

York County
Commissioners

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YORK/ADAMS
DRUG & ALCOHOL COMMISSION
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Adams County
Commissioners

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YADAC Administrator: Shawn Anne McNichol, MA, CACD, CCDPD

Memorandum

To: All YADAC Contracted OP/IOP/Partial Hospitalization Treatment Providers
From: Shawn Anne McNichol, YADAC Administrator
Date: April 16, 2012
Re: 2012-2013 Request for Proposals, OP/IOP/Partial Hospitalization Treatment

The York/Adams Drug & Alcohol Commission (YADAC) is issuing a Request for Proposal (RFP) for outpatient and/or intensive outpatient and/or partial hospitalization treatment services for the 2012-2013 fiscal year. YADAC will use this proposal process to renew the existing treatment provider contracts. Specific budgets, allocations and performance plans will be negotiated on an annual basis. Continuation of agreements for the fiscal years following the 2012-2013 fiscal year, will be contingent upon provider performance and available funding.

The RFP packet is attached to this memo. It includes a detailed index, required forms, instructions and related materials to assist you. If additions or corrections are necessary to correct errors found within the instructions, an addendum to the RFP will be issued. Electronic versions of the forms may be obtained on the YADAC website: <http://www.ycd-a.org/>.

Providers must submit two (2) copies of the proposal to YADAC by: May 7, 2012

Services to Special Populations: The federal block grant places a clear priority on the provision of services to pregnant women with a substance use disorder, women with a substance use disorder who have dependent children, and injection drug users. Although our limited resources will not allow us to fund any major new programs, we are particularly interested in seeing objectives related to these target groups in your work plans. Some possible examples are the provision of gender-specific treatment services to women with a substance use disorder who have dependent children or outreach activities designed for injection drug users. Your work statements will help us in strengthening our SCA's strategy for providing quality services to these priority populations.

YADAC also has a continued interest in enhancing outpatient treatment, intensive outpatient, and partial hospitalization services for adolescents with substance use

disorders. We encourage proposals that place a priority on serving these adolescents and their families.

YADAC has worked closely over the years with other community systems to develop effective interventions and recovery support strategies for individuals with substance use disorders. A key component of these collaborative efforts is operating within the confines of state and federal confidentiality regulations to ensure that the crucial information about client progress is provided. We encourage providers to describe how they will ensure consistent and effective communication for clients referred through specialized criminal justice programs and school-based student assistance programs.

Describe Unique Services Features: It is expected that each proposer will clearly identify unique service features that include and are not limited to the specific evidenced based programs utilized by the agency and how the agency has incorporated the philosophy of the recovery oriented system of care (ROSC) into the programming. One way to accomplish this is to include separate Objective and Action Plan Report Forms for various components. For example, you can submit separate forms to reflect your work with different target populations, such as criminal justice clients, adolescents, clients with co-occurring disorders, or women.

Any and all target populations for proposed services should be clearly identified in your proposal as well as the specific evidenced based programming and ROSC philosophy for said target groups. Examples of such target populations include: pregnant women with a substance use disorder, women with a substance use disorder who have dependent children, injection drug user, criminal justice clients with a substance use disorder, adolescents with a substance use disorder, and clients with co-occurring disorders (that is: diagnosed behavioral health condition and diagnosed substance use disorder). Proposals should describe the qualifications and experience of provider organizations and key personnel for working with specific target populations.

You can also submit separate forms to describe your work with clients from a specific geographic area within the county. One of YADAC's continued priorities is to ensure that there is an adequate level of outpatient, intensive outpatient, and partial hospitalization treatment services throughout our two-county area. The Objective and Action Plan Report Form in the RFP packet requires you to identify the geographic areas to which each objective applies.

Distinctive Cost Factors: If there are distinctive cost factors associated with any of the services you are proposing to provide, we urge you to describe these factors in your budget request.

Any questions regarding the RFP must be submitted to YADAC in writing. YADAC will issue written responses to such questions as an official supplement to the RFP.

York / Adams Drug & Alcohol Commission

Request for Proposal

Service(s) Covered:

- Substance Use Disorder
Outpatient Treatment
- Intensive Outpatient Treatment
- Partial Hospitalization

Anticipated Contract Period: July 1, 2012-June 30, 2013

Deadline for Response: May 7, 2012

**YORK/ADAMS DRUG & ALCOHOL COMMISSION
RFP FISCAL YEAR: _____**

PROVIDER AGENCY PLAN OF ACTION

Agency Name: _____

Identified Community Need: _____

Goal: _____

NO.	OBJECTIVES	NEW	EXISTING	ACTION STEPS & TIME FRAME	Person Responsible	Methodology

NO.	OBJECTIVES	NEW	EXISTING	ACTION STEPS & TIME FRAME	Person Responsible	Methodology

BUDGET COVER SHEET / CERTIFICATION STATEMENT

AGENCY NAME: _____

SERVICE LOCATION: _____

BUDGET PERIOD: _____ **To** _____

BUDGET TYPE : _____ **Annual** _____ **Part-Year**

_____ **Cost-Reimbursement** _____ **Fee-For-Service**

I certify that I am the Executive Officer of said Organization and that this budget statement of estimated receipts and expenditures for the period shown, is true and correct to the best of my knowledge and belief; that all anticipated revenues are shown; that the anticipated expenditures have been listed in accordance with the request approved by the local authorities and the Commonwealth of Pennsylvania; that this Organization is not founded upon covenants which discriminate on account of race, creed, or national origin, nor are the affairs of this organization conducted in such fashion as to so discriminate; and that the Organization understands that any and all budgets made hereunder are made in reliance by the Commonwealth and the local authorities upon that statement herein made.

Date

Signature

Title

Printed Version of Signature

YORK/ADAMS DRUG & ALCOHOL COMMISSION
2012-2013 RFP

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PROVIDER ELIGIBILITY CRITERIA AND SPECIFICATIONS FOR OUTPATIENT; AND/OR, INTENSIVE OUTPATIENT; AND/OR, PARTIAL HOSPITALIZATION SERVICES

Eligibility Criteria

The following criteria must be met before the proposals of any organization will be considered:

- The provider must be licensed by the Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensure.
- The provider must agree to carry out the standard terms and conditions of the YADAC contract.
- The provider must submit a proposal that is complete and that addresses all sections of this Request for Proposals.

Required Programmatic Specifications

In addition to the above mentioned eligibility criteria, YADAC has identified the following specifications regarding the planned acquisition of Outpatient; and/or, Intensive Outpatient; and/or, Partial Hospitalization Treatment Services:

- Providers must comply with all PA Department of Health, Division of Drug and Alcohol Program Licensure requirements and are expected to maintain a full license status.
- Providers must comply with all Department of Health, Bureau of Drug and Alcohol Programs (BDAP) manuals (those are: Treatment; Fiscal; and Prevention) AND have written procedures as indicated (such as: adult & adolescent case coordination; confidentiality; core trainings; specialty populations; outreach; interim services; etc) in said manuals and according to the 2010-2015 BDAP SCA Provider Contract Monitoring Tool.
- Providers shall utilize client forms in compliance with BDAP manual standards.
- It is expected that contracted treatment providers will be and shall maintain a status of an approved Medical Assistance provider and shall adhere to all requirements outlined in the MA regulations. (For those providers without an approved Medical Assistance status, written protocols must be in place that include and are not limited to: procedure and time frame for client MA application submission; procedure ensuring client MA status is regularly checked; procedure for inclusion of valid MA rejection letter in client file; procedure for notifying client of MA application submission mandate; referral procedure to MA approved facility; etc.)
- Providers must have written protocols to accommodate clients with special needs including mobility, speech, hearing and language.
- Providers must have written protocols to accommodate clients with special assessment and clinical evaluation needs including psychological or psychiatric testing, physical exams, urine testing, TB testing, and HIV testing with related pre- and post-test counseling.
- Providers must have written protocols to comply with federal block grant requirements regarding services to pregnant women, and injection drug users.
- Facilities from which proposed services will be delivered (office space) must be Labor and Industry approved and accessible by clients with physical impairments.

- Providers must demonstrate the capacity to draw revenue from non-YADAC sources: commercial insurance and managed care, Medical Assistance, private pay, United Way, foundations, and grants.
- Programs must demonstrate use of evidenced based treatment approaches.
- Programs must demonstrate use of ROSC philosophy.
- Providers must offer the following:
 1. Services/activities
 - a. Case management core functions (those are: screening for emergent care needs; level of care assessment; and case coordination);
 - b. Short-term intervention services;
 - c. Benefits coordination and liability assessment for clients;
 - d. Documented case coordination of clients;
 - e. Referrals to other social services; and
 - f. Communication with gatekeepers regarding client progress.
 2. Therapy
 - a. One-to-one counseling;
 - b. Group counseling;
 - c. Family counseling;
 - d. Waiting list management to include referrals to YADAC contracted treatment providers;
 - e. Interim services for clients waiting to access care;
 - a. Treatment planning and clinical supervision;
 - f. Planning for continuing care; and
 - g. Client program evaluation.
 3. Program Management Services
 - a. Program planning;
 - b. Program evaluation;
 - c. Evidenced based programming;
 - d. Application of Recovery Oriented System of Care (ROSC);
 - e. Utilization of the BDAP Client Information System, including monthly data submissions;
 - f. Participation in YADAC-sponsored service provider meetings; and
 - g. Inter-agency relationships.

REQUEST FOR PROPOSALS

INSTRUCTIONS

There are eight (8) sections to the 2012-2013 Request for Proposal (RFP). The first seven (7) are required sections with the eighth being optional or as needed only. Please read the instructions for each section and include the requested information for each. Narratives are to be kept as concise as possible.

Section I. Index Page

The proposal must include an index that identifies the major sections of the RFP. The index is to include the corresponding page numbers.

Section II. Description of Program Operations

The purpose of this section is to provide a description of program operations and services. Please limit this section to no more than six pages. At a minimum, the following items must be addressed:

- Where is the facility located? Are there any satellite sites?
- Provide a brief overview of the services that will be provided. What will be the specific target groups for the proposed services? Briefly explain the treatment regimen i.e. specify the number of hours of individual and/or group counseling per week. Include notation for evidenced based programming and rationale for such.
- Include a statement about the maximum number of clients per group and the agency's philosophy of such. Include notation regarding the existence of agency policy on maximum group capacity.
- Describe your agency's strategies for dealing with client "no shows" and determination of unsuccessful discharge for such.
- Describe any special programming/evidence based programming geared to criminal justice offenders.
- Describe how consistent and effective communication regarding client progress to referral sources is accomplished, particularly for specialized criminal justice programs and student assistance programs.
- What are the program's hours of operation?
- Describe the facility's physical plant – counseling rooms, group meeting room, parking, and handicapped access. Has the facility's physical site(s) been approved by Labor and Industry?
- Describe the program's capacity to accommodate clients with special service needs.
- What type of liability insurance does the agency possess?
- Describe the program's quality assurance process, including provisions for medical and clinical supervision for treatment services.
- Describe how the success of the services provided is measured. Include how client follow-up is completed.
- What current drug and alcohol licenses, certifications or approvals from the Pennsylvania Department of Health does the facility possess? Please specify if these are full or partial?
- Does the facility have the capacity to work with mentally ill substance abusers? If yes, please describe this capacity including access to psychiatric consultation. Does the facility possess a license from the Pennsylvania Department of Public Welfare for outpatient mental health services? Does the facility have any current contracts with York/Adams Mental Health/Mental Retardation for mental health outpatient treatment? Does the facility have the capacity to assist dual clients in managing medications?

- Does the facility have the capacity to work with adolescent substance abusers? Please describe the qualifications and experience of staff members who work with adolescents. Has the program secured the required state clearance for all staff members who work with children?
- Is the facility eligible for, and does it accept, Medical Assistance reimbursements for drug and alcohol outpatient treatment? Is the provider part of the local HealthChoices behavioral health provider network? How much Medical Assistance revenue has the facility generated in each of the past two years? Please provide a statement indicating that the provider complies with all Medical Assistance requirements regarding substance abuse outpatient services.
- Describe the program's experience in working with commercial insurance and managed care organizations. How much revenue has the facility generated in each of the past two years from contracts with private insurance plans and managed care organizations?
- In addition to the Medical Assistance and insurance/managed care payments described above, how much additional revenue has the facility generated in each of the past two years from sources other than the SCA to support outpatient treatment services or intensive case management services in Cumberland and Perry Counties?
- Have all clinical staff members received current training in the use of the Pennsylvania Client Placement Criteria, the ASAM for adolescents and the BDAP-required Confidentiality training?
- Have staff members completed BDAP-required training for case management core functions? What is the agency's philosophy/policy regarding supervision of staff in process of acquiring said core trainings?
- Does the provider agency have an established ethics policy for staff regarding facility management and client care?
- Does the program have a local advisory board?
- **OP Providers Only:** Provide a description of the policies, procedures and/or process in place to ensure your facility provide individuals seeking a level-of-care assessment are provided this treatment service at no cost, to the individual. (Excluding those individuals who are seeking said assessment as a direct result of a DUI related offense, and are not seeking placement York/Adams treatment court program).

Section III. Agency Mission Statement, Philosophy, Development, Experience, Goals and Objectives

This section is narrative in nature and must include a concise mission statement for your organization; a statement of what way or manner the Agency's philosophy relates to the proposed services that are intended to be provided; a brief history of the applicant agency including its purpose, founder, date of incorporation (if applicable) and development to the present; a brief narrative history of the Agency's involvement in activities or services similar to, or related to, those presented in this RFP.

This section will also outline the main service goal or goals and related objectives for the contract period. Include the values, beliefs, and assumptions, which are fundamental to the operation of the Agency and substantiate with data on the number of individuals served, the average length of time individuals participated in the programs, and other relevant information that will describe the Agency's service population.

Section IV. Provider Agency Plan of Action Worksheets (attached)

This section will present the major objectives (up to 10) that relate to the goals introduced in Section III. Each identified agency goal is to include the identified need. The need statement should help to explain the community need for each targeted goal.

Remember: For purposes of this RFP, goals are outcomes to be achieved and reflect the mission of the organization. Objectives are outcome measures achieved in pursuit of identified goals. For use in the accompanying charts, action steps are significant measures that lead toward the completion of the objective.

Section V. Personnel

This section must include:

- A. An updated *Department of Health –Division of Drug & Alcohol Program Licensure Staffing Requirements Facility Summary Report* (attached)
- B. An updated *Department of Health Division of Drug & Alcohol Program Licensure Staffing Clinical Supervisor, Counselor And Counselor Assistant Qualifications* that were submitted for the Agency's licensing site visit. (Attached)
- C. *Roster of Personnel Project Budget* form; (attached)
- D. The agency's organizational chart that illustrates the lines of authority that govern facility operations.
- E. A narrative explaining:
 - staffing levels, highlighting important elements related to staff qualifications, experience and credentials; and
 - how the project will maintain the Department of Health staffing requirements.

Section VI. Budget

Your proposal must present a budget for fiscal year 2012-2013 using the following forms and format:

- A. Budget Cover Sheet/Certification Statement (attached)

The Budget Cover Sheet/Certification Statement page must clearly identify: the agency name; treatment service location; budget period; type of services; and the signature with printed version of the signature; title of person signing the statement; and date of signature.

- B. Tentative Allocation Sheet: **This form is provided in its entirety by YADAC. (attached)**

- C. Budget Overview (attached)

Use the third column of this form to present the overall budget for fiscal year 2012-2013. Be sure to include non-SCA income under the Revenue and Income section. A narrative should be presented that is related to the *Budget Overview* form and should address each line item included in the budget. It should also be used to describe any distinctive cost factors that affect the budget request.

- D. Service Category Budget (attached)

Outpatient, intensive outpatient, and partial hospitalization providers must complete Part B.

Section VII. Data/Reports

- A. *Statistical Reporting Requirements* (attached)

Using the YADAC Statistical Reporting Requirements form, identify which of the data forms listed that the agency will be responsible for submitting. Include agency written policy, if applicable, or narrative of agency's due diligence in ensuring these documents are provided in a timely and accurate manner.

- B. *Statistical Reporting to YADAC Signature Page* (attached)

This document is to be signed by the party responsible for the timely and accurate submission of aforementioned data reports.

Section VIII. Appendices (Optional and/or As-Needed): This section is optional. It will allow the agency to provide supplemental information to substantiate material presented in the information packet that may help YADAC understand the services being proposed. However, this section will not be considered a required part of the basic packet.

REQUIRED FORMS

YORK/ADAMS DRUG & ALCOHOL COMMISSION

STATISTICAL REPORTING REQUIREMENTS

REQUIREMENTS FOR THE SUBMISSION OF DATA TO THE SCA DURING THE FISCAL YEAR:

DRUG & ALCOHOL SERVICE PROVIDERS ONLY

1. **HDA Form 310** (Fee-For-Service Invoice) is to be completed and submitted to the SCA by the 15th day of the following month in accordance with the agreed unit rate.
2. **Resource Management Report** is to be submitted to the SCA, not later than the 20th day of the following month on a monthly basis.
3. **Outpatient Information Report** is to be submitted to the SCA, not later than the 15th day of the following month on a monthly basis.
4. **SAP Outpatient Community Statistics Report or SAP Reporter Webbase** is to be submitted in the SAP Reporter Webbase and to the SCA, not later than the 10th of every month. (This requirement only applies to those providers with a YADAC contract and have a SAP Liaison qualified to complete in-school level of care assessment and/or/ in-school treatment services.
5. **Client Information System (CIS)** – CIS files must be made available through BDAP Client Information System YADAC extraction before the 15th of the following month. Failure to meet this deadline could result in delay of future payments.

**STATISTICAL REPORTING TO THE YORK/ADAMS
DRUG & ALCOHOL COMMISSION
Signature Page**

AS THE RESPONSIBLE PARTY FOR THE AGENCY IDENTIFIED IN THIS RFP,
I WILL ENSURE THAT ACCURATE AND TIMELY STATISTICAL REPORTS
ARE SUBMITTED IN ACCORDANCE TO THE REQUIREMENTS OF THE
YORK/ADAMS DRUG AND ALCOHOL COMMISSION AND THE
DEPARTMENT OF HEALTH, BUREAU OF DRUG AND ALCOHOL
PROGRAMS..

Signature & Date

Print Name

Agency Name

Date