.**
17. **Which services are Medicaid eligible? And is the contractor expected to bill Medicaid? Traditional Medicaid does not cover this residential service. In theory, Medicaid Managed Care could cover this service, but would only do so for only a short stay at best. In practice, however, residents of this program would be carved-out of Managed Care for behavioral health services, so this program would not be covered. This program is not currently recognized under the Rehabilitation Option. For residents enrolled in Medicaid, medical services provided outside of the program, and medications (limited if resident is covered by Medicare Part D), would be covered by traditional Medicaid.**
18. **Can ancillary services, such as those outlined on page 22, be provided offsite? Perhaps in the community? Yes.**

19. In addition to two (2) originals and ten (10) copies of the proposal, will disks (CD-ROM) also be required? **Yes**