



**Solicitation Information
March 5, 2013**

RFP# 7461302

TITLE: Access to Recovery 3 Assessment, Care Coordination and Transportation

Submission Deadline: April 4, 2013 @ 10:00 AM (EST)

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **March 20, 2013 @ 12:00 AM Midnight** (EST). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

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Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

TABLE OF CONTENTS

Section 1 –Introduction.....3

Section 2- Background and Purpose.....5

Section 3- Scope of Work.....6
 General Scope of Work.....6
 Specific Activities / Tasks.....6

Section 4 -Technical Proposal.....7
 Narrative and Format.....7

Section 5 -Cost Proposal.....9
 Detailed Budget and Budget Narrative.....9

Section 6- Evaluation and Selection.....9

Section 7 -Proposal Submission.....10

Attachment 1 -Fee Structure.....12

SECTION 1: INTRODUCTION

The State of Rhode Island, Department of Administration / Division of Purchases, on behalf of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is seeking a minimum of one and maximum of two vendors to provide assessment and care coordination services to participants participating in Accessing Recovery in Rhode Island 3 (ATR 3) in accordance with the terms of this solicitation and the State's General Conditions of Purchase, which is available on the internet at www.purchasing.ri.gov. The initial contract period will begin approximately May 1, 2013 for one year. Contracts **may** be renewed for an additional 6 months upon available funding at the exclusive option of the State based upon agency performance and the availability of funding.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all

aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov.

SECTION 2: BACKGROUND

In March, 2010, Rhode Island applied for ATR 3 funding through the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA). ATR 3 is a four year grant to BHDDH providing the state with the opportunity to enhance a voucher-based, participant-driven substance abuse treatment system incorporating recovery support services developed for ATR 2.

Access to Recovery 1 and 2 were components of President George W. Bush's faith-based initiative which President Obama has continued for a third cohort. As designed by SAMHSA, ATR 3 features the following elements common to all grantees: participant choice of services and providers based on an assessment of treatment and recovery support needs; electronic vouchers issued to participants for the purchase of services; incorporation of faith-based and non-traditional providers into the services network; and an emphasis on recovery support services (RSS) as an essential and necessary component of the recovery process.

The implementation of ATR in Rhode Island started in October, 2007, with ATR 2. ATR 2 was a three year grant designed to incorporate the elements above in a comprehensive manner to affect positive outcomes for the primary target populations which included adults involved in the criminal justice system and adults involved in the child protective system as a result of their substance use. The state built a voucher management system (VMS) that was used for entering assessments and service plans, Government Performance Results Act (GPRA) data, recording service transactions and was the basis for provider reimbursement. In the implementation of ATR 2, assessments, voucher creation and voucher changes were considered administrative functions and were not services paid through the voucher. Rather they were procured through one contract with a single provider. Further, care coordination was not a required service. The ATR 2 provider network included licensed substance abuse treatment providers, faith- and community-based recovery support providers, and others.

While the federal mandates for ATR 3 are similar to ATR 2 there are significant differences. Care coordination is a mandatory service for every participant and is paid through the voucher. Care Coordinators will monitor voucher use, coordinate services, administer and enter intake, follow up and discharge GPRA data and the Participant Satisfaction Survey and maintain monthly contact with the participant throughout the voucher life. Rhode Island has chosen to bundle assessment and care coordination with voucher changes and transportation. Screened participants will be given a choice of approved providers for these services. Because care coordination is intended to be a service independent of other treatment and recovery support services, current providers in the ATR 3 network while eligible to bid, if successful will not be eligible to receive ATR 3 participants for substance abuse treatment and recovery support services (other than recovery coaching) effective upon notification of award.

ATR 3 will continue to serve the criminal justice population and caretakers involved with or at risk for involvement with DCYF. Expanded populations include National Guard members and their adult family members, residential treatment completers and women statewide. It is anticipated that Rhode Island will serve a total of 5290 participants over the four years of grant funding: 791 participants in year 1, 1731 in year 2, 1683 in year 3, and 1085 in year 4.

SECTION 3: SCOPE OF WORK

General Scope of Work

To provide assessment and ongoing care coordination services to participants in the ATR 3 program and conduct follow up surveys with participants to collect outcome data.

Specific Activities / Tasks

1. Provide clinical and recovery support assessment

Individuals eligible for ATR 3 must receive a comprehensive assessment of problems and needs. The assessment instrument utilized will be determined by BHDDH. The outputs of the assessment are a determination of level of care and recovery support needs, using the most recent version of ASAM Patient Placement Criteria.

2. Provide care coordination services

Care coordination is the key component of ATR III. The Care Coordinator is an individual who establishes an ongoing working relationship with the participant to ensure that the participant directed recovery plan is actualized. The relationship begins at intake or immediately after assessment and continues throughout the voucher life.

Care Coordinators serve as the primary liaison on behalf of the participant. They ensure that participants receive high quality services and full access to all other government programs for which they qualify. They are the hub of a team-based effort to create partnerships and collaborations across providers, systems and communities, promoting a recovery oriented system of care.

Care coordinators provide monthly care coordination services on average for a 6 month period for each participant. Participants in ATR 3 have the ability to request changes to their vouchers. These changes can range from requesting a different treatment or recovery support service provider to requesting that additional services be added to the voucher. Each participant will have access to a Care Coordinator with whom they can discuss potential changes.

A part of care coordination is to provide outreach to participants who appear to have disengaged from services. Care coordinators are responsible for tracking participants, updating participant locator forms and locating participants for follow up surveys. Care coordinators may utilize recovery coaches to assist with these functions and other aspects of care coordination as appropriate.

3. Conduct assessments and care coordination services at various locations around the state of Rhode Island to accommodate participants
4. Administer the Government Performance and Results Act (GPRA) survey interviews

SAMHSA requires that ATR 3 grantees conduct GPRA interviews on all participants at 3 points in

time: at intake, at 6 months after intake (actual range is 5-8 months post the initial GPRA) and at discharge from services.

The follow-up GPRA is the benchmark for measuring participant outcomes for ATR 3. States must obtain a minimum 80% follow-up GRPA data collection rate in order to preserve ATR 3 funding. GPRA rates are calculated by factoring in the time at which the interview is conducted. The earlier the interview is conducted once the window opens (5 months), the more the interview counts toward the 80% rate.

The completed GPRA forms must be submitted through the VMS. GPRA's are automatically uploaded to SAMHSA's Services Accountability Improvement System (SAIS) after entry in the VMS and represent the official participant tracking method.

5. Provide \$20 gift card incentives for participants to complete the follow up GPRA
6. Administer the Participant Satisfaction Survey at 3 months of active participation. The Participant Satisfaction Survey measures participants' perceptions of satisfaction with, access to and appropriateness of services. Aggregated data will be shared with providers at regularly scheduled meetings for purposes of program development and enhancements and to assist ATR 3 with ongoing performance monitoring.
7. Purchase and manage the distribution of bus passes for qualifying participants
8. Execute reports in the voucher management system to assist with monitoring voucher activity
9. Participate in data collection activities as required by the Department
10. Comply with all deliverables and reports as specified by the Department

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor's experience including (a) experience in conducting assessments, the types of assessments performed, instruments used and the populations for which the services were provided, (b) experience with the types of care coordination or case management experience and the populations for which the services were provided, (c) client outreach, retention and tracking strategies, (d) familiarity with the behavioral healthcare system (e) technological capacity to utilize the internet and provide lap top computers (f) fiscal resources to advance the purchase of gift cards and bus passes (g) capacity to provide overall management and administrative support to the project
2. Assessment and Initial Service Planning – Describe your plan for:
 - (a) providing clinical or recovery support assessments and the intake GPRA for approximately 20 participants per week. Assessments must be conducted by individuals licensed as independent practitioners or those who receive clinical supervision by a qualified senior

practitioner with a relevant Master or Doctoral degree pursuant to BHDDH's Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, Part II, Section 9.

- (b) provision of assessors who have clearance to enter Adult Correctional facilities
- (c) creating the initial service plan (voucher) in the Voucher Management System based upon the assessment results, appropriateness for services and participant choice of providers
- (d) assisting participants with initial appointments with selected providers
- (e) making referrals to existing community resources and other state and federal programs including the Office of Rehabilitative Services if appropriate
- (f) ensuring that ATR is the funding source of last resort

3 Care Coordination and Voucher Management – Describe your plan for:

- (a) providing a staffing pattern that ensures initial and subsequent monthly care coordination contact with all participants assessed by the applicant or its subcontractors. Care coordination must be provided by individuals with a minimum of an Associate's level education in Social Work, Psychology, Human Services, Counseling or other relevant profession or 2 years experience in case management/care coordination experience with one or more of the ATR priority populations which include those in the military, or involved with the behavioral health, criminal justice or child welfare system. Care coordinators must also have experience with or training in recognizing the signs of substance abuse relapse and the substance abuse treatment and recovery service delivery system and be trained in professional ethics and federal regulations relating to the confidentiality of patient records, 42 CFR Part 2.
- (b) timely response (within 5 business days) to participant or provider requests for voucher changes,
- (c) accessibility to providers to coordinate care,
- (d) strategies to outreach to participants not engaged in a 30 day period,
- (e) integration of recovery coaches, peer mentors and sponsors to assist with participant engagement and continuity in the recovery process. Note that applicants who wish to provide recovery coaching services directly, must apply to do so through Continuous Recruitment #27
- (f) coordination of care and utilization of community resources
- (g) dissemination of bus passes and documentation of receipt
- (h) supervision of care coordinators

4 Data Collection Activities -Please propose an approach for conducting the Participant Satisfaction Survey and Government Performance and Results Act (GPRA) surveys in accordance with the timeline and performance rates listed below:

- Administer the follow-up GPRA in person interview targeting when the window opens at the 5 month mark. GPRA data must be entered into the VMS. The minimum completion rate is 80 %. Follow up interviews must be done in person unless the federally approved exception criteria for conducting phone interviews is met. Describe a plan for the provision of \$20 gift cards for participants who complete the follow-up GPRA interview.
- Administer the discharge GPRA interview when participants complete ATR services and enter data into VMS. Conduct an administrative discharge for those participants who are not available for interview.

- Administer the Participant Satisfaction Survey at month 3 of active voucher and enter into the VMS. The minimum completion rate is 80 %.

SECTION 5: COST PROPOSAL

No budget is required. Services are reimbursed per the attached fee structure. Fee structure subject to change based on sole discretion of the State.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. Technical Proposals must receive a minimum of 70 points (70%) out of a maximum of 100 technical points to be considered responsive. Any technical proposals scoring less than 70 points will be dropped from further consideration and deemed non-responsive.

The Department of BHDDH reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Capability, Capacity, and Qualifications of the Offeror	20 Points
Assessment and Initial Service Planning	25 Points
Care Coordination and Voucher Management	30 Points
Data Collection Activities	25 Points
Total Possible Technical Points	100 Points
Total Possible Points	100 Points

- Because this is a fee for service grant award, a budget is not required as part of this proposal. If a budget is submitted it will not be counted towards the overall scoring of this proposal. Prices for services are fixed and cannot be negotiated.

Points will be assigned based on the offeror’s clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal. Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference “**RFP # 7461302 Access to Recovery 3 Assessment, Care Coordination and Transportation**” on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked: “**RFP# 7461302 Access to Recovery 3 Assessment, Care Coordination and Transportation**” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. A completed and signed W-9 (include in the original only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.

3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (20) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CDRom, diskette, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked “original”.

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

Attachment 1: Fee Structure

RI ATR III Care Coordination Service Array & Cost

Care Coordination Services	Unit	Maximum Units	Cost per Unit	Max Cost
Initial Assessment – Treatment and Recovery Support	1	1	\$150.00	\$150
Initial Assessment – Recovery Support only	1	1	\$100.00	\$100.00
DOC Initial Assessment – Treatment and Recovery Support	1	1	\$187.50	\$187.50
In person client contact	¼ hour	18	\$14.00	\$252
Other client contact (e-mails, letters, phone)	¼ hour	30	\$7.00	\$210
GPRA (Follow Up)	1	1	\$56.00	\$56
GPRA (Discharge)	¼ hour	6	\$7.00	\$42
Client Satisfaction Survey	¼ hour	1	\$7.00	\$7
Gift Certificate Incentive	1	1	\$20.00	\$20
Transportation	1 month	6	\$62.00	\$372
Administration	1 month	8	\$25.00	\$200

