

**Allegheny County**  
**Department of Human Services**  
**Request for Proposals Q&A**  
RFP for Drug and Alcohol Intensive Case Management

**August 23, 2019**

- 1. The RFP is requiring the provider to perform LOCA. What are the criteria/qualifications for a person to administer the LOCA/ASAM? Does it need to be a clinician/CAC/no special certification other than ASAM training?**

A DA-ICM case manager must be able to conduct a LOCA. They would need to be trained in ASAM as well as other DDAP-required trainings such as "Screening and Assessment." The ACT 53 case manager may be required to conduct LOCAs. They must be a CAC and also would need to have completed the ASAM and other DDAP-required trainings.

- 2. Does an applicant already have to have an approved Supplemental Service Description, or could that be gotten after the project is awarded?**

The Successful Proposer could get the approved Supplemental Service Description after they are selected for the contract award. Proposers do not need to have one to submit a Proposal.

**August 30, 2019**

- 3. Is the \$550K program funding the only source of revenue or is this service billable to HealthChoices?**

It is expected that some component of the case management services in the DA-ICM Program will be billable to HealthChoices. Other components, such as the Act 53 work, are part of the \$550,000 budget. See the RFP on page four for the requirements the Successful Proposer must meet in order to be able to bill HealthChoices.

- 4. What are the expectations regarding caseloads and case managers?**

The RFP says on page three that DHS assumes a maximum caseload of 35 Clients per DA-ICM case manager at a time, and an average of six months of DA-ICM Program services per Client. Please include the number of case managers you plan to hire in question three in the Response Form.

- 5. Will all clients be served under one provider?**

Yes. There will be one Successful Proposer.

- 6. What some of the barriers to engagement were in 2017-18, as only 145 of 1,863 clients became active ICM clients?**

The barriers to engagement for 2017-18 were those that we often see when working with this population. Proposers can include a discussion of how those barriers impacted their plan for service delivery in question ten of the Response Form.

**September 5, 2019**

**7. How many awardees with there be?**

There will be one Successful Proposer.

**8. What is the average number of referrals for the Act 53?**

ACT 53 generally will have 80 to 120 Initial Contact Calls per year and approximately 8 to 12 a month on average.

**9. My organization currently provides DACM services (provider type/provider specialty 21/138) funded through CCBH for individuals eligible for Medicaid. I'd like to confirm that we do not NEED to reply to this RFP to maintain the funding for those services, is that correct?**

This is an RFP for County-funded Case Management Services, and does not affect any Providers with contracts through CCBH.

**10. Is this RFP process an expansion of the already existing case management services?**

The RFP is a re-procurement of Case Management Services and not an expansion of existing services.

**11. The targeted population that is mentioned, are individuals a mix of uninsured and individuals with private insurance that does not cover DACM type services?**

The clients who are referred to the Successful Proposer of the RFP will come from a myriad of different providers. The RFP for Case Management is County-funded, therefore individuals served by this RFP will need to meet the same funding requirements as other County-funded service lines.

**12. Is the funding for this service going to be solely through SCA base funds or will there be a grant funding component?**

See question three about the sources of funding. There is no grant funding tied to this RFP.

**13. The RFP states that the billable standard is 60%, what activities are billable activities? Specifically, is assertive engagement where case managers are actively attempting to locate the individuals living in the community a billable activity?**

A list of billable and non-billable services is available in Appendix D of the RFP. Actively attempting to locate individuals living in the community would not be a billable service.

**14. What is the current rate for the providers currently providing this level of care?**

The current rate is \$12 per 15-minute service unit. DHS will be establishing a new rate that best meets the service as described in the RFP.

**15. With the 60% billable time, is there a current list of billable vs non billable functions for this level of care? Such as administrative paperwork, travel, data collection, training for staff, no shows etc.**

A list of billable and non-billable services is available in Appendix D of the RFP.

<b>September 16, 2019</b>
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**16. Has a Fee for Service Rate been established?**

No, DHS will be establishing a new rate that best meets the service as described in the RFP. See question 14.

**17. What is considered a billable unit? Are only face-to-face contacts billable? Telephone? Text? Are coordination activities when the person is not present reimbursable?**

Billable services are in 15-minute increments. See the list of billable and non-billable services in Appendix D of the RFP. See also questions 13 and 16. As listed in Appendix D, face-to-face and telephone contacts are billable. A text would not trigger a 15-minute billable increment. Coordination activities without a client present would not be billable.