

York/Adams HealthChoices Drug & Alcohol Halfway House

Responses to Provider Questions- Part II

1. Will the client be saving money during their stay as a means to transition mainstream living? Facilities need to develop a policy on how client money would be handled.
2. Halfway House goal is to integrate back into mainstream living, what would happen when a young lady is not able to work because of being pregnant? The provider is expected to assist clients return to mainstream living in whatever capacity a person is able to do so.
3. When the female client becomes employed is that time for termination? We are looking for a provider who meets all licensing requirements and they must work with the funder to determine appropriate discharge planning.
4. Is there dispensation of what they can earn? This question is not clear and doesn't appear to have any bearing on the RFP proposal response.
5. Who will pay for first month's rent when the female completes successfully? It is expected a halfway house address this circumstance within the context of routine discharge planning.
6. If we have more than 10 clients do we need another Clinical Supervisor? Staffing is expected to meet State Licensing requirements.
7. If a proposal that included more than 8-10 beds were funded would the parameters requiring permission from the county regarding priority populations be enforced on all of the beds (i.e. only 20% of the participants could be from other counties without county permission)? Yes
8. For individuals on medication assisted treatment, would the program be required to dispense the medication or would it be acceptable that the individuals utilize established community providers for this service while living in the halfway house? The answer to this question is dependent on the provider license.
9. The RFP references the provision of "access to voluntary support from certified recovery specialists (CRS) and/or recovery coaches." Is the expectation that the program will employ these positions or would it be acceptable for the program to provide access through referral to these services that may already exist in the community? There is no expectation on how this provision is met. It could be structured and funded either way.
10. Are physical exams required to be completed by a physician employed by the program within 72 hours of admission as required in rehabilitation programs, or would it be acceptable for the program to coordinate care to obtain copies of physical exams completed by the referring agency (i.e. rehab programs)? The provider is expected to meet State Licensing requirements.
11. Is the program required to provide the specialized professional/medical consultation, tests and laboratory work through their own staffing or could coordination of care be provided to obtain these services through other community resources, including laboratory work and tests that may have been conducted by the referring program? The provider is expected to meet State Licensing requirements.

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12. Upon selection of a provider who chooses not to "purchase" a property and leases a property for the program, will any of the \$300k allocation be available for the lease? Reinvestment funds were approved for the purchase of a property therefore; do not assume any allocation would be available for the lease of a property.
13. Does the County have any buildings already identified as possible sites for the program? There may be one property that we would consider as a possible site. More discussion would need to occur.
14. Regarding the "Agency's Plan for Medication Oversight", as Halfway Houses generally utilize a Self-Administration of Medication Policy, would provision of this policy along with medication storage and security policies be acceptable in providing explanation of medication oversight? Yes as long as it meets licensing guidelines.