

Response to Offeror Questions

Division of Behavioral Health Responses

RFP# 1267

Question One:

Can the funds be used to pay for Behavioral Health providers to provide services?

Response:

SBIRT grant funds may only be used as the pay method of last resort after exhausting all other means of payment for direct services to patients. The payer should utilize other payment sources as available, including third party payer sources such as private insurance, private pay, Medicaid, Medicare, etc. The grant funds can be utilized to fund staff time to research payment methods and resources as well as establish protocols to sustain SBIRT activities after the grant funding is no longer available.

Question Two:

Can you share what might be an anticipated grant amount for funded providers?

Response:

Grant amounts will vary, both by the needs identified in the proposal, as well as the number of applicants selected. The level of grant support provided is variable based on the needs identified in the RFP response and cost proposal. Respondents are encouraged to include expenses they feel are necessary to facilitate the integration of the screening process at their particular site or site(s).

Question Three:

You say that you are prioritizing applicants in the central part of the state. Are you open to considering applications from the east and west parts of the state if they meet your other criteria?

Response:

Please refer to Section 3.0 Scope of Work. Preference will be given to health care organizations in the central part of South Dakota, focusing on rural health care clinics as well as those operated by Indian Health Services. However, all interested health care organizations may apply and selection will also be determined by the number of applicants and proposed costs. Interested parties not selected for Cohort II (Phase II) will be able to reapply for Cohort III (Phase III), with the publishing of another RFP, expected to occur in 2019.

Question Four:

What types of services are allowable expenses under the grant? Are there any types of expenses that are excluded for funding?

Response:

Please refer to Section 7.0 Cost Proposal. As indicated in the response to Question 1, SBIRT dollars may be used to fund the screening and treatment as payer of last resort.

Question Five:

Do you have to use the screening tools, clinic workflow processes, and behavioral health programming in Phase 1 or is there flexibility with the tools, etc.?

Response:

The screening tools approved for use in South Dakota by SAMHSA include the Alcohol Use Disorders Identification Test (AUDIT), the Drug Abuse Screening Test (DAST-10), and the Patient Health Questionnaire-9 (PHQ-9); refer to RFP Section 3.0, page 4. It is the intention of the State to continue using these tools or correlating single-question or pre-screen versions (e.g. AUDIT-C and a single-question drug screen) in addition to the full PHQ-9. Clinic workflow processes will vary by clinic site. We anticipate the first several weeks of the contract period for successful offerors to focus on

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understanding the current clinic work flow process and overlaying SBIRT in a way that meets the needs of patients and complements the existing workflow so as to provide for optimum integration within the clinic site(s). Behavioral health programming that is currently supported at the community substance use treatment agency level has been focused on Integrated Change Therapy (ICT), but is not limited to that approach. As this is Year 2 of a 5-year project, and new partners are being brought on to the program through this RFP, it is possible additional behavioral health programming may be considered during the grant period.

Question Six:

Do you prefer a consistent model or are you open to different models for implementation?

Response:

The State is open to and expects implementation to vary clinic to clinic, recognizing that no two clinics are alike based on the reasons noted in the response above.

Question Seven:

What are the data collection requirements if selected for funding?

Response:

Three screening tools are used in this SBIRT project: the AUDIT, the DAST-10, and the PHQ-9. A single tobacco-use question is also required. In keeping with the rules set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA), participation in the South Dakota Screening Brief Intervention and Referral to Treatment (SD SBIRT) grant requires data collection of two types: 1) capture of screening instruments results and 2) capture of demographic information in alignment with the Government Performance and Results Act (GPRA). More detailed discussion of processes related to this will occur after vendors are selected for Cohort II. Please note, the three clinics in the SD SBIRT pilot opted to hire a Data Collection Specialist (1.0 FTE) who manages the data collection efforts within the health system, in cooperation with the respective clinic managers at each participating SBIRT site. Prospective respondents to this RFP may include a similar option as part of their proposal, as appropriate. All of the GPRA questions are preferably collected in person with the patient, but it is acceptable to follow-up with patients by phone as an alternative, thereby reducing the burden of time and effort for both the patient and the clinic staff. All data (screening results as well as GPRA responses) is ultimately reported back to the SD SBIRT project evaluation team, who has the responsibility of analyzing the data and reporting required elements back to SAMHSA.