

**RFP-ADULT AND CHILD SUBSTANCE ABUSE SERVICES  
QUESTION AND ANSWER**

**FROM INFORMATION SESSION:**

<b>Question:</b>	<b>Response:</b>
I noticed you are requesting tabs – is it for each section?	The RFP notes that tabs are required for each section in Section 3. Tabs for each section and subsection are preferred. However, proposals, at a minimum, may include tabs only for the large sections (Parts I-V) and each attachment A-D.
How firm is the deadline of July 27 <sup>th</sup> ? Could this deadline be extended?	At this time the Area Program is firm with the deadlines noted in the RFP. Any changes to this requirement will be posted on the website.
Are you firm with the June 30 <sup>th</sup> date for questions to be submitted? Has a mechanism been established to extend the deadline for questions & answers, because depending on how one responds, often will create more questions?	We scheduled the Q&A session as well as submission of written questions to assist providers who may have ongoing questions. All responses will be posted on the website. Time frames are firm. Changes, if any, to time line requirements will be posted on the website.
Is there a mechanism to apply to provide only certain services?	We are looking for a provider(s) to provide the total array of substance abuse services as outlined in the RFP.
Can you provide a listing of the staff and their current job titles with job descriptions? Also, please provide the number of years the staff have in the retirement system, so we can properly address retirement and longevity issues. How do we find out about potential employees background?	Appendix A lists all current positions with the exception of one Substance Abuse Counselor II position (vacant) in Caswell Co. Proposers should indicate their terms of employment in regards to retirement and longevity issues (see attachment D-3). Providers should be able to establish background information during their application/interview process.
For MH employees nearing retirement within the retirement system, is it possible for them to continue to be a MH center employee where the contract agency contracts with the MH center for that particular employees time, so the employee would be able to continue with their anticipated retirement plan as it is at this time?	The Area Program is open to discussion regarding this issue.
Are you planning to issue more than one contract for Substance Abuse Services?	RFP states up to two contracts.

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<p>Who are you currently contracting with for detox services?</p>	<p>We currently contract with three non-hospital providers for detox services.</p>
<p>Is this RFP in Adobe or Word? Is there anyway it could be posted in Word?</p>	<p>The RFP in Word format is now posted on the website in addition to the PDF version.</p>
<p>How many units of service did Alamance-Caswell provide last year for each service definition? How many units of service were provided by contract last year by service definition? How different would it be to provide all services by numbers, it would give idea of #of services that were provided?</p>	<p>We do not feel this detail of information is necessary for providers to be able to adequately complete the RFP and, in fact, could be misleading. We have provided recent data within the RFP on the amount of funds that have been available to use for these services and an estimate of the number of open cases we have generally had. In addition to the State and Federal funding listed as available in the RFP, the Area Authority bills approximately \$241,000 in first and third party revenues (including Medicaid). Some of the ways in which services to SA clients have traditionally been delivered may need to be reevaluated and possibly changed to bring them in line with research-based best practice and with the treatment protocols that the Division is requiring LMEs and their providers to follow.</p>
<p>How much time is utilized in individual practice, group practice, etc.?</p>	<p>As above, the proposer should plan to deliver services in accordance with current best practice for treatment of Substance Abuse.</p>
<p>How will authorization of services be handled for a client? Will the service make that decision based on ASAM criteria? Or will there be a review by the MH center on each client and approval for all services to be authorized prior to the provision of any services?</p>	<p>LME will be responsible for authorization decisions about each individual client that is referred. For reimbursement to occur, authorization must be given prior to the provision of services except in emergencies or urgent situations as defined by the LME. ASAM patient placement criteria currently is, and will continue to be, the primary guiding tool used in making authorization decisions. We anticipate that consumers will have several points at which initial access to services may occur.</p>

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<p>What is the projected date for start-up?</p>	<p>We are anticipating transition of services by January 1, 2005. Once a provider(s) has been selected, negotiations will occur for transition of services and a firm date established.</p>
<p>Is there anyway to forego the 30-page restriction?</p>	<p>We are looking for agencies to be as concise as possible while providing the requested information. Providers may, however, exclude the following from the 30 page maximum requirement: Attachments A-D; client rights policy (I.I.D.f.), emergency plans (I.I.C.), and Part V (Fiscal/Electronic Systems).</p>
<p>How will the review process take place in determining providers of service to assure fairness to all applicants? Will extreme outliers who may skew the results be excluded in the selection process?</p>	<p>We have a review committee of consumer/consumer representatives, community stakeholders and Area Program staff that will review all proposals utilizing specific scoring criteria and system. The process includes summarizing ratings using a consensus method for recommendations to the Executive Director.</p>
<p>Why is the selected proposal up for public review upon the awarding of the contract (s) when the prior RFP for transitional housing did not allow it to be reviewed?</p>	<p>The transitional housing issue was a different type of proposal. The SA proposal is a divestiture proposal and will follow a different process.</p>
<p>How is the current RFP set up to allow existing providers to continue providing services w/out applying to do it all?</p>	<p>This RFP is for up to two contracts for the full array of substance abuse services. There will, however, continue to be providers in the provider community who offer parts of the substance abuse array and to whom referrals may be sent in accordance with client choice requirements.</p>
<p>Will experience and longevity in providing local services be considered a plus in this process? Will local service provision outweigh services provided out of county?</p>	<p>Information regarding experience and knowledge of and commitment to the local community is requested in Part II and is reflected in the review criteria.</p>
<p><b>In addition to questions and answers, Ms. Wood provided the following clarification regarding referrals to Providers selected in this RFP process:</b> Providers submitting proposals must be willing to accept referrals of all eligible consumers regardless of the consumer's financial resources.</p>	

7/6/04 Update: No written questions submitted after information session