



Solicitation Information
14 June 2012

Addendum #2

RFP # 7449736

TITLE: Women's Substance Abuse Treatment Services

Submission Deadline: 27 June 2012 @ 11:00 AM (EDT)

A MEETING SUMMARY FOR THE 4 JUNE 2012 PRE-BID MEETING IS ATTACHED.

NO FURTHER QUESTIONS WILL BE ANSWERED.

A handwritten signature in black ink, appearing to read "Jerome D. Moynihan".

Jerome D. Moynihan, C.P.M., CPPO
Assistant Director for Special Projects

RFP #7449736 Women's Substance Abuse Treatment Services

1. Are there qualifications for case managers/care coordinators?
 - a. There are not any specific qualifications for case managers/care coordinators however the Department does ask that the individual has done this type of work before.
2. Does active membership in the Recovery Housing Coalition meet the standards outlined in page 8?
 - a. No, you must meet the national standards
3. Can staffing for counseling be shared?
 - a. If the question is, can staff work with clients at multiple levels of care than yes. For example if there are groups that are clinically indicated to individuals in different levels of care clients from those different levels can participate in them.
4. Are there billing limits per client?
 - a. The billing limits per clients are the same currently within the rules and regulations of Medicaid.
5. Is there a cap on services?
 - a. Caps on services are the same currently within the rules and regulations of Medicaid.
6. Will there be an approval process in place for a provider to request an extension in the length of stay approved for a client?
 - a. Yes, the Department will have an approval process in place by the start of this contract.
7. Is there a list of services that NON IMD residential facilities and bill through Medicaid?
 - a. Yes, a list has been uploaded along with these questions.
8. What is the percentage of Medicaid/CNOM eligible clients?
 - a. 30.1% of all Substance Abuse clients in RIFANS were Medicaid eligible in FY11. However, it is the belief of the Department that any clients that are not Medicaid eligible will be CNOM eligible provided the facility is a NOM IMD.
9. Will there be any additional services available for billing for client that are in a IMD Residential facility.
 - a. No. IMD Residential facilities cannot bill Medicaid or CNOMs for any services.
10. Is the length of stay for the individual levels of residential/housing set or are these numbers negotiable?
 - a. The lengths of stay numbers are set, though please see the answer to question #6
11. Are the services requirements consistent throughout the levels of housing?
 - a. Service requirements are consistent however it is expected that there will be some variation in them depending on specialty populations.
12. Are children's services reimbursable if they accompany the parent?
 - a. No, services for children are not reimbursable through this contract.

13. Does an agency/facility have to have an active BHDDH license to apply for residential services through this RFP?
 - a. No but the agency needs to have begun the application process and be approved for a provisional license before they can start providing services.
14. Are the standards for Recovery Housing the same as ATR? Will there be a physical inspection?
 - a. They must meet the national standards for recovery housing referenced in the RFP
 - b. There will not be a physical inspection, but houses will need to comply with all applicable zoning ordinances.
15. Can an agency apply for multiple levels within the same application?
 - a. Yes.
16. If you are a Recovery House can you submit an application on your own or does your partner licensed agency have to apply?
 - a. You can apply either way, however, if the licensed partner agency applies than all payments will be made out to them and the recovery house will have to get paid from their partner agency.
17. Does an agency have to specify how many beds they are applying for per level?
 - a. Yes.
18. Will bed days be paid out per maximum per month or averaged through the year?
 - a. Due to the State's current budget policy, payments MUST be made based on a maximum allowable days per month based on the total number of approved beds. Providers should not expect payments to be averaged out through a year. For example, if an agency is at 95% capacity one month and 105% the following month, the payments will not be averaged out to 100% for both months. The agency will be paid 95% for the first month and 100% on the second.
19. Will the Department be open to look at a system of quarterly reconciliation to average out beds?
 - a. After year 1 the Department will review data and determine if quarterly reconciliations will be possible.
20. Is the certified FASD person referenced in the RFP a separate staff person?
 - a. No, it can be an existing staff member and the training for this is free on line.
21. Does the Department know the total amount of awards?
 - a. No, it will depend on the applications.
22. How many beds are available for both proposals?
 - a. The Department cannot answer that at this time. It will depend on the number of IMD facilities vs. NON IMD facilities that apply.
23. Can the state elaborate on coverage of services that are not covered by insurance or not covered for the max bed days allowable for insurance?
 - a. If the service offered is not covered by insurance, and the client meets other eligibility criteria,, these services can be covered through this contract. In these cases, it would be expected that reimbursement was first sought from the private insurer and documentation of a denial maintained in the patient record.

24. What if the State does not have a level of care for the service?
 - a. Again, denial for service would need to be documented in the record and the client would need to meet other eligibility criteria.
25. What is the policy if the client meets criteria for a service and the provider does not have a contract to bill that agency?
 - a. Provider contracts with insurers for these services will be viewed as a strength of the application. Approved providers are encouraged to seek contracts with all potential payer sources. The Department is willing to facilitate discussions with insurers when efforts to contract are unsuccessful. Should an awarded provider choose not to contract with a payer the Department reserves the right to deny use of these funds if there is a Rhode Island contractor for this service.
26. Will the Department extend the due date for these applications?
 - a. No.
27. When are services expected to start?
 - a. September 1, 2012