

**ADDENDUM #2: Request for Proposal
Residential Treatment Services
Questions & Answers: Part III
December 8, 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.

Questions from previous Addendum:

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: Perinatal Residential providers will be providing both. The Perinatal Services Network Guidelines from DHCS (see attached) state the following:

Child care: For women in SUD treatment, access to child care is a critical factor that may serve as a barrier to a woman's participation in treatment. Children born to mothers with SUDs are at a greater risk of in utero exposure to substances. As a result, many of these children struggle to achieve basic developmental milestones and they often require child care that extends beyond basic supervision.

According to California law, SUD treatment programs are advised to provide adequate child care while the women participate in SUD treatment. Furthermore, SUD treatment programs are encouraged to provide on-site, licensed child care in accordance with child care licensing requirements. Conducting child care within close proximity of the SUD treatment program may serve as a motivation for the mothers to stay in treatment.

When a SUD treatment program is unable to provide licensed on-site child care services, the SUD treatment program should partner with local, licensed child care facilities or offer on-site, license-exempt child care through a cooperative arrangement between parents for the care of their children.

44. Question: Can you elaborate on Childcare transportation? Is the Childcare for existing children, for newborns, or both?

Answer: Perinatal Residential providers must provide Childcare Transportation. The Perinatal Services Network Guidelines from DHCS (see attached) state the following:

Transportation: Transportation services provide a method of transportation for individuals to access SUD treatment services, obtain medical care or employment. SUD treatment programs must provide/arrange for transportation to ensure that pregnant and parenting women and their children have access to the following services:

- a. Primary medical care;**
- b. Primary pediatric care;**
- c. Gender-specific treatment; and**
- d. Therapeutic services for children.**

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

Answer: Providers will be able to bill “individual, group and collateral”. All of these therapeutic interventions would be focused on the substance abuse. (Family therapy would fall under collateral.) Providers will not be billing Short-Doyel Medi-Cal and not be

providing mental health “therapies” unless they also were site-certified and had a contract with Behavioral Wellness for that modality as well. This is why the “linkage” for any other treatments will be important in the responses to the RFP.

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

Answer: The rates are not 100% reimbursable by the state, state pays FFP portion and the match is realignment or SAPT for Residential Room and Board. We plan on doing rate reviews for each provider and will adjust their rates based on their actual costs. State will review County rates on an annual basis.

The rates can be re-negotiated, but only on an annual basis. The rate that we negotiate with providers in the contracting process becomes the maximum allowable rate. Therefore, the contracted rate within each provider’s contract is the maximum rate for the given fiscal year.

Recently emailed questions:

101. Question: As we are working on the Budget Template, we note that, in addition to the column for "Residential non-treatment Costs (room & board, etc)" (Column 7), there is a Line Item (Line #33) for "Board and Care (not Medi-Cal reimbursable)" under the Services and Supplies Object Level category.

Could you please provide clarification as to what would be included in this line item? Also, what is the distinction between this line item and Column #7? It would seem by definition that the majority of costs included under "Services and Supplies Object Level category" are Board and Care (not Medi-Cal reimbursable).

Answer: Medi-Cal non-reimbursable costs including but not limited to: capital improvements, construction costs, and county administration fees.

102. Question: Should Case Management activities provided by Residential Treatment or Withdrawal Management program staff be included under Column #6 Residential Treatment - (treatment costs only) OR Column #7 Residential non-treatment Costs (room & board, etc)?

Answer: Case Management should be reported in its own column, applicants can create a new column if needed. The original template does not include Case Management. Behavioral Wellness decided to omit it since we are going to RFP Case Management at a later time and because it can always be added to a provider's contract.