



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

Questions & Answers: Part II

**(Remaining Budget Questions and Perinatal Residential
Treatment Questions will be answered in Part III)**

November 15, 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 proposals 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 BIDDER'S CONFERENCE
AND EMAILS:**

RFP CONTENT/REQUIREMENT QUESTIONS

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. http://www.dhcs.ca.gov/provgovpart/Documents/Staffing_Grid-Final_122816.docx

PERINATAL RESIDENTIAL TREATMENT

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 a complete answer. We hope to provide the answer in Questions & Answers Part III.

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. We hope to provide the answer in Questions & Answers Part III.

BUDGET

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: No, one application per facility. The budget template allows for separating the cost between the program types.

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: Yes, these can be submitted during the contract period, however, budget still needs to be approved.

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

Answer: Residential Treatment (ASAM Level 3.1, 3.3, and 3.5)

This treatment is a non-institutional, 24-hour non-medical, short-term program that provides rehabilitation services which includes intake, individual and group counseling, patient education, family therapy demonstration approval, safeguarding medications, collateral services, crisis intervention, treatment planning, transportation services, and discharge services. Residential services may be provided to non-perinatal and perinatal beneficiaries in facilities with no bed capacity limit.

More information can be found at:

1. Centers for Medicare & Medicaid Services, Special Terms and Conditions (STC's): <http://www.dhcs.ca.gov/provgovpart/Pages/Special-Terms-and-Conditions.aspx>
2. DHCS Drug Medi-Cal Billing Manual (dated June 2017): http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf
3. DHCS Fact Sheets, FAQ's & Information Notices http://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx

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

Answer: Any DMC ODS service outside of residential treatment services described in Question 57 with the exception that both providers do not claim the same exact service (i.e. both providers meet with one client, only one provider can claim this service).

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: There will be a billing code for MAT and Physician Consultation (separately from Residential Treatment) as long as these services comply with STC's.

Additional Medication Assisted Treatment (ASAM OTP Level 1) includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber.

Physician Consultation Services include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are not with DMC-ODS beneficiaries; rather, they are designed to assist DMC physicians with seeking expert advice on designing treatment plans for specific DMC-ODS beneficiaries.

- a. Physician consultation services are to support DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
- b. Counties may contract with one or more physicians or pharmacists in order to provide consultation services. Physician consultation services can only be billed by and reimbursed to DMC providers.

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: Transportation Services are covered in the residential treatment rate.

This is outlined in the STC's (page 102): Provision of or arrangement for transportation to and from medically necessary treatment.

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

Answer: Per STC's: **Additional Medication Assisted Treatment (ASAM OTP Level 1)** includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber.

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

Answer: MAT will have a separate rate from residential treatment.

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: Mental Health services are not included in ODS Residential Treatment.

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

Answer: No. Adjunct services are included in the overall rates for Residential Treatment and Withdrawal Management.

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:

1. The budget should consider those categories of costs indicated in the year-end cost report template. Refer to the attached copy of the FY2016-17 Cost Report Template.
2. For those providers that currently provide residential services, please refer to your most recently filed cost report to help you project FY2018-19 costs.
3. Refer to the Residential program budget presented on 9/21/17 at the CBO DMC ODS meeting. Things to consider: most currently filed cost report, treatment costs versus room and board costs, Medi-Cal versus Non Medi-Cal services, estimated number of bed days per client.
4. For information regarding Medi-Cal billing, refer to DHCS Drug Medi-Cal Billing Manual (dated June 2017):
http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf
5. Other related information that may be useful:
 - a. DHCS FAQ's:
http://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx
 - b. DHCS Webinars:
http://www.dhcs.ca.gov/provgovpart/Pages/DMC_ODS_Webinars.aspx

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

Answer: Only after they meet their share of cost in any given month.

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

Answer: Please provide a separate budget for room and board apart from treatment costs.

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

Answer: Centers for Medicare & Medicaid Services defines MAT as: Additional Medication Assisted Treatment (ASAM OTP Level 1) includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber.

Refer to Centers for Medicare & Medicaid Services, Special Terms and Conditions (STC's).

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

Answer: DMC ODS billing information can be found on page 30 of the DHCS Drug Medi-Cal Billing Manual (dated June 2017):

http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf

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

Answer: If audited financial statements are not available, please provide the most current financial statement available such as: Profit & Loss Statement as well as Balance Sheet.

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: Yes, we want a budget for each service (Withdrawal and Residential) but one proposal. This is facility specific.

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: 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.

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

Answer: Provide a budget for each site broken down by Residential Treatment, Residential Room and Board, and Withdrawal Management?

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

Answer: Yes.

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

Answer: This answer requires more research and will be provided in Questions & Answers Part III.

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

Answer: Yes, MAT will be billed separately from Residential Treatment and have separate rates.

Refer to: DMC ODS billing information can be found on page 30 of the DHCS Drug Medi-Cal Billing Manual (dated June 2017):

http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017-Final.pdf

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: For example, revenue sources from other county agencies, private pay insurance, fund raising, etc.

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: No. Because Medi-Cal reimbursements can only be utilized for the given month in which the program begins providing Medi-Cal services. However, you can request start-up funding up to 90 days prior to commencement of Medi-Cal services.

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: No. All costs incurred within the Medi-Cal program require that they meet OMB Supercircular requirements. In this case, depreciation may be a means to capture facility related costs. All operational costs for your facility for your designated program must be included in budget.

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

Answer: Rates for contractors will be subject to approval of their budgets. County rates are just targets.

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

Answer: This answer requires more research and will be provided in Questions & Answers Part III.

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

Answer: The assumption is that you are providing us with your true costs, so when panel review will be assumed looking at true cost for when awarded

contract.