



**Contra Costa County Behavioral Health Division
Alcohol and Other Drugs Services**

**Request for Interest Formal Responses to Provider Questions Received as of 3/1/17
Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
Substance Use Disorder Continuum of Care
Treatment and Other DMC-ODS Required Services**

March 1, 2017

1. It appears that opioid treatment programs are being excluded from the waiver application process. Am I understanding the attached documents correctly regarding this exclusion issue, and if so, what should be done?

Response: Yes, Medication Assisted Treatment (MAT) programs are being excluded from the current Request for Interest (RFI). MAT programs will be addressed at a later date and no documentation should be submitted for MAT programs at this time.

2. Will there be an opportunity in future providers who are not yet AOD licensed/DHCS certified, or are working on that certification, to apply to become part of the county's new delivery system?

Response: Providers who do not currently meet the qualifications for the implementation of a contract should submit a RFI packet along with a timeline and plan for meeting the requirements. Packets will be reviewed and scored utilizing the same rubric as all other submissions. All selected submissions will be maintained on file until the provider has met the contractual requirements or the expiration of the approved timeframe as indicated in the RFI, whichever occurs first.

3. Are outpatient services under this contract intended to be site based, community-based (mobile), or a combination of the two? If community-based, is travel time billable?

Response: Outpatient services are intended to be site-based as all facilities must be Drug Medi-Cal certified. The use of satellite sites is permissible.

4. Is documentation time billable [for outpatient services]?

Response: No, documentation time is not billable for outpatient services.

5. Does one of the links provided in the RFI offer a resource where we could find guidance on eligible and ineligible costs? Which one? If not, could one be provided?

Response: No, the links provided with the RFI do not offer a direct resource for guidance on eligible and ineligible costs. The current Drug Medi-Cal Billing Manual, updated in February 2017, outlines the requested information and may be found at the following link: http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017.pdf

6. Could an applicant limit their application to serve only [Transitional age youth between the ages of 16 and 24] TAY, and if so, would TAY be categorized as youth or adults on the RFP?

Response: Yes, a provider may limit their application to TAY beneficiaries only. If the program were to serve TAY beneficiaries, a budget for adolescent services would be required for all clients 12-17 years of age and a second budget would be required for adults 18-24. Please see the Youth Treatment Guidelines for more information. http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

7. Is this RFI for 100% Drug Medi-Cal Funded Clients only?

Response: Yes, the RFI is for 100% Drug Medi-Cal funded beneficiaries only.

8. Should Proposal responses include “Undocumented” Individuals or families? Are these individuals to be included in the budget expense and units of service? (These individuals were previously funded under SAPT.)

Response: No, the RFI is for 100% Drug Medi-Cal funded beneficiaries only.

9. Should proposal responses include Individuals who are not yet established on Medi-Cal? Are these individuals to be included in the budget expense and units of service? (These individuals were previously funded under SAPT.)

Response: All beneficiaries will be screened for active medical coverage prior to admission under the DMC-ODS Waiver.

10. Should proposal responses include Individuals who are low/moderate income, but not medi-cal eligible? These individuals were previously partially subsidized through SAPT funding and partially paid.

Response: The RFI is for 100% Drug Medi-Cal funded beneficiaries only.

11. Should proposal responses include individuals who cannot be established on Medi-Cal due to certain past history charges/convictions? Are these individuals to be included in the budget expense and units of service? (These individuals were previously funded under SAPT.)

Response: The RFI is for 100% Drug Medi-Cal funded beneficiaries only.

12. Should proposal responses include AB109 Client referrals who are both AB109 eligible and DMC eligible? Are these individuals to be included in the budget expense and units of service?

Response: Yes, it is expected that Drug Medi-Cal funding will be exhausted prior to utilizing AB109 funding.

13. Should proposal responses include SAMWorks funded Clients who are both SAMWorks eligible and DMC eligible? Are these individuals to be included in the budget expense and units of service?

Response: Yes, it is expected that Drug Medi-Cal funding will be exhausted prior to utilizing SAMHWorks funding.

14. Do “Recovery Services” Staff” (Peer Recovery Support Staff) need to be AOD Counselor Certified or Registered to be Certified? Is there any minimum requirement?

Response: Yes, Recovery Services staff shall be required to be certified or registered with a State-approved certifying agency. There are no other minimum requirements. Please see DHCS information notices 14-028 <http://www.dhcs.ca.gov/formsandpubs/ADPBulletins/MHSUDSInformationNotice14-028.pdf> and 16-058 http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUD_IN_16-058.pdf for further clarification.

15. For ASAM Level 3.1 Residential Services, are separate budgets required for each different program site/facility, if for the same modality and gender? (Note: Separate Residential Facility Rent Allocation spreadsheets are required for each program site)

Response: Yes, one complete packet, including a budget, is required to be submitted for each facility.

16. For ASAM Level 3.1 Residential Services and 3.2 Withdrawal Management, are separate budgets required even if in the same facility?

Response: Yes, although only one packet is required for the facility, a separate budget must be submitted for each modality.

17. For ASAM Level 3.1 are separate budgets required for perinatal and non-perinatal in the same facility?

Response: Yes, although only one packet is required for the facility, a separate budget must be submitted for perinatal and non-perinatal beneficiaries.

18. On the DMC=ODS RFI Budget and Work Plan, ASAM Level 1.0 Outpatient Services & 2.1 Intensive Outpatient Services..... The budget asks for personnel and operating expenses that are covered by DMC funds ‘only’. Who will pay for personnel and operating expenses that are not covered by DMC funds (non-allowable), but are part of the cost of operating an Outpatient/Intensive Outpatient service?

Response: It is expected that all costs associated with Outpatient and Intensive Outpatient Services will be included in the overall unit rate established by the provider.

19. On the DMC=ODS RFI Budget and Work Plan, ASAM Level 1.0 Outpatient Services & 2.1 Intensive Outpatient Services... states “Outpatient: 1 Unit of service = 15 minutes of staff time for each treatment activity”

For group counseling, please clarify which this means:

a) If a 90 minute group session with 10 Participants cost \$350 per session, than the Payment Rate per 15 minute Unit is \$58.33 (90 min/ 15 min = 6. \$350 / 6 = \$58.33),

Or.....

b) Does it mean 90 minute group session costing \$350 per session, divided by six 15 minute increments, divided by the number of participants (\$350 / 6 = \$58.33..... divided by 10 Participants = \$5.83 per 15 minute Unit

Response: In the scenario above, option “A” would be the proper formula for determining the unit rate.

20. If a Provider uses an “Indirect Cost Rate” for the RFI budgets, does it have to be preapproved by the federal or state government?

Response: No, indirect costs will not need to be pre-approved by the Federal or State government. Per the RFI Work Plan Instructions on page 10, “If Indirect Costs are charged, please attach a copy of your agency’s cost allocation plan and a clear description of how charges specific to this budget were calculated. Indirect costs must be apportioned by a methodology that conforms to the standards set by OMB Uniform Guidance.”

21. The last page of the budget ‘checklist’ appears to ask for Volunteer and “Personnel” policies? Do you want the “Agency Personnel Policies”?

Response: Yes, if the agency is utilizing volunteers, the provider shall submit the agency’s policies surrounding the qualifications, recruitment, selection, code of ethics, training, scheduling and supervision for all volunteers.

22. Page 4 of the RFI states that the electronic version of the ASI is to be used. Is the ASI-MV Client-Administered computerized assessment acceptable? Is the BHI-MV Client-Administered assessment acceptable?

Response: Yes, the ASI-MV meets the requirement for the use of an electronic version of the ASI however it is recommended that all providers upgrade to and utilize the newest version of the software. Yes, the BHI-MV meets the requirement for the use of an electronic version of the ASI however it is recommended that all providers upgrade to and utilize the newest version of the software. Ideally, the software should align to DSM 5.

23. On the Excel documents for staffing, personel, budget etc. Do we report on all agency staff or only those that will be involved in the Drug Medi-Cal program itself. On the budget does this apply to the agency budget or only what would apply to funding a Drug Medi-Cal contract?

Response: All staff members who will either directly or indirectly impact services to be provided under the DMC-ODS Waiver should be listed within the budget. This would include all staff who could potentially deliver or oversee treatment services along with all administrative staff who will be involved either through decision-making, data entry and analysis or finances. The budget should apply only to the unit rate required to fund services under the terms of the DMC-ODS Waiver.

24. RFI Page 9 E: Budget and Budget Justification (1&2) “Is this budget and budget justification (1-page each) in addition to the “Budget and Workplan”? Which attached worksheet are you referring to in this case? Do you mean 1 page (each) for the Budget and 1 page for the Jusatification? , or do you mean 1 page each for for each ASAM Level of Care?

Response: The justification (narrative) is in addition to the completed Work Plan. There is not an attached worksheet for the justification. Each budget Work Plan should be accompanied by a narrative to justify the costs associated with the unit rate.