

**ADDENDUM # 2 Request for Proposal
Outpatient Treatment Services
Questions & Answers**

April 12, 2018

Issued by: Santa Barbara County, 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 applicants. 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 Bidders' Conference and Emails:

- 1. Q:** Are separate applications required for each level of care? Modality/clinic/location?
Should we have separate applications for different populations (age group/demographics) served?
Separate columns?

A: Applicants have the option to submit up to 3 applications, one for each level of care. *Remember OTP is a Narcotics treatment program. You need to be licensed with the State of California to provide OTP services.*

- 2. Q:** Should we include all the application/attachment pages for each level?

A: Yes, each level needs a complete application. Explain the services in the level and list the facilities. We need to be able to compare each level of care for accuracy.

- 3. Q:** Are the Budgets going to be based on Programs?

A: Yes. Programs have a line for each level of care in the Budgets.

- 4. Q:** So how can it be by level of care? What if we share staff? Budgets are based by location?

A: You will need to allocate percentage of staff to each Program.

- 5. Q:** If we have a psychiatrist who determines a client needs SUD medications can he/she prescribe for the client and be reimbursed?

A: Yes, expanded MAT services include reimbursement for the ordering, prescribing, administering, and monitoring of SUD medications. These medications may include: buprenorphine, naltrexone, acamprosate, and disulfiram.

- 6. Q:** Do we need to be contracted with the State to bill for MAT services? Is there a specialty requirement to bill for Drug Medi-cal?

A: Within the ODS, in order to bill for MAT services you must be DMC certified and have a DMC contract with the County.

- 7. Q:** Can services be provided without County referral/authorization?

A: No.

8. Q: When measuring timeliness to access, when will the clock start?

A: The clock starts when a client calls the access line for a screening and is referred to a provider.

9. Q: Will the provider be penalized if the County delays sending the referral (with regards to timeliness to service measurement)?

A: No.

10. Q: Is the County assessment a face-to-face interview?

A: The County will provide a phone screening and will refer to the provider for a face-to-face assessment.

11. Q: Does that screening include authorized case management or different levels of care?

A: The screening will determine level of care. The face-to-face assessment will determine medical necessity and service provisions to be provided within that level of care.

12. Q: Is there an estimated amount of clients needing a certain level of care/ how can we prepare to staff/budget to staff?

A: We won't know how many clients will need the services but we know how many are in our system. We have an estimate based on penetration. The staffing will be within the rate which will tie to the RFP. This is why the rate sheet is so important.

13. Q: Will we have to turn away non-Drug Medi-Cal eligible clients?

A: Contracts will be written to expect a minimum of 95% penetration rate, so contractors will need to monitor their non-Drug Medi-Cal clients and work with Social Services to enroll eligible clients who are Drug Medi-Cal eligible.

14. Q: How will you be informing us on clients who are coming to us for an assessment?

A: By phone or fax, the QCM team is working on the referral process.

15. Q: What if a provider receives a client by another agency not contracted with the County for Drug Medi-Cal services, can we treat that client?

A: You may treat the client; however, you will not be reimbursed by Drug Medi-Cal or the County. Only providers with a Behavioral Wellness Drug Medi-Cal contract will be reimbursed.

16. Q: If we have clients in "jails" can we get them approved prior to discharge for 1.2 or MAT?
Would we be able to get them approved prior to discharge?

A: Client would need to call the access line on the day of discharge for screening and referral.

17. Q: What if there is a discrepancy with the level of care that the County screens?

A: The provider needs to justify the discrepancy in their assessment and send it to QCM for review.

18. Q: Will the provider be able to see the screening on Clinicians Gateways?

A: No.

19. Q: So the client will be assessed twice?

A: No. The County will provide a screening; the provider will conduct the assessment.

20. Q: If someone is younger than 18 and pregnant, can they qualify for perinatal?

A: Until further notice, perinatal services are for adults 18 and over.

21. Q: We work with minors and would like to hire peer support staff, can we hire minors?

A: Peer support does not need to be the same age. The definition of peer support is that an individual have lived experience with substance abuse disorder not that they are the same age per se. Use your best judgement.

22. Q: So can we use existing staff?

A: Again, use your best judgement.

23. Q: To access aftercare 24/7, would the SAFTY or access line be available?

A: SAFTY and the crisis team are available 24/7 to respond to mental health emergencies.

24. Q: Can we receive Mental Health referrals?

A: Yes. Someone who is receiving SUD services from the provider who also needs MH services would need to be referred to CenCal and approved to receive MH services through your agency.

25. Q: How do you determine medical necessity for case management?

A: To be eligible to receive DMC-ODS CM services, adult and adolescent beneficiaries must:

- A. Be enrolled in Medi-Cal;
- B. Reside in Santa Barbara County; and
- C. Meet medical necessity criteria as defined in the DMC-ODS Standard Terms and Conditions (STC) (NOTE: Per the DMC-ODS STCs, the initial medical necessity determination and any reauthorizations for medical necessity must be performed by a Medical Director, licensed physician or a LPHA, and signed by a physician);
- D. Meet the ASAM Criteria definition of medical necessity, which is defined as:
 - i. Being diagnosed with a substance-related and addictive disorder in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V);
 - ii. Services requested are needed to identify or treat an illness that has been diagnosed;
 - iii. Treatment services are consistent with the diagnosis, treatment of the condition, and the standards of good medical practice; and
 - iv. Treatment services are required for reasons other than convenience.
 - v. Client may not succeed in treatment and or recovery services without CM services.

It is not anticipated that all clients who meet medical necessity for SUD services will meet medical necessity for CM services.

26. Q: Will the training include DATAR?

A: Yes.

27. Q: What is the estimated number of clients that will need Case Management?

A: We estimate less than 50% of all clients will need case management and the populations who will need it most are adolescents and perinatal clients.

28. Q: How many clients do you anticipate in Levels 2.1 versus Level 1?

A: Check the implementation plan that is posted on our website (<https://www.countyofsb.org/behavioral-wellness/Asset.c/3866>).

29. Q: For Item #13 of the Proposal Submission Template- there is a one-page max but there is request for us to provide a lot of tax information, how we fit all that?

A: The one page is for your narrative. In addition, you may submit as many attachments as needed.

30. Q: Will there be a Peer Support Staff certification?

A: Yes. A Peer Plan certification will be provided in alignment with Santa Barbara County's SUD Peer Support Training Plan.

31. Q: Is there a provider's template for documentation?

A: Yes, there will be a template on Clinicians Gateway

32. Q: Telehealth Guidelines are on DHCS website, is there further guideline information that you are privy to that we do not know about? Are services going to be client-based, provider-based or both?

A: No. We do not have any more information at this time.

33. Q: With that, there is no telehealth budget in the game plan but if we are utilizing telehealth will we be reimbursed?

A: Reimbursement is based on the type of service provided and some services may be provided via telehealth.

34. Q: Do family education programs have to be on-site?

A: Yes. Only Case Management and Recovery services are allowed off-site.

35. Q: Other counties are providing services at schools because that is where the adolescents and parents are, why don't we?

A: Right now Case Management and Recovery services are allowed off-site. Off-site treatment is too great an audit risk for right now.

36. Q: Can Licensed Practitioners of the Healing Arts sign treatment plans?

A: Licensed Practitioners of the Healing Arts are able to establish medical necessity. We will still have a verification document in Clinicians Gateway which requires the physician to sign treatment plans because we as a County are choosing to be more stringent as we roll out. The treatment still needs to be authorized by the Physician or Medical Director.

37. Q: Rates- are there established rates or ranges?

A: Below are the maximum rates that may be paid. Providers will be reimbursed based on their budget initially submitted and may be revised based on actual costs up to the maximum rate allowable. Reimbursement will be determined through the quarterly rate review process.

Service or Modality (funded by DMC)	Billing/ Unit of Service (minutes, day, hour)	Proposed Interim Rate per Unit of Service
Encounter Rates		
Outpatient	15 minute increments	\$ 33.81
Intensive Outpatient	15 minute increments	\$ 31.02
Case Management	15 minute increments	\$ 33.81
Recovery Services	15 minute increments	\$ 33.81
Physician Consultation	15 minute increments	\$ 141.39
Daily Rates		
Level 3.2-WM	Per Day	\$ 184.84
Level 3.1- residential	Per Day	\$ 136.05

Service Modality (funded by DMC)	Billing/ Unit of Service (minutes, day, hour)	Proposed Interim Rate per Unit of Service
Additional Medication Assisted Treatment	15 minute increments	\$ 141.39

38. Q: I had a question regarding the RFP and Pharmacy services. Does this program have Pharmacy services that we can apply to?

A: No.

39. Q: Slide 16 of the Bidders' Conference PowerPoint states: Adolescent Services: Outpatient Treatment Services provided to adolescents shall be provided in accordance with the "Youth Treatment Guidelines". Do you have a link to the location where we can review the Youth Treatment Guidelines?

A: http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

40. Q: If a contractor already has a contract with the Santa Barbara County Department of Behavioral Wellness, can the contractor submit the Program Budget that they will be submitting for next Fiscal Year's budget as the RFP budget?

A: Yes. A contractor can submit the Program Budget that they will be submitting for next Fiscal Year's budget, as the budget for the RFP. The RFP budget should be a budget for FY1819. And they should use the budget template we provided. Also, the contractor would need to build in Case Management costs.