

**Substance Use Partial Hospitalization Request for Proposals  
Meeting for Potential Applicants  
Third Round of Questions & Answers (FINAL)**

- 1. Regarding “proof of an adequate line of credit”, our agency negotiates and obtains such a letter each year, and the one we have on file now is dated May 2014. Is this considered acceptable? The next “bank letter” will not be negotiated until April.**

*Appendix E (p. 42) of the RFP indicates that proof of an adequate Line of Credit is necessary to demonstrate funds available to meet operational needs. If your agency’s letter is current at the time of submission, then it is acceptable, noting that we may require an updated letter as it becomes available.*

- 2. What is CBH’s expectation of phasing in clients during the start-up period, and what is a reasonable time frame for a licensed program to reach full census?**

*CBH expects that the program will reach full census within the first year of operation. In the Implementation Plan of the proposal, applicants are expected to provide a timeline and implementation plan for becoming fully operational (Step 7, RFP p.24, Section 1). Plans for the phasing in of clients and staffing during the start-up period can be included in this section. (Also see Answer to Question #4).*

- 3. [Page 3 Section I-A Introduction] This service is paid on a fee-for-service basis and the RFP is projecting a 40 person caseload. However, since program sustainability and survival depends on staffing at the appropriate level, can any guidance be provided on the number of referrals expected under this RFP in the beginning and how long to reach 40 participants?**

*Please see Answer to Question #2*

- 4. What are expectations about seeing participants prior to all staff being hired and trained in all modalities?**

*Per page 24 of the RFP, a plan and timeline for hiring and training should be described in the Implementation Plan. Prior to enrolling individuals in treatment, the program should have adequate staffing capacity to provide the required interventions described for this level of care, and in accordance with required staffing to client ratios. Once the RFP is awarded, it is expected that some trainings will be required prior to program start-up, and that others may be delayed until after the start-up period.*

- 5. How long after the contract is executed does CBH expect it would take to obtain a partial hospital license from the state?**

*CBH is unable to commit to a response regarding the licensing entity's turnaround time (in this case DDAP), since this does not fall under our jurisdiction.*

- 6. Will CBH assist in expediting the licensure process?**

*CBH will provide implementation support to the contracted provider(s) during initial start up phase, including working with provider(s) to ensure that all regulatory and licensing requirements will be met.*

- 7. As a provider, we are able to manage psychiatric and medical issues on-site and/or on-campus for either of our recovery programs. We also work with Suboxone and Vivitrol. We do not currently offer Methadone. If a provider submitting a proposal was to collaborate with an OTP for MAT, would CBH reimburse the OTP directly or would they function as a subcontractor under the PHP contracted provider?**

*The OTP will bill CBH directly for MAT for individuals engaged in the partial program who require this treatment. It is expected that the Partial provider will demonstrate collaboration with OTP providers through documented letters of agreement or memoranda of understanding.*

- 8. Is the cost of pharmaceuticals dispensed on site (such as MATs) included in the rate or can these be billed separately?**

*The cost of pharmaceuticals should be billed separately.*

- 9. We recently had a QIP that ended in December, but do not want to waste time and resources on developing a proposal if it we do not meet the threshold requirement for its submission. How do we know we are eligible?**

*Following the submission of Letters of Intent an initial determination of eligibility to submit a response was made and any ineligible providers were notified prior to the Mandatory GTOC Training Session on January 29, 2015, Once the proposals are submitted, there is also a threshold review as described on RFP p.32 Section L. 1.*

- 10. CBH indicates that start-up costs should not be included in the proposal budget. Should such items as software purchases, computers, consultation for initial staff training, technical assistance, etc. that would be purchased during start-up be included in the budget or be held aside for negotiation with CBH for the start-up period? If these aren't in the budget and are not calculated as part of the ongoing rate, should they be discussed in the budget narrative as one-time expenses that are essential for getting the program off the ground and that will need to be funded?**

*These items should be discussed in the budget narrative as one-time expenses that are essential for initial implementation of the program.*

- 11. The RFP requires comprehensive assessment of individuals referred to the partial hospitalization program with the possibility that the assessed individual may benefit from a different level of care. Will CBH pay for time taken in conducting the assessment if the person is not deemed eligible? Will CBH pay for the case manager's time in properly placing an individual who would be more properly served at a different level of care?**

*The process of providing initial comprehensive assessment and evaluation (including potential referral to other programs) should be reflected in your proposal, with associated cost considered within the budget. CBH will work with the awarded provider during the contract negotiation phase of the RFP to explore mechanisms to pay for evaluations that lead to referrals to levels of care other than D&A Partial.*

- 12. [General] Is there a minimum amount of clients we would be expected to treat?**

*The number of clients in the program should be in accordance with the specified staff to client ratios. There is no specified minimum number of clients to be enrolled in the program at any given time. The maximum number, as addressed in the RFP, is 40.*

- 13. [Page 6, Section II.1.c.] Can tables and images contain font size smaller than 12?**

*Tables, images and other additions to 12-point narrative text can have a font size smaller than 12, but must be clearly/visibly legible to any potential reviewers.*

- 14. [Page 6, Section II.A.1.c] Would CBH consider increasing the page limit to 40 pages?**

*We are unable to accommodate this request; the page limit will remain 30 pages, per page 7 of the RFP.*

- 15. [Goals and Objectives Pages 9-10] Due to the space limitation do proposals need to address the means of measurement in Step 2 - Goals and Objectives (as in RFP samples), Step 6 - The Plan, and Step 7 - Implementation & Process Evaluation? Please clarify.**

*The expectation is for each provider's response to address all of the required items under the Applicant Response sections for each of the 10 GTOC Steps within the space limit of 30 pages. See Question #14. Attachments to your proposal that are required in the RFP will also not count in the 30-page limit.*

- 16. [Program and Budget Narrative page 15] Since the budget narrative is part of the 30 page narrative limit, can you provide guidance on the degree of detail required for the budget narrative?**

*Please see the Answer to Questions #13-15*

- 17. Concerning site location, is CBH aware of any specific City (L&I) zoning requirements or limitations for a Partial Hospitalization program/office site?**

*CBH is also exploring the answer to this question, but it would best be answered by L&I, as the issuers of zoning permits within Philadelphia. Once more information becomes available to us, we will share it with the contracted Provider.*

- 18. Are there any zoning issues related to MAT and dispensing pharmaceuticals such as Suboxone?**

*See Question #17*

- 19. Given CBH's emphasis on outcomes, what is the expectation that clients who have been discharged from the program are tracked and followed up with to assess the longer term outcomes of the partial hospitalization program (i.e. six-month follow up survey conducted by evaluation staff) vs. relying on CBH claims data to confirm that the client has not re-entered the system at a higher level or crisis level of care as an indicator of a positive outcome of the program?**

*Some of the stated objectives in the RFP will require post-treatment outcome evaluation. In the outcome evaluation plan, applicants should propose their own strategy for collecting post-treatment data (e.g. telephonic outreach post discharge) on relevant indicators that may be outside of the scope of claims data. In addition, as outlined on page 25 of the RFP, CBH will collaborate with the selected provider(s) to provide data that is available to CBH (e.g. claims indicating utilization of other services in the CBH continuum) for the outcome evaluation.*

- 20. We are seeking clarity about the “Integrated Screening and Assessment Process”. Does “integrated” refer to integrating the PCPC screening with the bio-psychosocial assessment OR does it refer to integrating an assessment of substance use and mental health concerns? In the event that it’s the former, would a program be expected to utilize a comprehensive bio-psychosocial assessment to determine PCPC level of care or would admission to the program using PCPC criteria precede completion of the bio-psychosocial assessment, including psychiatric assessment?**

*Integrated screening and assessment refers to a comprehensive diagnostic assessment, performed by the program’s licensed professionals, who will be used to develop an appropriate individualized treatment plan for each person assessed. Since the program is expected to deliver integrated care, it is imperative that the evaluation incorporates an assessment of mental health issues, substance use and medical needs as well as well as other bio-psycho-social factors that may be impacting an individual as they enter treatment.*

- 21. The RFP states that all staff, except peer staff, must be CADC certified. Can the exclusion also apply to support staff, such as administrative assistant and driver? Would an admissions coordinator require the certification?**

*Staff who require CADC certification are those delivering individual and group therapy services to individuals enrolled in the program. If an admission coordinator is serving in a purely administrative role and is not performing clinical assessment and/or delivering direct therapeutic support, then a CADC would not be required for the position.*

- 22. Are Case Managers and the Registered Nurse required to be CADC certified?**

*Case managers and Registered Nurses are not required to be CADC certified.*

- 23. The RFP describes that therapeutic services are to include skill development, wellness education, development of community recovery networks and family engagement; also individual and group work on smoking cessation. In planning these specific activities, would they be categorized as psychoeducational group sessions (1:16 ratio) or the required 2 hours per week group therapy (1:8 participant/staff ratio)?**

*It is expected that the program categorize and designate therapeutic services and interventions appropriately based on the individualized programmatic content, and apply staffing ratios accordingly.*

**24. [Awards Page 6] Since the City is only funding one or two partial hospital programs, and retention is very important to goal achievement, how are programs to achieve goals when participants have trouble participating (time, cost, and distance)? Like another question (in round two questions), a strength is that we can also offer multiple sites for outreach and clinical convenience – but since each site must submit a separate application, the city and clients can not benefit from that strength.**

*Assertive outreach, engagement and retention, while challenging with certain populations, are foundational to program success. It is our hope that responses and the eventual programs will provide strategies to achieve these goals, as there is no one strategy that can answer this question.*

**25. [Evidence Based Programs Page 12 and 13] There are many EBPs that fit the partial hospitalization model and are interconnected and necessary for a successful program - that include assessment (e.g., stages of change, ASI, etc), techniques (e.g., MET, CBT, contingency management, etc.), and curriculum (e.g., anger management, relapse prevention, 12-step facilitation, HIV treatment and prevention, etc.) – how are we to “limit response to one or two”?**

*The expectation is that the evidence-based models will be implemented with quality and fidelity. That requires a plan for ensuring adequate training, consultation, supervision, quality assurance and operational infrastructure to support the delivery of the model, following the expectations of the treatment developer and the research on the model (as described on RFP p.14, Step 4.) Therefore, the applicant is expected to identify 1-2 EBPs that are the core clinical components of the program. If additional EBPs are utilized in other elements of the program (e.g. an evidence-based model for anger management group that some program participants receive based on individualized need) they can be described in Step 6, Plan (RFP pp 21-23.)*

**26. [Narrative Description Clarification Page 22 (Section 1-b)] May we assume that the “narrative description of the program activities” is to be included in the general proposal narrative and not the Attachment 6?**

*P. 22 Section 1b refers to the completion of an activities chart and should be submitted as Attachment 8. Proposals should also provide narrative responses about each of the program activities in Sections 2 – 13 of GTOC Step 6 Plan (p. 22-23).*

**27. [M/W DSBE Status Page 30] Can you clarify the criteria for not-for-profit M/W/ DSBE status? The criteria include 3 assessments that involve “owners”. Legally, there are not owners in a not-for-profit organization – it is owned by the community?**

*The last three criteria related to ownership were erroneously included for not-for-profit organizations and should be disregarded.*