



Department of Administration / Division of Purchases
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Web Site: www.purchasing.ri.gov
6 June 2012

Addendum #2

RFP # 7449738

Title: Residential Substance Abuse Treatment Services for Adult Males

Submission Deadline: 27 June 2012 @ 11:30 AM (Eastern)

- The attendance list for the 4 June 2012 pre-bid meeting is released in this addendum.
- Vendor questions, submitted via email, are posted and answered in this addendum.
- A meeting summary is currently being compiled and will be released in a subsequent addendum. Please monitor this website, on a regular basis, for information regarding this procurement initiative.

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

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

1. Will an agency have the option to add to or subtract from their current number of State licensed beds? **Yes, with approval. It is the clear preference of the Department that current programs with capacities of 16 or less, not propose an increase.**
2. Re-entry population question – in Recovery housing supported by outpatient treatment, do the clients in MOU recovery housing have to be treated by the agencies connected with them? In other words, can a man residing at “ABC” House be treated at Bridgemark, even though ABC house has an MOU with another licensed agency? **No and Yes (they don’t have to go to MOU agency and Yes they can receive services through a different agency).**
3. Is the requirement for MBE applicable to a not for profit state licensed agency? **Yes**
4. What are the screening criteria for determining the need for stabilization?

The word “Stabilization” is used in two levels of care, in the first stabilization service (Asam level II.2D) the length of treatment is listed for up to 14 days. This level of care is only offered to the client who has either completed detox or is not in need of any detoxification services. This first level is only for clients awaiting placement for an assigned bed into a traditional short or long term residential program. Clients must be on a verified waiting list for a licensed residential program.

The next level of care utilizing the word “Stabilization” is a transitional program (Asam level II.I). This level is up to a 30 day length of stay and geared to the needs of individuals who need to stabilize before full community re-integration. An example at this level maybe the client re-integrating back into society from being incarceration for a period of time and not in need of a short term therapy or a long-term treatment experience but also not ready for a recovery residence.

5. What is the assessment process and policy regarding the determination of level of care? Who is responsible for this assessment? **Nothing will change in this regard, assessment is done at agency level and should be primary tool for determining level of care. It is expected that agencies will use validated and reliable assessment tools for determining level of care.**
6. In the event an individual is assessed for a certain level of care, and that level of care proves to be ineffective, does a re-assessment take place and what is the process for that? **Yes, as consistent with BHO regulations. Documentation of re-assessment and need for higher level of care should be clearly identified in the client record.**
7. On Page 11 under Reimbursement it states that all clients must have a Medicaid application completed. Does this mean before they enter treatment? **The Department is encouraging providers to assist clients who may be eligible in obtaining Medicaid eligibility. The Department is requiring that all providers check Medicaid status.**
 - a. How will an agency be informed of the reimbursement method? **Reimbursement will depend on the overall program capacity.**
 - b. What is the time frame for determining eligibility of payment? **When contract is negotiated.**

8. Will an agency be awarded a contract for all levels of care they apply for, or for each level of care separately? **There is no guarantee that all levels of care within an application will be approved.**
9. Can a person in an agency's Recovery Housing receive that agency's offered services if they so choose? **Yes.**
10. Regarding services for TB, HCV, HIV and STD- is it sufficient to give information of locations where services are available, or do all potential residential clients need to be tested?
 - a. What are the expectations, if any, of the results of this testing?
 - b. What, if any, are the time requirements for testing? Is it a prerequisite of placement or a specific time frame such as with in 7 or 30 days of placement?

It is required that all providers make available tuberculosis (TB), Hepatitis C (HCV), Human Immunodeficiency Virus (HIV), and sexually transmitted diseases (STD) services directly or through arrangements with other public or nonprofit entities to all individuals receiving treatment for substance abuse. Services shall include counseling; testing to determine whether the individual has been infected with mycobacteria tuberculosis to determine the appropriate form of treatment, and referral of individuals infected by TB and/or Hepatitis for appropriate medical evaluation and treatment.

If an individual is being admitted to residential treatment from an inpatient or institutional setting and has recently had this testing done, it is expected that these results will be requested by the agency and placed in the client record.

END

DEPARTMENT OF ADMINISTRATION
 DIVISION OF PURCHASES
 PRE-BID / PRE-PROPOSAL CONFERENCE ATTENDANCE SHEET

ATTENDEES

BID / RFP # 2449736 / 2449738
 Substance Abuse Treatment Sols.

DATE: 6/9/12

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