



Modified Request for Proposal (RFP)
Substance Use Disorder Treatment Program for
Pregnant and Postpartum Women
RFP #1124-001

Frequently Asked Questions

Partners Behavioral Health Management
901 S. New Hope Road
Gastonia, NC 28054

QUESTIONS	ANSWERS
1. What is the RFP release date?	<i>The RFP was published to Partners service needs page on November 19, 2024.</i>
2. Will Partners actively recruit for the RFP?	<i>Partners will conduct targeted recruiting to identify potential providers. All providers are invited to review and submit the application to be considered for the RFP.</i>
3. Will the RFP be tied to specific locations such as county or entire catchment area	<i>The provider can be in any one of the Partners fifteen counties. The provider may be in one or multiple counties. Members who reside in the Partners catchment area must have access to the service.</i>
4. “One provider to manage the full set of services and provide support for members.” Does this mean that all levels of service, i.e., IOP, outpatient, prenatal care are required?	<i>The provider is required to facilitate access to services identified in the comprehensive clinical assessment that the parent and family unit need. The provider is either directly providing the services or arranging for access to the services through referral, coordination, and transportation, if necessary. The provider may utilize a memorandum of understanding or agreement (MOU/MOA) with other providers to support collaboration. To ensure this crisis service is successful, providers will need to work in collaboration with other service providers. The provider selected through this RFP will be responsible for ensuring availability of substance use treatment, support, and recovery services through a family focused wrap around model and coordination of needed services not offered by the facility for referred members who need treatment and/or support to any of the service options listed.</i>
5. Can this funding be utilized on undocumented individuals?	<i>Yes, undocumented individuals are eligible to receive the services.</i>
6. Can the service be used to support Medicaid and the uninsured population?	<i>Yes, Medicaid members are eligible for the WISH program. Due to the recent Medicaid expansion, most of the program participants (pregnant women, women with young children) will be eligible for Medicaid. The expectation is that block grant funds are the payor of last resort. Medicaid will be billed first, but the services that are not reimbursable through Medicaid, such as case management, support services, supplies, can be billed through the grant.</i>
7. Are providers allowed to partner with PCP, OBGYN, and other specialists to provide follow up care for the members served?	<i>It is encouraged for the perinatal programs to connect with partners within the community, this includes PCP, OBGYN, social services, domestic violence programs, specialty care related to behavioral health</i>

	<i>(Psychiatrist/Psychology/treatment services), health department (CMARC), delivering hospitals, and child behavioral health services to name a few. Overall, the goal is to serve the family as a family unit, assisting in managing all needs that present.</i>
8. Is the provider expected to provide Child Care or provide resources to the served member to find childcare?	<i>This depends on the provider's preference/resources. There are some facilities in the state that do provide childcare on the premises, but there are others that successfully connect the client with childcare resources. This program recognizes that if a mother cannot have access to easy childcare options for their infant/children, there will be minimal chance that she will engage in treatment.</i> <i>Providers may meet this criterion in a few ways:</i> <i>1. Provide childcare for children in the facility while the parent is receiving treatment onsite. The childcare provided must be distinctly different from daycare. Consulting state regulations will clarify the difference between childcare and daycare.</i> <i>2. Partner with a neighboring daycare that has "drop-in services" where the child(ren) can attend while the parent is completing treatment.</i> <i>3. Assist the parent in gaining daycare vouchers from DHHS that can be used for "drop-in" daycare or daylong daycare depending on parents need. If the parent doesn't qualify for DHHS daycare vouchers, or DHHS does not have vouchers at the time of application, SUPTRS Women's Set Aside funds may be used for daycare cost while in treatment. If the SUPTRS funds are used for this purpose, it must be documented.</i>
9. Will the grant allow the provider to hire Peer Support staff?	<i>Absolutely, but Medicaid should always be billed first, then the block grant funding is utilized to fill in where Medicaid leaves off.</i>
10. What inventory is included with the service?	<i>Partners is in the process of acquiring inventory that was utilized by the previous provider. This includes office equipment, group room materials, various childcare items, and some small appliances. More details about the inventory will be shared as we continue the modified-RFP process.</i>

11. Does the service include residential treatment/halfway houses?	<i>No, it does not. This program is designed to be an outpatient program. However, if a member needs residential services, they can be referred but the WISH funding/resources would not be utilized in this situation.</i>
12. Will allocation for the service continue annually?	<i>Yes</i>
13. What is the exact amount of the allocation?	<i>The non-UCR funding amount is: \$143,197.00 annually. Non-UCR funding must be invoiced, and the provider should plan to submit expenditures monthly to Partners.</i>
14. Does the grant cover UCR funding?	<i>No, this is a non-UCR block grant. Medicaid or other funding sources should be utilized for any UCR services. Non-UCR funds covered expenses include, but are not limited to staff salaries, expenses related to the facility, vehicles, insurance, office supplies, etc. For non-UCR funds, the provider will submit invoices each month, along with backup documentation, and Partners will reimburse them for any expenses related to the program.</i>
15. How does the provider bill for uninsured and/or undocumented individuals?	<i>The provider will work with the assigned provider network account specialist and request UCR state funds be added to the state contract. For the provider to submit a claim, each uninsured/undocumented individual will need to be enrolled in the ASWOM (Adult Substance Abuse Women) target population/benefit plan.</i>
16. What type of supports and/or resources are available for this program?	<i>The WISH program has over 20 providers across the state that actively support each other. The providers have regular meetings (currently weekly). In addition, all providers involved have access to free trainings that are available for the program, ex. co-occurring SUD/BH, child wellness, etc. This community was developed with full intention to help support the unique population to achieve success towards their sobriety goals.</i>
17. What is the FTE allocation for the Case Management component?	<i>The non-UCR funds available for this program are \$143,197 for July 1, 2024, to June 30, 2025.</i>
18. What is the startup budget, and do we need to prepare it ourselves?	<i>The entire budget for FY25 is \$143,197, which includes any start up needs.</i>
19. What is the actual need for these services in Gaston County?	<i>Partners does not have a provider in the Gaston County area or any in our fifteen county area at this</i>

	<i>time, however there are at least twenty providers of this service across the state.</i>
20. Why did the previous provider relinquish the grant?	<i>The provider was no longer able to find and/or maintain licensed staff to provide assessment services.</i>
21. Can we scale up gradually, or do all positions and services need to be established from the start?	<i>The services and positions need to be established, but the time devoted to the positions may need to start at a reduced FTE but will expand with the increase in participation and services provided.</i>
22. Could you please explain a little more about the financial benefit of this project? Is the contracted entity able to expect an enhanced payment, for example, for compliance with these listed requirements?	<i>The entire budget for FY25 is \$143,197. There are no enhanced payments associated with the block grant. Should the need for an enhanced Medicaid reimbursable rate be identified, the provider should request that through the Partners rate request process with the assigned provider account specialist.</i>