SKAGIT COUNTY COMMUNITY SERVICES
REQUEST FOR QUALIFICATIONS
OUTPATIENT SUBSTANCE USE DISORDER TREATMENT

Skagit County Community Services is soliciting the qualifications of agencies interested in requesting funds to provide outpatient substance use disorder treatment services to adults and youth in Skagit County.

RFQ REQUIREMENTS

Funds awarded as a result of this RFQ will cover the period of January 1, 2014-June 30, 2014. Skagit County reserves the right to renegotiate levels of funding for services covering the period July 1, 2013 – June 30, 2014.

1. In order to be eligible to apply for any of these funds, agencies must provide evidence of the following (agencies need only address these once in their response to this RFQ):
   a. Certification by DBHR as an outpatient treatment facility or ability to obtain certification by January 1, 2014.
   b. Policies and procedures addressing the requirement to verify client income on a monthly basis in order to maximize the utilization of Medicaid dollars.
   c. Fiscal capacity, demonstrated by submission of a current independent audit or letter of independent financial review.
   d. A copy of the agency sliding fee schedule for low income clients.
   e. Capacity to enter data into the TARGET management information system as required by DBHR.
   f. Proof of ability to obtain Commercial General Liability in the amount of $3,000,000.00 per occurrence, with no aggregate, to cover Contractor’s activities during the term of the Contract. The Certificate must name the County, its elected officials, officers and employees as additional insured and shall otherwise be deemed acceptable as determined by the Skagit County Risk Manager in their sole and absolute discretion.
   g. A signed statement that the organization is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in a potential contract by any federal department or agency. Proposer must also agree not to enter into any arrangements or contracts related to this grant with any party that is on the “General Service Administration List of Parties Excluded from Federal Procurement or Non-procurement Programs” at http://epls.arinet.gov/.
   h. Policies and Procedures which ensure compliance with HIPAA and 42 CFR.

2. Application for each category of funds must include a request for a specific amount of those funds, along with a determination of the Medicaid set aside drawn from those funds (when applicable).

3. Application narrative for each category of funds is limited to 5 type written pages for each request with a font size of 12pt or larger. Please describe your history of
service in the field of substance use disorders, qualifications, use of SAMHSA Evidence Based Practices, and approach to rendering the required services. Any special techniques, strategies, capabilities and program models should be discussed here.

4. A proposer’s overall capability, specialized experience, reputation, past performance for similar services, technical competence, financial stability, and ability to meet program goals, will be considered in any award decisions.

5. Applications must include an original and an emailed copy by 4pm on October 31, 2013 and should be addressed to:

Sarah Hinman  
Substance Abuse Program Coordinator  
Skagit County Community Services  
309 S. 3rd Street  
Mount Vernon WA 98273  
sarahh@co.skagit.wa.us

6. Proposals received in response to this RFQ will be objectively rated and evaluated by the Skagit County Substance Abuse Advisory Board and Skagit County Community Services staff.

7. Funding awards will be announced on or before November 30, 2013.

8. Skagit County reserves the right to reject, in whole or in part, any and all proposals received. Skagit County reserves the right to negotiate contract terms subsequent to the submission of proposals from the selected qualified proposers.

9. The County also reserves the right to require other evidence of managerial, financial, or other abilities prior to award of a contract.

10. Appeals of award decisions must be received by the Skagit County Board of Commissioners by 4pm on December 31, 2013.

FUNDING CATEGORIES

The following funding categories are available through this RFQ:

1. Adults
2. Youth

Agencies may apply for funds from one or both of these categories. Agencies applying for these funds must comply with all of the applicable requirements elaborated in Washington Administrative Code 388-877. Specific requirements for each of the above are included in the
Scope of Work below. Requests for these funds must address the requirements listed under each funding category.

A. ADULT

In order to receive funds to provide services for Adult Low Income and Medicaid clients, and in order to be responsive to this RFQ, agencies must:

1. Indicate what amount of funds are being requested, and
2. Indicate what portion of the requested amount will be dedicated to serving Medicaid enrolled adults (recognizing that the selected amount will be matched by federal funds). Traditional Medicaid will be matched at 50%, newly eligible Medicaid will be 100% federally funded.

<table>
<thead>
<tr>
<th>Funds</th>
<th>Low Income</th>
<th>Medicaid</th>
<th>Subtotal</th>
<th>Federal Match</th>
<th>Total</th>
</tr>
</thead>
</table>

Agencies must also provide evidence of the following:

1. Capacity to provide the services outlined in the specific Scope of Work included with this RFQ.

B. YOUTH

In order to receive funds to provide services for Low Income Youth, and in order to be responsive to this RFQ, agencies must:

1. Indicate what amount of funds are being requested, and
2. Indicate what portion of the requested amount will be dedicated to serving Medicaid enrolled youth.

<table>
<thead>
<tr>
<th>Funds</th>
<th>Low Income</th>
<th>Medicaid</th>
<th>Subtotal</th>
<th>Federal Match</th>
<th>Total</th>
</tr>
</thead>
</table>

Agencies must also provide evidence of the following:

1. Capacity to provide the services outlined in the specific Scope of Work included with this RFQ.

C. CURRENT SKAGIT COUNTY NON MEDICAID REIMBURSEMENT RATES

All services shall be reimbursed on a fee for service basis according to the compensation table below:
### Community Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Outreach, Intervention, and Referral</td>
<td>$39.00 per hour</td>
</tr>
<tr>
<td>Interim Services</td>
<td>$19.00 per hour</td>
</tr>
<tr>
<td>Involuntary Commitment</td>
<td>$40.48 per hour</td>
</tr>
<tr>
<td>ITA Court Fees</td>
<td>Cost reimbursement</td>
</tr>
<tr>
<td>Case Management</td>
<td>$40.48 per hour</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>$77.04 per hour</td>
</tr>
<tr>
<td>Group Counseling, Adult</td>
<td>$19.28 per client per hour</td>
</tr>
<tr>
<td>Group Counseling, Youth</td>
<td>$25.20 per client per hour</td>
</tr>
<tr>
<td>Assessment</td>
<td>$115.17 per assessment</td>
</tr>
<tr>
<td>Expanded (DCFS or off-site)Assessment</td>
<td>$178 per assessment</td>
</tr>
<tr>
<td>Transportation</td>
<td>Cost reimbursement</td>
</tr>
<tr>
<td>Childcare</td>
<td>$5.00 per hour</td>
</tr>
</tbody>
</table>

### D. SCOPE OF WORK

1. Outpatient Treatment- Adult

   a. The Contractor shall ensure outpatient chemical dependency services are provided to eligible patients according to the requirements identified in WAC 388-877.

   b. Interim Services

   The Contractor shall, as required by the SAPT Block Grant:

   - Ensure interim services are provided by the agency, or referred outside the agency for services the agency is not qualified to provide, for pregnant and parenting women and intravenous drug users.
   - Interim services shall be made available within 48 hours of seeking treatment for pregnant and parenting women and intravenous drug users.
   - Admission to treatment services for the intravenous drug user shall be provided within 14 days after the patient makes the request, regardless of funding source.
   - If there is no treatment capacity within 14 days of the initial patient request, the contractor shall have up to 120 days, after the date of such request, to admit the patient into treatment, while offering or referring to interim services within 48 hours of the initial request for treatment services. Interim services must be documented in TARGET and include, at a minimum:
     - Counseling on the effects of alcohol and drug use on the fetus for the pregnant patient.
Community Services

- Prenatal care for the pregnant patient.
- Human immunodeficiency virus (HIV) and tuberculosis (TB) education.
- HIV or TB treatment services if necessary for an intravenous drug user.

- The interim service documentation requirement is specifically for the admission priority populations with any funding source; and any patient being served with SAPT Block Grant funds.

c. Waiting Lists

- The federal SAPT Block Grant requires 45 C.F.R. 96.122(f)(3)(vi); 45 C.F.R. 96.126(c); 45 C.F.R. 96.131(c) block grant recipients to develop capacity management and waiting list systems for intravenous drug users and pregnant women. Washington State is expanding that to all publicly funded patients.

d. Tuberculosis Screening, Testing, and Referral

- The Contractor shall either directly, or through arrangements through other entities, make tuberculosis services available to each individual receiving chemical dependency treatment funded through the federal SAPT Block Grant. Services must include tuberculosis counseling, testing, and treatment.
- WAC 246-101-101 requires all health care providers to report every case of tuberculosis to the local health department immediately at the time of diagnosis or suspected diagnosis.

e. Determine Patient Financial Eligibility: Low-income Services

The Contractor shall ensure that all persons applying for services supported by Community Services Funds are screened for financial eligibility and shall:

- Conduct an inquiry regarding each patient’s continued financial eligibility no less than once each month.
- Document the evidence of each financial screening in individual patient records.
- Charging Fee Requirements – Low-income Patients
  - If any service defined in this Contract is available free of charge from the Contractor to persons who have the ability to pay, the Contractor shall ensure DSHS is not charged for Fee Requirements for low-income patients.
  - The Contractor shall use 220% of the Federal Poverty Guidelines to determine low-income service eligibility and shall provide this information to its subcontractors. The Federal Poverty Guidelines can be found by accessing the Provider page of the DSHS website at http://www.dshs.wa.gov/DBHR/...
The Contractor shall ensure sliding fee schedules are used in determining the fees for low-income eligible services. The Contractor shall ensure that persons who have a gross monthly income (adjusted for family size) that does not exceed the 220% of the Federal Poverty Guidelines are eligible to receive services partially supported by funds included in this Contract. The Contractor shall charge fees in accordance with the Low-income Service Eligibility Table to all patients receiving assessment and treatment services that are determined through a financial screening, to meet the requirements of the Low-income Service Eligibility Table. If a Contractor’s subcontractor determines that the imposition of a fee on an individual will preclude the low-income eligible patient from continuing treatment, the fee requirement may be waived by the subcontractor. The minimum fee per counseling visit is $2.00. The maximum fee per service is the reimbursement cost of the service provided as identified on the SRP. Indigent patients are exempt from this fee requirement. Interim Services are exempted from this fee requirement.

f. Screening and Assessment

RCW 70.96C.010 Integrated, comprehensive screening and assessment process for chemical dependency and mental disorders.

The Contractor shall ensure:

- The GAIN-SS screening tool is used for conducting the integrated comprehensive screen on all new patients and ensure the GAIN-SS scores are documented in TARGET. Additional information can be found by accessing the Provider page of the DSHS website at http://www.dshs.wa.gov/DBHR/.
- If the results of the GAIN-SS are indicative of the presence of a co-occurring disorder, this information shall be considered in the development of the treatment plan including appropriate referrals.
- Documentation of the quadrant placement during the assessment process and again on discharge are input to TARGET.

2. Youth Outpatient Services

a. The Contractor shall ensure:

- Services are provided to youth ages 10 through 17.
- The age at which a youth may self-refer for treatment without parental consent (age of consent) is 13 years of age.
- Patients under age 10 may be served with the approval of DSHS.
- Young adult patients, age 18 through 20 who, based on developmental needs, may be more appropriately served in a youth outpatient treatment setting. The case file shall contain documentation supporting the clinical decision.
Youth patients who, based on developmental needs, may be more appropriately served in an adult outpatient treatment setting. The case files shall contain documentation supporting the clinical decision.

b. Youth Family Support Services

- The Contractor shall ensure that young adults who have been approved for youth treatment shall be billed as youth patients.
- Youth funds may be used for family support services as identified in BARS including:
  - 566.57 Youth Group Therapy (youth and young adults ages 10 through 20).
  - Services to family members of persons admitted to treatment and costs incurred to provide supervised recreational activities in conjunction with a chemical dependency outpatient program. Family Services shall be coded as family support services and Supervised Therapeutic Recreation shall be coded as group therapy.

c. Title-XIX funding for youth in treatment

- Treatment services provided to youth are billed under Title-XIX unless the youth is determined to be ineligible for this funding.
- Documentation identifying a youth as ineligible for Title-XIX is documented within the patient case file.
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. The Contractor shall encourage subcontractors to refer Title-XIX eligible youth that have not previously received an EPSDT health screen to an EPSDT primary health care provider for an EPSDT health screen.
- Assessment Services: The Contractor shall ensure that each youth receives a multi-dimensional assessment per Chapter 388-877 WAC: Requirements for chemical dependency assessments.

d. Treatment Services

- For youth that meet the financial and eligibility standards for publicly-funded chemical dependency treatment services the Contractor shall ensure:
  a. Youth outpatient services include treatment appropriate for substance abuse disorder in addition to treatment for substance dependency.
  b. Youth outpatient services address the needs of youth waiting for placement in youth residential treatment, and youth requiring aftercare following youth residential treatment.
  c. Outpatient subcontractors are involved in the continuum of services and the treatment planning for youth they have referred to residential treatment programs.

e. Continuing Education Requirements to Work with Youth:

The Contractor shall require that Chemical Dependency Professionals (CDPs) who are working with the youth outpatient treatment population dedicate 10 of the 40 required Continuing
Education credits for CDP recertification to adolescent specific training or professional development activities.

f. Youth Outpatient Services

- Youth Outpatient services will be delivered in accordance with the DSHS Guiding Principles listed below.
  - Family and Youth Voice and Choice: Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services.
  - Family-focused and Youth-centered: Services and interventions are family-focused and child-centered from the first contact with or about the family or child.
  - Team-based: Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family’s vision.
  - Natural Supports: The team actively seeks out and encourages the full participation of team members drawn from family members’ networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The recovery plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.
  - Collaboration: The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including children in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
  - Culturally Relevant: Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the youth and family and their community.
  - Individualized: Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.
  - Outcome-based: Based on the family’s needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes.