



Solicitation Information  
November 24, 2010

**CR-26 ACCESS TO RECOVERY 3 – CLINICAL TREATMENT SERVICES**

**Continuous Recruitment: Through December 31, 2015**

Questions concerning this solicitation may be addressed to the Division of Purchases at [gwalsh@purchasing.ri.gov](mailto:gwalsh@purchasing.ri.gov). Questions should be submitted in a *Microsoft Word attachment*. Please reference **CR-26 Access to Recovery 3 – Clinical Treatment Services** 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**

**Gail Walsh  
Buyer**

**Vendors must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)**

Note to Vendors:

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

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

The State of Rhode Island, Department of Administration / Division of Purchases, on behalf of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals(BHDDH), Division of Behavioral Healthcare(DBH) is seeking to develop and maintain a network of licensed substance use disorder treatment agencies to participate in Access to Recovery in Rhode Island (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](http://www.purchasing.ri.gov). All agencies that desire to be included on this list must meet the entire bid criteria listed below.

## **INSTRUCTIONS AND NOTIFICATIONS TO BIDDERS**

Potential Bidders are advised to review all sections of this Request carefully and to follow instructions completely. Failure to make a complete submission may result in rejection of the proposal.

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 Request will be rejected as being non-responsive.

All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the bidder. The State assumes no responsibility for these costs.

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. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

It is intended that an award pursuant to this Request will be made to contractors, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the Bidder's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

In accordance with Title 7, Chapter 1.1 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 has procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401 222-3040). *This is a requirement only for successful vendor(s).*

Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public record, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

If you wish to seek to do business with the State of Rhode Island, you must register and utilize the E-Verify Program. Please refer to [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify) or the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) for more information.

Bidders for Clinical Treatment Services are limited to Rhode Island licensed behavioral healthcare organizations. Licensing requirements are in the BHDDH Rules and Regulations for the Licensing of Behavioral Healthcare Organizations.

Bidders are required to complete and submit the ACCESS TO RECOVERY 3 Applications.

**Applications for Recovery Coaching and other Recovery Support Services are separate from applications for Clinical Treatment Services.** If you are applying for treatment, recovery coaching and other recovery support services at the same location, you must fill out three continuous recruitment applications and corresponding addendums for each location. In addition, please submit other required documents specified in the applications.

## **PURPOSE**

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, client-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: client choice of services and providers based on an assessment of treatment and recovery support needs; electronic vouchers issued to clients for the purchase of services; incorporation of faith-based and non-traditional providers into the services network; 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 primarily adults involved in the criminal justice system or 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, GPRA data, recording service transactions and provider reimbursement. In the implementation of ATR 2, assessments, voucher creation and voucher changes were considered administrative functions and were not vouchered services. Rather they were procured under 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. Clients must have a choice of assessment and care coordination providers. These are mandatory, voucherable services for every client. Care Coordinators will create the voucher for services, monitor voucher use, coordinate services, administer and enter all GPRAs and the OEI and maintain monthly contact with the client throughout the voucher life. Rhode Island has chosen to bundle assessment and care coordination along with voucher changes and transportation. Screened clients will be given a choice of approved providers for these services.

ATR 3 will continue to serve the criminal justice population and caretakers involved with DCYF. Expanded populations include all women statewide, National Guard members and their families, residential treatment completers and individuals discharged from detoxification who are homeless and/or chronic recidivists. It is anticipated that Rhode Island will serve a total of 5290 clients over the four years of grant funding, averaging 1422 clients each year. ATR 3 will provide vouchers to 781 clients in year 1, 1731 in year 2, 1683 in year 3 and 1085 in year 4.

### **ACCEPTANCE CRITERIA:**

Substance Abuse Treatment Providers must:

1. be a Rhode Island licensed behavioral healthcare organization.
2. enter into a one-year agreement with DBH. That agreement will automatically renew for successive one-year terms thereafter, terminating on December 31, 2015, unless terminated sooner by either the Provider or DBH. Either party may terminate the agreement at any time without cause by giving at least 45 days prior written notice to the other party. If either party defaults in the performance of any of their obligations under the agreement, and such default continues for thirty (30) days after receipt of notice from the non-defaulting party, the non-defaulting party shall have the right to terminate the agreement.
3. understand that they may be required to collect Government Performance and Results Act (GPRA) data on clients at their discharge.  
accept the general client placement and clinical assessment conducted by the ATR3 Assessor and Care Coordinator.
4. understand that participation in ATR3 requires use of and data entry into the ATR Voucher Management System (VMS) and that maintaining the ability to access the VMS is an essential component of membership in the ATR treatment services network.
5. enter client service information into the ATR Voucher Management System (VMS) within 15 calendar days of service provision. Failure to do so will result in a 50 percent reduction in payment for service provided.
6. understand that if client service information is not entered into the ATR VMS within 45 calendar days of service provision, they will not be paid for the service provided.
7. understand that the services listed in the VMS for each individual client are the only services for which reimbursement will be allowed.
8. understand that only individuals presenting with an active voucher for services can be served under this program
9. understand that they will be reimbursed only for eligible services provided to an eligible client.
10. understand that clients have choice in the decision of a treatment provider.
11. understand that if no eligible services are provided for 30 consecutive days, the voucher may become inactive and unavailable to the provider.
12. understand that they may be required to collect additional data as determined by DBH.
13. understand that all residential treatment beds available for ATR are covered under a license issued by BHDDH or able to be licensed at the time of use.
14. understand that the Clinical Treatment Rates are the only applicable rates for services provided to eligible clients by providers participating in the ATR3 network.
15. understand that ATR funding is contingent on service provision and that ATR funding will not supplant state, Medicaid, CNOMS or other federal funding.

16. understand the treatment documentation requirements to follow the State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Rules and Regulations for the Licensing of Behavioral Healthcare Organizations sections 25.0 through 28.8.
17. should anticipate a minimum of 45 days from entry of client service information into the VMS to payment.

**This is a continual enrollment process. At the end of each month, the Division of Purchases will forward all applications received to the Monitoring and Evaluation Team for evaluation.**

BHDDH will, after review, inform the Division of Purchases of all qualified applicants and also inform the Division of Purchases of all applicants who failed to offer acceptable qualifying material. These evaluations will be made public to all interested parties. The Division of Purchases will create, add to, and maintain this list of qualified providers, Continuous Recruitment #26 – Access to Recovery 3 – Clinical Treatment Services.

The intent of this solicitation is to establish a list of qualified service providers for a maximum five-year contract term. It is anticipated that initial contract awards will begin in January of 2011 and will continue throughout the maximum term of the contract. Service providers added to the qualified list after the initial awards will be contracted for the balance of the five-year term. Inclusion on the list of qualified service providers is no guarantee of income.

Responses (**an original plus one copy**) should be mailed or hand-delivered in a sealed envelope marked **“CR-26 – ACCESS TO RECOVERY 3 – CLINICAL TREATMENT SERVICES.”** No faxed proposals will be accepted. Once again, *send a total of two responses to:*

**State of Rhode Island  
Dept. of Administration R.I.  
Division of Purchases, 2<sup>nd</sup> floor  
One Capitol Hill  
Providence, RI 02908-5855**

## **RESPONSE CONTENTS**

Responses must include the following:

- 1 A completed and signed R.I.V.I.P. generated bidder certification cover sheet (downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.ri.gov>)
- 2 Evidence of a current license as a behavioral healthcare organization
- 3 A proposal narrative not to exceed 5 pages in a font no smaller than 12 point
- 4 Completed Continuous Recruitment Application for the Provision of Clinical Treatment Services and the Addendum to the Application
- 5 Completed and signed Taxpayer Identification Number Form (W-9), which is available from the Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). For assistance, call the Help Line at 401 222-3766.



## STATE OF RHODE ISLAND ACCESS TO RECOVERY PROGRAM

Department of Behavioral Healthcare, Developmental Disabilities and  
Hospitals, Division of Behavioral Healthcare Services  
14 Harrington Road- Barry Hall Cranston, Rhode Island, 02920  
www.BHDDH.ri.gov (401) 462-1049

### CONTINUOUS RECRUITMENT

## ADDENDUM TO THE APPLICATION FOR THE PROVISION OF CLINICAL TREATMENT SERVICES

**Instructions:** Before beginning this Addendum, please read the Rhode Island Access to Recovery Provider Handbook. Fill out this Addendum if you are interested in providing Treatment Services for the Access to Recovery (ATR) program. This Addendum must be filled out in addition to the Application for the Provision of Clinical Treatment Services. If you are also applying to provide Recovery Coaching and/or other Recovery Support Services, you must also fill out separate Continuous Recruitment Applications and corresponding Addendums.

Check all the treatment services listed on the following page your entity is applying to provide at the program location listed below. **If you are planning to provide ATR Treatment Services at more than one location you must complete a separate Continuous Recruitment Application for the Provision of Clinical Treatment Services and Addendum for each program location where you provide Clinical Treatment Services.**

Pertinent staff from your agency will be required to attend BHDDH trainings/meetings including, but not limited, to the following topics: ATR eligibility criteria, documentation requirements, the voucher management system, best practices, cultural competency and billing procedures.

1. Organization Name

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2. Program Name (if different)

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3. Address

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4. Billing Address (if different)

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5. City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_

6. Phone \_\_\_\_\_  
 Secure Fax (for Authorizations) \_\_\_\_\_

7. Contact Person \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Website Address: \_\_\_\_\_

8. Federal Tax ID (TIN)  8.a. 501(c)(3) ID Number \_\_\_\_\_

9. One aspect of this program is the capacity for inclusion of the faith-based/spiritual community to support recovery efforts. Does your organization integrate faith/spiritual concepts into its programming?

Yes  No

10. Individuals served

Please complete the following regarding your typical clientele:

<i>Age Range</i>	<i>Gender:</i> M- Male F- Female B-Both	<i>Capacity</i>	<i>Average Length of Stay</i>

**11. AGENCY REQUESTS APPROVED STATUS FOR THE FOLLOWING TREATMENT SERVICES AT THIS LOCATION**

<input type="checkbox"/> Residential Treatment <input type="checkbox"/> Day/Partial Hospitalization <input type="checkbox"/> Outpatient Treatment- Group <input type="checkbox"/> Outpatient Treatment- Individual	<input type="checkbox"/> Intensive Outpatient Treatment <input type="checkbox"/> Aftercare/ Continued Care <input type="checkbox"/> Medication Assisted Treatment-Methadone <input type="checkbox"/> Medication Assisted Treatment-Suboxone <input type="checkbox"/> Co-occurring Disorder – enhanced Intensive Outpatient
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12. Has any action been taken against your agency by the State or Federal Government?  
Yes     No  
If so, please describe, in detail on attached paper

**Please attach the following information to this application.**

- 13. Grievance and Complaints policy and procedure.
- 14. Copy of the organization's IRS W-9 Form
- 15. Copy of the declarations page of your current commercial liability insurance policy for this location. **Updated copies must be submitted annually.**
- 16. Board of Directors.
- 17. Program Description: Please provide a list of all services provided by your agency at the address listed on page 1 of this application. Please do not include services provided at other locations.
- 18. For each service checked off in #11 above, please provide a detailed description of the service. Please use a separate page for each service and include a complete staff roster (attachment x) for that service. **Both the description and the roster must be updated within 30 days of a change.** Services may not be provided and may not be reimbursed if provided by anyone other than those listed on the roster. In your service description, please include:
  - a. Average frequency of contact with the client
  - b. Type of contact (face-to-face, collateral, telephone, other)
  - c. Hours and days of the week the service is available to clients
  - d. Affiliation with a substance abuse treatment agency, if applicable.
  - e. Length of time that your agency has been providing this service to similar populations and agency's experience providing this service. (Please note that services provided by your agency for less than 6 months, may not be approved.)
  - f. Details regarding compliance with the service requirements set forth in the Provider Handbook.
  - g. How your operating standards protect the dignity, health and safety of clients.

**ATTESTATION STATEMENT:**

My signature below indicates that I have read and understand the ATR Provider Handbook and that all of the information provided in this Application for services is true and correct to the best of my knowledge. My organization agrees to the requirements and terms of participation in ATR3

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

Any revisions to the above information must be reported to the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals within 30 days of the change.



<b>service</b>	<b>units</b>	<b>maximum units</b>	<b>Dollar cost per unit</b>
individual counseling	50-60 min	12 + 1 renewal	61.95
individual counseling	30 min	12 + 1 renewal	40.25
group counseling	60-90 min	12 + 1 renewal	37.25
adult residential	day	90	1-30 105.80 31-60 92 61-90 79
IOP	day	36	94.5
day treatment	day	20	105.25
Continued care	15 minutes	12 –one per month	20.25
methadone	week	52	Months 1-4 80.50 Months 5-8 55 Months 9-12 30
Family/couple counseling	60-90 minutes	12 one renewal	70
Urinalysis screen (must not be already included in bundled rate)	week	24	10
Co-occurring enhanced IOP	day	12	160
Suboxone	week	52	Week 1 400 (induction fee) Months 1-4 (minus week 1) 80.50 Months 5-8 55 Months 9-12 30 Medication paid by cmap 3 medication visits (billed separately)

**RI ATR TREATMENT SERVICES**