



OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP# 16-DHHS-DCBCS-BDAS-03

No.	Question	Answer
1.	Can children under age 12 be served under the contract?	Yes. See Addendum #2.
2.	What is a definition of a resident of New Hampshire?	See Addendum #2.
3.	Can Withdrawal Management services be provided on either an outpatient or residential basis?	See Addendum #2.
4.	Should the Vendor respond based on the total clients and units for the agency or only for those served under the contract?	The Vendor should respond to questions that ask for the number of clients and units, by only providing the number of clients and units anticipated to be served under the contract resulting from this Request for Proposals (RFP).
5.	How are Vendors paid for crisis services?	See RFP Section 4.2.2. Crisis Services will be paid on a cost reimbursement basis.
6.	Can individuals with a credential higher than a Certified Recovery Support Worker (CRSW) provide Recovery Support Services?	See Addendum #2.
7.	RFP Section 3.3.1.1, Can client contact be completed by phone?	See Addendum #2.
8.	RFP Section 3.3.1.4, If we have ASI Lite in our electronic medical/health record, can that be used instead of ASI Lite in Web Information Technology System (WITS)?	See Addendum #2.
9.	Can services be provided under	No. See Definitions in the Addendum #2.

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	this contract for addictive disorders other than substance use disorders (SUD)?	
10.	Can a provider require that a client be a primary care patient with the agency?	Yes.
11.	What does screening positive for a Substance Use Disorder mean?	See Definitions in the Addendum #2.
12.	Is there a way for other electronic medical/health records to communicate with WITS?	Yes, at the Vendors cost. The Vendor would need to develop the electronic communication to bridge the Vendor's and the Department's electronic systems. The Vendor would need to meet the State of New Hampshire's Department of Information Technology requirements for sharing a client's personal health information.
13.	Can an alternate electronic medical/health record be used to bill for services?	No. The Vendor must complete billing through the Department's WITS.
14.	What is the definition of Enhanced Services?	Enhanced services are described in RFP Section 3.2.2.2, #1
15.	Regarding Question 31 (Q31). Should the vendor submit their actual policies and procedures for enrolling with and using alternative payers or just a description of these?	A Vendor shall provide their policies and procedures.
16.	Can the bid be submitted electronically by the deadline and in hard copy at a later date?	No.
17.	Do bound proposals need to be tabbed?	Yes.
18.	Do all copies have to be submitted in 3-ring binders?	No. See RFP Section 7.1.2, second bullet.

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19.	Does "Proposal Narrative, Project Approach, and Technical Response" mean response to the RFP Questions?	Yes.
20.	What is the definition of "client testimonials" in Section 7.2.2.6	See Addendum #2.
21.	Are resumes required for every single staff person?	See Addendum #2.
22.	Is there a cost bid element?	Yes, for certain services. See RFP Section 4.2.2
23.	Are bidders required to submit the total amount of funding being requested?	No.
24.	Do Appendices A, C & D need to be completed?	Bidders need to complete and submit Appendices items A and D. Bidders proposing to provide Crisis Services and Enhanced Services shall complete Appendix C. (See RFP Section 4.2.2).
25.	Does Appendix C – Budget need to be submitted for all proposed services or only for services provided on a cost-reimbursement basis.	Appendix C – Budget only needs to be completed for services provided on a cost-reimbursement basis (See RFP Section 4.2.2)
26.	How do we know what to propose without knowing the total amount available?	The Bidder shall propose the number of clients, number of the units of services, and types of services that you project providing under the contract resulting from the RFP.
27.	Is it acceptable to create and reference appendices in the response?	Yes, as long as the appendix items are clearly referenced in the narrative response.
28.	Our agency does not provide Substance Use Disorder Treatment to children. Would that be a problem?	No. Vendors may design Substance Use Disorder Treatment programs for specific populations, such as just adults.
29.	I understand that the Cost Proposal must include Appendix	No.

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	C, four years of audited financial statements, and the answers to the Questions from Section 4.5.5.2. Does anything else need to be included with the Cost Proposal?	
30.	What are the elements of a clinical evaluation?	See Definitions in Addendum #2.
31.	What are the Medicaid rates for the physician time in a medication assisted treatment (MAT) program? How often are physicians expected to see patients?	See RFP Section 4.3 for services limits and website to identify rates.
32.	Does the use of this term, “prescriptions”, suggest that buprenorphine is the preferred medication?	There is no preferred medication for MAT.
33.	Who are considered to be “contractor staff”? And what does their rate cover? Is this separate and apart from the Individual Outpatient rate?	Contractor staff is staff employed with the Contractor’s agency and who would be providing the services in this RFP. This rate is not for treatment, it is for staff time for services such as transportation and program planning that are not otherwise covered under this contract
34.	Are patients undergoing outpatient, medically supervised withdrawal (MSW), billable at the Ambulatory Withdrawal Management rate?	Yes, if the service being provided meets or exceeds ASAM Level 1-WM criteria.
35.	Are MAT providers expected to offer methadone and buprenorphine?	No.
36.	Are there different rates for	See section 4.3 for information on rates for different medications. In an opioid treatment program,

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	methadone v. buprenorphine?	the rates would be up to those allowed by Medicaid for treatment with these medications in an opioid treatment program.
37.	Patients will require regular blood chemistry, toxicology, pregnancy screening. How will that be paid?	These should be submitted as part of the enhanced services budget.
38.	Can non-physician services related to MAT (i.e., 99215) be billed in addition to the maximum on one hour per client per week of MAT- Physician Time?	Yes, non-physician services can be billed in addition to the 1 hour per week of physician services.
39.	Because we have other funding to provide the Treatment services described in section 3.2.1, we would like to request funding only for Enhanced Services and Other Non-Clinical Recovery Support Services (Section 3.2.2.2). Is it allowable to submit a Cost Proposal for the services in 3.2.2.2 without participating in the Fee-for-Service portion of this program?	No, the vendor is required to provide at least one of the services listed in section 3.2.1.
40.	If we do limit our request to Enhanced Services and Other Non-Clinical Recovery Support Services, should we still answer all the questions that relate only to Treatment services, as we will be providing these services but not with BDAS funding?	See response to #48.

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41.	If a Vendor is not responding to questions because it is not applicable to our proposal, how should we respond in the proposal?	All Vendors need to respond to all questions. A vendor may use "not providing the services" as a response.
42.	If we are not requesting funding for Treatment services, what data evaluation requirements will we have to report on under the contract?	See response to #48.
43.	What are the specifications for room size and other requirements for transitional housing?	Facilities requirements are determined by the Bureau of Health Facilities Administration (http://www.dhhs.nh.gov/oos/bhfa/contact.htm)
44.	Regarding Recovery Support Services – Enhanced Services: How should I propose my cost bid?	The Vendor shall complete an Appendix C Budget and Narrative that provides a summary explaining the cost bid.
45.	Will Enhanced Services cover transportation for "Emergency" cab rides to the local hospital for clients in the residential treatment program? and How is this billed?	Transportation (regular or emergency) is an allowable expense under enhanced services and should be billed to BDAS monthly based on the actual funds spent for the previous month on transportation.