

QUESTIONS 2023 PROCUREMENT

1. The MPR is significantly different in this proposal than in years past. It appears the signature log and counselor comments are now combined which can be a little complicated. Will we have access to a fillable PDF for this document (Attachment j.2).

Answer: Yes, a pdf will be provided for this document upon award of the contract

2. Can the two portions on the MPR (upper part for counselor and bottom part which is the signature log) be separate documents so we can collect signatures and the counselors can complete the upper part more efficiently?

Answer: The part that the counselor fills out does not have to be completed until the end of the month. We do ask that you keep them combined for the ease of uploading into our system.

3. Has project code 2080 been eliminated? If so, there is no Intensive Outpatient on this contract.

Answer: Intensive Outpatient treatment was eliminated by the Administrative Office.

4. If we submit our bid and are “out of the ballpark”, then are we out completely or do ya’ll come back with a rate per unit cost that you will “allow”? or are we “out” completely?

Answer: After we determine the providers that are technically acceptable, we go through the bids and we go with the lowest bid. We do not come back with a rate per unit cost. If the previous provider is not the lowest, then we end services with that provider on September 30th, 2022 and begin services with the new provider on October 1, 2022.

5. Will probation officers still have the option of referring clients to vendors regardless of vendors’ location (i.e., north or south?)

Answer: Yes, probation officers have the option to refer clients from anywhere. The catchment location means that you have a physical building in the area that you are bidding for and does not have to do where the referrals come from.

6. Regarding a “structured diagnostic instrument” conducted during a comprehensive biopsychosocial intake assessment. Will a DSM diagnosis followed up with a diagnostic formulation establish that requirement?

Answer: I am not sure which DSM diagnostic formulation you would be referring to, but the goal would be to establish what the needs are for treatment and goals to reach those treatment needs. Typically, the formulation would include targets/goals of treatment and a diagnosis – so if that is that you use, then that would work.

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7. Will the estimated monthly quantity for each service listed in the RFP limit us to that number?
 - a. Can that increase during the contract?

Answer: Estimated monthly quantities are estimates and it does not limit the service. We could use more services or less services than listed in the EMQs due to different factors beyond our control (ie cov, new laws that release a large number of people, etc.). We just give an estimate so that provider can have an idea of the amount of services we need.

8. Will there still be intensive outpatient (2080) referrals with this contract?
 - a. What are the services performed under 2030, 2040, and 2090?

Answer: Our administrative office has eliminated intensive outpatient treatment – so this will not be included in the new contract. We did not bid for 2030, 2040, or 2090, but those codes are for treatment readiness groups and different family counseling with person under supervision

9. If the client does not make co-payments for services is the vendor required to obtain/collect these payments from the client directly?

Answer: We encourage officers to require the person under supervision to have a co-payment because people who assist in paying for their treatment are better at participating in treatment and more committed to their treatment. However, if the person does not pay the co-payment, then we cover those costs. We do ask that the provider try to collect co-payments and have a system in place for collecting co-payments.