



**Department of Administration / Division of Purchases
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Web Site: www.purchasing.ri.gov**

**7 Dec 07
Addendum #1**

Continuous Recruitment # 17

Title: Substance Abuse Treatment Services

Submission Deadline: Continuous Recruitment through 30 Sept 08

- 15 vendor questions, and the State's responses, are posted for review.

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

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Please consider the following questions regarding Continuous Recruitment #17 received from the Division of Behavioral health

1. There is no indicated "respond by" date. Is there a deadline for response?
As stated on page one, proposals will be received (and accepted) through 30 Sept 08.
2. Participants must be in treatment for thirty (30) days before payment will be made. Does this mean that if an IOP participant receives services 3 days per week, he/she must be in treatment for ten (10) weeks before a bill is generated?
No – thirty calendar days, not service days. Payments will be made one month in arrears.
3. If a participant attends IOP for two (2) weeks (18-20 hours over 3-4 days, for example) and gets re-arrested or violated, will the vendor be paid for services rendered? Or must the participant receive thirty (30) days of treatment?
Yes, the program will be paid for services provided, even if less than thirty days of treatment. However, DBH will monitor trends to insure that the vendor is attempting to make follow-up contacts and re-engagement attempts.
4. Please clarify access to primary health care. Does the vendor have to provide primary health care or be able to make a referral?
Referral and coordination of care is acceptable.
5. Item #9 on page 3 – does the identified participant have a priority access to unused treatment capacity under the current DBH general outpatient contract provisions?
No more priority than already exists through the block grant requirements.
6. Who is the TPCP assessor? Does this person work for DOC or BHS? Is there a separate assessor at the DOC? If so, does this person conduct an independent assessment that is forwarded to an assessor at BHS?
TPCP assessor will work for DBH.
7. Does the vendor have the option of refusing a referral if either presenting problem or past experience with the referred individual warrants same?
The vendor does not have right to refuse a referral based upon presenting problem. If there is a negative past experience, the vendor should notify our assessor immediately and our assessor will take this into consideration. We will have releases to cover this exchange of information.
8. Is urine testing required? If so, is urine testing covered under the rate? And, if so, how many urine tests are covered under the rate? Is monitoring required?
Toxicology is required and the cost is assumed under the rate. The amount of toxicology screens should be determined as clinically appropriate. Monitoring is expected unless otherwise justified.
9. Will the Department accept toxicology screening other than urine?
Yes.

10. Is the \$485/ week IOP rate all inclusive or is it a “bill up to” rate? Are toxicology screens included? Does it include psychiatric consultation time for co-occurring? What about medication costs?

The IOP rate is all inclusive assuming the minimum amount of clinical service has been delivered. **Toxicology screening is included in the rate. In this enhanced IOP rate, the applicant should address plans to provide for psychiatric consultations and access to medication.**

11. Is there a per diem for IOP or a flat rate?

There is no per diem rate. The IOP is a flat/weekly rate.

12. What role will individual parole officers have in the delivery of care? Will they be able to “dictate” treatment?

Parole officers will not be dictating treatment. Specific parole officers will be assigned to this project. Our assessor will work with the assigned parole officer to discuss case planning/coordination and relapse.

13. An IOP participant will generally “Step-down” into a different, but necessary, level of care, most likely General Outpatient.

What funding mechanism will be available if the participant is needy and there is a waiting list for BHS general outpatient treatment?

None – individuals should be placed on waiting lists as soon as appropriate.

14. Does the requirement for 30 days continuous treatment hold for residential and IOP services? If a client is admitted and then goes AWOL at day 28 we cannot bill for those 28 days?

The program will be paid for services provided, even if less than thirty days of treatment. However, DBH will monitor trends to insure that the vendor is attempting to make follow-up contacts and re-engagement attempts.

15. Can we combine types of services to make up the days? For a client in either IOP or residential do we bill on a monthly basis?

We expect separate billings for IOP or residential since the assessment and authorized treatment plan would be different.

END