



**ADDENDUM # 2: Request for Proposal  
Residential Treatment Services**

**Questions & Answers: Part I**

**(Budget Questions will be answered in Part II)**

**November 7, 2017**

**ISSUED BY: COUNTY OF SANTA BARBARA, DEPARTMENT OF  
BEHAVIORAL WELLNESS –ALCOHOL AND DRUG DIVISION**

**Addendum Descriptor:** This addendum is issued as supplemental information to the RFP for clarification, correction, and/or additional information that will be of use to the vendors. Applicants are responsible for ensuring that their proposal reflect any and all information included. The Department of Behavioral Wellness recommends that applicants consult the website (<http://countyofsb.org/behavioral-wellness/bids.sbc>) frequently to determine if they have downloaded all addendums to the RFP.

**RESPONSES TO QUESTIONS/CLARIFICATIONS FROM THE BIDDER'S  
CONFERENCE AND EMAILS:**

***RFP CONTENT/REQUIREMENT QUESTIONS***

**Could BeWell review these statements, which may have typos, and/or may be unclear?:**

1. Page 5: "Sobriety requirements are supported by clients to support their wellness;"

**Question:** (Does this mean that clients should be in favor of sobriety requirements, as a kind of philosophy held by clients?)

**Answer:** This statement means that the clients who want services are focusing on their personal goals such as sobriety.

2. Page 7: “However, additional points will be given to applicants who can provide 3.1, 3.3, and/or 3.5 Residential Treatment Services.” (Previously, on page 4, it was stated that “Applicants who can provide Level 3.3 and/or 3.5 services will be given additional points over those who are not ASAM designated in these increased levels of services.”

**Question:** As such, should “3.1” be included in that statement from page 7?)

**Answer:** No, it shouldn't.

3. **Question:** Page 8: “Planned clinical program activities...exploration of interpersonal and choices....” (?)

**Answer:** Statement should read: “exploration of interpersonal choices...”

4. **Question:** Page 29, item B.iii: “How the program may incorporate Withdrawal Management and short-term residential alcohol and drug program.” (The intended meaning of this statement is not clear.)

**Answer:** Statement should read: “How the program may incorporate Withdrawal Management in short-term residential alcohol and drug program.”

5. Concerning this statement from page 8: “Health professional staff such as counselor aides or group living workers...”

**Question:** Is it BeWell’s intent to categorize counselor aides and group living workers as “health professionals. ?” That seems to us to be a stretch of the normal concept of “health professional.”

**Answer:** No. This statement in the RFP is pursuant to ASAM criteria, however, DHCS has released clarity on the types of positions and what they can do. Attached is DHCS’ California model for all staff types and duties they may perform. [www.dhcs.ca.gov/provgovpart/.../Staffing\\_Grid-Final\\_122816.docx](http://www.dhcs.ca.gov/provgovpart/.../Staffing_Grid-Final_122816.docx)

6. **Question:** Is BeWell certain that item A.v.c. on page 13 belongs under the broader item A.v. as a discharge criterion for a Level 3.2-WM program?

**Answer:** Yes. The statement is correct, reworded it means that we wish you to describe your criteria for discharging a client who is unable to complete Withdrawal Management despite efforts to participate on behalf of the provider.

7. **Question** Similarly, is BeWell certain that items E.iii and E.iv on page 15 belong under the broader item E (near the bottom of page 14) as discharge criteria for a Level 3.7-WM program?

**Answer: Yes. This means that if the client fails to engage in any level despite an adequate effort to participate on behalf of the provider, describe your criteria for discharging a client.**

8. Concerning Part 10. Supportive Information (page 34), BeWell states that an applicant is to “include in this section up to five pieces of additional information...”

**Question: Could you please clarify your definition of a “piece”? For example, does a single, individual resume count as 1 piece, or does a set of multiple resumes for “key staff” count as 1 piece? Similarly, would a single, individual letter of commitment count as 1 piece, or might a set of commitment letters count as 1 piece?**

**Answer: A “piece” can refer to an individual resume, letter, brochure, etc., so it is possible for an applicant to submit up to five resumes and meet this criterion. However, we would prefer that an applicant submit multiple types of information supportive of the proposal contents.**

9. **Question: Would you allow inclusion of an architectural drawing, as “pictorial material,” that is formatted on paper that is bigger than 8.5” x 11”?**

**Answer: Yes, we will allow this.**

10. The RFP refers on page 26 and page 28 to a “Statement of Work.”

**Question: Will BeWell be publishing a separate Statement of Work? Or is the “Statement of Work” the same thing as the “Scope of Work” that appears in the RFP starting on page 3?**

**Answer: These are the same thing, different terminology.**

11. **Question: RFP refers to separate Statement of Work, did you mean scope of work?**

**Answer: Yes.**

12. **Question: Would it be acceptable for the organizational chart to be split into more than one graphic, and more than one page, to better portray how the proposed Residential Treatment Services program will fit within a large social services organization?**

**Answer: Yes.**

13. The RFP contains these statements starting at the bottom of page 3:

Santa Barbara County Department of Behavioral Wellness, Alcohol and Drug

Services Division is seeking proposals from qualified applicants for Residential Treatment Services/ASAM Level 3.1 for adults, non-perinatal and perinatal. A description of Level 3.3 and 3.5 is included in this RFP because Levels 3.3 and 3.5 will be required within three (3) years of DMC-ODS implementation. Applicants who can provide Level 3.3 and/or 3.5 services will be given additional points over those who are not ASAM designated in these increased levels of services.

**Question:** In light of these statements, should an applicant who can provide Level 3.3 and/or 3.5 services check *both* Level 3.1 and the higher level in the check boxes in Exhibit A (page 37)?

**Answer:** Check all the levels you are applying for the first year and if planning to expand during the contract period, please describe this in your narrative.

14. We find Exhibit D (page 43) to be a bit confusing.

**Question:** Can BeWell clarify what you mean by “respond to these referrals” (*what* “referrals”?) and how an applicant should complete Column C? For example, in the row with “L.G.B.T.Q Staff,” should Column C be answered with regard to L.G.B.T.Q. *clients*? We have the same question for all other rows that mention “staff” in Column A.

Also, (b) there may not be agencies in Santa Barbara County that provide specialized support for clients in all populations implied in Column A (e.g., African American *clients*).

**Answer:** In this case, “Referrals” is defined as any client sent to your facility to receive services. We want to make sure that you are able to respond to the linguistic, gender, and cultural needs of all clients. Exhibit D asks you to indicate staff that fit into each of the categories listed in Column A. If you don’t have staff in a particular category, we want to know what you are doing to address that gap. Column C asks if you are connected to an agency that can respond to the needs of the referrals.

15. **Question:** In such cases, would BeWell accept a commitment that staff of the applicant will receive relevant cultural literacy training from a qualified trainer, in lieu of an arrangement with an agency that is specialized to serve that population?

**Answer:** Yes. Please include any necessary training as part of your budget request.

16. There seem to be some errors in Exhibit E (pages 44-46):

● The question “Have you completed an annual audit in accordance with Uniform Guidance Single Audit requirements a single audit?” seems to have

something wrong with it.

- The question “Are all cash disbursements within the organization fully documented with evidence of receipt of goods or” appears to end prematurely.

- The question “Do you have a documented process for credentialing and re-credentialing of providers (i.e. - individual” appears to end prematurely.

**Question:** For clarity, would BeWell be willing to correct these questions?

**Answer:** We are submitting a new Exhibit E with this Addendum.

17. **Question:** Can you please clarify the paragraph at the top of page 30 of the RFP?

**Answer:** The current authorization and referral policy is outlined below, however the County is in the process of updating and developing a new process for ODS.

<https://www.countyofsb.org/behavioral-wellness/policy/2971>

18. **Question:** For the question regarding nondiscrimination and conflict of interest policies, is it sufficient to state that we have such policies, or do we have to include the full language of the policy? If so, can we do so as an attachment outside of the page limitation?

**Answer:** It is not sufficient to just state that you have the policies listed. You should also provide a brief (1-2 sentences) description of how your organization adheres to each policy within the page limit. Do not provide additional attachments.

19. **Question:** The RFP asks for organization’s policies but does not allow for enough pages to provide this. Can we revise/revisit this section?

**Answer:** The RFP does not ask applicants to provide their organization’s polices, but to describe the programs practice with regard to the policies and procedures listed. For instructions on how to do this, see Question 18.

20. **Question:** Pg 34, Part 11, Section B- Does this include professional liability documents for contracted staff?

**Answer:** Yes. All doctors must be covered either within your Professional Liability and/or theirs. Also, see Exhibit G for County’s Insurance Requirements.

21. **Question:** If we must include all proposed levels of care in one application would you consider allowing extra pages in the application in order to fully address different levels of care?

**Answer:** Each application will be facility specific. Thus, if an applicant is proposing multiple levels of care at a facility, one application is required. If an applicant is proposing levels of care at multiple facilities then the number of applications should match the number of facilities. For each application, please adhere to the page limit.

22. **Question:** So we have to include a separate budget for each level of service, with just 1 RFP? Can you increase the page number limit?

**Answer:** See answer to Question 21.

23. **Question:** Should we send in separate proposals for different levels of ASAM?

**Answer:** See answer to Question 21.

24. **Question:** Do we need separate applications for each Level?

**Answer:** See answer to Question 21.

25. Staffing Requirements Level 3.1 Residential Treatment Services

**Question:** Are there preference points for people who can provide services on site?

**Answer:** Preference points will be given for those who can provide additional services (such as MAT) on site, however points will also be given to those who show strong coordination with other providers of such services.

26. **Question:** On Exhibit A, RFP cover sheet there is a list (boxes) of the different levels of Residential, Withdrawal Management and Perinatal services, if you're ready right now to provide a higher level of services, should we check those as well?

**Answer:** Yes. You should check all Levels of Service that you are applying in the first year.

27. **Question:** Will you be systematically answering questions?

**Answer:** Yes.

28. **Question:** Are you going to allow for North County providers to submit to North County? Or only to the South County?

**Answer: Only one location to physically submit in South County at 300 North San Antonio Road, Santa Barbara, CA 93110 Bld. 3.**

29. **Question:** Clean and sober living beds separate from RFP at a later time?

**Answer: Yes, this RFP is strictly for Residential Treatment Services.**

30. **Question:** Will any changes to RFP be posted on the website or will we be notified via email?

**Answer: If you are on our contact list you will be notified via email. All changes will also be posted on our website.**

31. **Question:** If we submit the RFP before due date, do we have time to fix it?

**Answer: Yes, you may resubmit your final RFP before the deadline.**

32. **Question:** If the RFP is incomplete, do we have to physically bring changes in?

**Answer: Yes, and these are due by the deadline.**

33. **Questions:** Can we print pages at the County?

**Answer: No. Applicants are responsible for printing and submitting physical copies of their application to Behavioral Wellness by the deadline.**

34. **Question:** Regarding Letter of commitment, are you looking for letters from potential collaborators? For example, if we can't provide certain services?

**Answer: Yes, a letter of commitment from partners showing you can provide the services through them, such as providing examples of how coordination will occur. (Physical Health, MAT and Employment Services, etc.)**

## ***PERINATAL RESIDENTIAL TREATMENT***

**Question:** Can a pregnant woman who is in perinatal residential be transferred to non-perinatal residential at the 61st day or at the end of the last day of the month in which the 60<sup>th</sup> day occurs? If yes, can the non-perinatal residential services be provided in the same facility location as the perinatal was delivered?

**Answer: (From DHCS) First, if the facility is certified for both perinatal and non-perinatal, then they can provide both. Second, if the beneficiary has not reached the 90<sup>th</sup> day of continuous services in the residential treatment, the transfer from**

**one level to another, or from peri to non-peri would be considered part of the continuous episode.**

\*Please see above Question and DHCS response that answers the below questions number 35-38:

35. **Question:** What happens when the baby hits 61 days old?
36. **Question:** Can you mix the residential treatment beds based on certification/licensing?
37. **Question:** Can perinatal residential tx and non-perinatal residential beds intermingle (be in the same house)?
38. **Question:** Can residential treatment beds be in the same building as non residential tx beds?
39. **Question:** What is the criteria for perinatal residential tx ie: pregnant/postpartum 60 days?

**Answer:** Please refer to the attached Perinatal Services FAQ link for more information: [http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS\\_Waiver/DMC\\_ODS\\_Perinatal\\_FAQ\\_06.30.16.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC_ODS_Perinatal_FAQ_06.30.16.pdf)

40. **Question:** Does certification require the entire facility to be utilized for perinatal residential treatment?

**Answer:** No.

41. **Question:** Does certification require the entire facility?

**Answer:** No. The State certification process determines the facility requirements.

42. **Question 1:** Does the treatment for residential tx need to be provided in the same house or can it be done in a separate building on same property?

**Answer:** No, must be done where licensed and certified

**Question 2:** And if so, can address of clinic be different (ex: 412 E Tunnell vs 412 B E Tunnell)

**Answer:** No, all locations would need to be licensed and certified

43. **Question:** P. 7 Section B Level 3.1 Perinatal Residential Treatment Services:

**Can the County please clarify the specific transportation and childcare services we would be providing?**

For example, are childcare services to be provided for clients' children while visiting, or is this a service to be provided to newborn infants born while the mother is using our services?

**Answer: In childcare services, the applicant will be providing both.**

**Waiting for a reply from DHCS for an complete answer (see attached email).  
We hope to provide the answer in Questions & Answers Part II**

**44. Question: Can you elaborate on Childcare Transportation? Is the Childcare for existing children, for new borns, or both?**

**Answer: Perinatal Residential providers must provide Childcare Transportation.**

**Waiting for a reply from DHCS for a complete answer (see attached email).  
We hope to provide the answer in Questions & Answers Part II**

## **ASAM REQUIREMENTS**

**45. Question: What ASAM criteria is required for residential tx.?**

**Answer: It will be determined based on severity level of ASAM screening chart.**

**Please refer to the attached ASAM Residential Treatment Services FAQ link for more information: [http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS\\_Waiver/DMC-ODS\\_Res\\_Tx\\_32017.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_Res_Tx_32017.pdf)**

**46. Question: What is the staffing level for ASAM 3.2 WM?**

**Answer: There's no identified staffing per se, however since 3.2 is managed by clinicians, protocols must be in place to show the level of interventions required should a patient's conditions deteriorate and appear to need medical or nursing interventions as needed. Additionally, medical evaluation and consultation must be available 24 hours a day in accordance with treatment/transfer practice protocols and guidelines. Please refer to ASAM level 3.2 for more information.**

**47. Question: At what point in time do you expect applicants or providers to complete the DHCS ASAM Residential Level of Care Designation**

Questionnaire?

**Answer:** Prior to applying for the ASAM levels of care, the State requires this questionnaire to be complete.

## ***WITHDRAWAL MANAGEMENT***

48. **Question:** What does that look like countywide?

**Answer:** This RFP envisions at least 5 beds within the county.

49. **Question:** Withdrawal Management- what does this look like Countywide?

**Answer:** We looked at our data and anticipated that we need at least 5 Withdrawal Management beds Countywide. Please consider this as you draft your response.

50. **Question:** With 6 beds countywide, how do you envision that each residential facility to have a withdrawal management bed?

**Answer:** All residential facilities do not necessarily have to have withdrawal management services. However, all withdrawal management beds have to be attached to a residential treatment facility (with the exception of 3.7 services).

51. **Question:** How long will the process take for the referral process to approval for Behavioral Wellness?

**Answer:** We anticipate County will be screening and providing a provisional authorization within 24 hours from request.

52. **Question:** Will there be a designated staff person that will be coordinating those? Who will that be?

**Answer:** Yes, the County is in development of written policies and procedures for processing requests for initial and continuing authorization services.

53. **Question:** Is pre-authorization from the county going to be required for withdrawal management?

**Answer:** No. However, the County is developing access protocols for all services.

54. **Question:** Do clients need preauthorization for detox?

**Answer: No, only Residential Treatment. (see answer above regarding WM)**

**55. Question: Are Acupuncture services specifically provided within Withdrawal Management?**

**Answer: No. They may be provided within Withdrawal Management and Residential as a relapse prevention intervention.**

***BUDGET (these answers require more research and will be provided in Questions & Answers Part II)***

**56. We understand that we are expected to provide separate budgets for each level of care for which we are applying.**

**Question: Do we therefore submit separate grant applications for withdrawal management and residential services or may these be included in a single application if we are proposing to provide both in the same facility?**

**Answer:**

**57. Question: If our staffing would change (and it probably would) as we provide higher levels of care over the course of three years, would we be able to submit annual budgets in subsequent years at a higher cost?**

**Answer:**

**58. Question: What services are expected to be included in a daily treatment rate for residential treatment**

**Answer:**

**59. Question: What services could be billed separately either by us or the partnering provider?**

**Answer:**

**60. Question: Would there be a special billing code to reimburse the applicant for medical services provided by qualified staff - Medical Doctor, Physician, and Psychologist?**

**Answer:**

**61. Question: If not, is it acceptable for us to transport the patient off-site to receive these services? (It was mentioned at the bidder's conference that preference points would be given for providing these services on site, but it is not clear to us what the billing mechanism would be for doing so.)**

**Answer:**

62. **Question:** What is covered under Medical-Assisted Treatment? MAT-focused therapy? psychiatric consultation? medications?

**Answer:**

63. **Question:** Are these costs expected to be built into our day treatment rates or billed separately by partnering providers?

**Answer:**

64. **Question:** Would there be a billing code for Mental Health services provided by qualified staff or are all mental health services to be included in the day treatment rate?

**Answer:**

65. **Question:** Would there be a billing code for acupuncture or amino acid treatments, or other adjunct services?

**Answer:**

66. **Question:** Is there a previous budget or basic guidelines for billing MediCal that we can refer to while organizing the financial aspect of our proposal?

**Answer:**

67. **Question:** Does DMC pay for clients with share-of-cost?

**Answer:**

68. **Question:** Clarification: should room and board be its own budget or simply somehow differentiated on all the other budgets required?

**Answer:**

69. **Question:** How specifically does the county define Medication Assisted Therapy (MAT)?

**Answer:**

70. **Question:** Do you know what pages of the ODS manual contain billing guidelines and information?

**Answer:**

71. **Question:** As a new facility, do we need an audited financial statement?

**Answer:**

72. **Question:** When you say that want a budget for each type of service, is that broken out within the budget, or do you want a separate budget for each level of care?

**Answer:**

73. It is our understanding that we are expected to begin at level 3.1 residential services and be able to provide levels 3.3 and 3.5 by the end of the 3-year contract.

**Question:** Can a single application for residential services therefore address our plans to provide all three levels of care, or do we have to submit separate proposals and budgets for each level of residential care?

**Answer:**

74. **Question:** Do we need a budget for each type of services?

**Answer:**

75. **Question:** Can Physician consultations be billed through DMC?

**Answer:**

76. **Question:** Therapeutic treatment be billed through DMC?

**Answer:**

77. **Question:** Ancillary services billed separately? Medicated Assisted Treatment and Residential Treatment billed separately, what does it include (staffing, medication, etc.)?

**Answer:**

78. P. 33 Part 5 Letter D states “Describe the experience of your organization in developing diverse revenue sources to fund substance abuse treatment and other health related services.”

**Question:** What types of revenue sources would this question refer to?

**Answer:**

79. Our organization owns the facility in which the treatment program will be located. A second restroom will need to be added before the program commences on July 1, 2018. Our organization can advance funds after notification of award in order that the work will be completed by the end of June.

**Question: Is it permissible for our organization to pay ourselves back with treatment funds over a several year period for that capital expenditure incurred prior to July 1, 2018? If so, how should that be reflected in the budget?**

**Answer:**

80. Our organization owns the facility in which the treatment program will be located. There will be no outside "Facility Costs (Rent/Lease/Mortgage)."

**Question: Could we instead put forth a "Use Allowance" as an "Other (specify)" item in the treatment budget, for dedicating a portion of our facility to the treatment program?**

**Answer:**

81. **Question: You have finalized your rates, correct?**

**Answer:**

82. **Question: The rates are 100% reimbursable by the state, so the state is willing to go at higher levels?**

**Answer:**

83. **Question: Will contractor budgets be negotiated?**

**Answer:**

## ***RESIDENTIAL TREATMENT SERVICES***

84. **Residential Treatment Services- Level 3.1: Clinically Managed Low Intensity Residential**

Support Systems: 24-hour structure with available trained personnel providing a minimum of fourteen (14) hours clinical services. (Level 3.1 calls for 5-19 hours)

**Question: Does 14 hours include 12 steps?**

**Answer: No it does not.**

**85. Evaluation and Quality Management: “Client access to treatment services within 72 hours.”**

**Question: When do providers receive authorization?**

**Answer: Residential Services must occur within 72 hours of first point of contact. The County will be working with providers for authorization for provision of these services within the first 24 hours.**

**86. Question: If clients leave, can they go back to Residential services?**

**Answer: Yes, based on medical necessity; Residential services authorization is allowed twice per calendar year per client.**

**87. Question: With RFP, are you eliminating all existing detox beds?**

**Answer: Yes.**

**88. Question: If already certified for level 3.1 WM and have DMC certification for Residential and WM, it automatically bumps us to 3.2 or higher, correct?**

**Answer: No.**

**89. Question: Access to treatment has to be within 72 hours, what is the process in place if the beds are full?**

**Answer: The County will be developing policies and procedures for access. This will be part of the launch of ODS.**

**90. Question: Do we need preauthorization to transfer someone from WM to residential?**

**Answer: Yes, all Residential clients need preauthorization by the County.**

**91. Question: If a client needs to move to a different level of care within Residential Treatment, does he/she have to be reauthorized?**

**Answer: Yes, if the client needs more intensive services or needs to move up in level of care.**

**92. Question: Do we have to get authorization for discharge?**

**Answer: No.**

93. **Question:** Expectations of evaluations? Is the assumption that we will base our goals and outcomes on the UCLA parameters?

**Answer: UCLA standards are the minimum. We will be reviewing responses to RFPs to assist us in developing additional goals with the awardee(s).**

94. **Question:** Is there funding for the evaluation? (pertains to the above question)

**Answer: This should be part of your budget.**

95. **Question:** Are we expected to set targets for the evaluation?

**Answer: Yes, we would like to know your targets.**

96. **Question:** Will the cost of Clinicians Gateway provided by County or purchase on our own?

**Answer: County will give you access to Clinicians Gateway at no cost. But keep in mind that provider budgets may need hardware to use Clinicians Gateway.**

97. **Question:** When will forms be loaded into the Sharecare?

**Answer: The goal is to have forms ready by start date of service delivery.**

98. In regards to the above question about evaluations, forms and screenings pertaining to these evaluations.

**Question:** Will we as treatment providers get the information from the screening?

**Answer: The County will be developing policies and procedures for access. This will be part of the launch of ODS.**

99. **Question:** Is it correct, 6 WM beds and not 5?

**Answer: The County plans for a minimum of 5 Withdrawal Management beds.**

100. **Question:** Can we include acupuncture and therapy?

**Answer: Acupuncture is a component of Withdrawal Management as well as an intervention for relapse prevention within Residential Treatment Services.**

**Individual and group counseling as well as family therapy are some of the**

**components of Residential Treatment services. Please refer to the attached  
Withdrawal management FAQ link for more information.**

**[http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS Waiver/DMC ODS Withdrawal Mgmt FAQ 08.10.16.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC_ODS-Withdrawal_Mgmt_FAQ_08.10.16.pdf)**