



June 25, 2024

FISCAL YEAR 2025 TREATMENT SERVICES SOLICITATION

FREQUENTLY ASKED QUESTIONS

The following questions and answers are commonly asked during the solicitation process and are being provided as a resource for potential vendors to reference during the preparation of proposals. Please review this document prior to submitting questions regarding the current solicitation process.

If your question(s) is/are not already answered in this forum, please be sure email your questions regarding the solicitation process in writing via mail or email to EDNY Treatment Services, treatment_services@nyep.uscourts.gov by no later than Wednesday, July 3, 2024 at 5:00 p.m. Answers to all questions submitted by the aforementioned deadline will be posted to our public website no later than Wednesday, July 10, 2024 at 5:00 p.m.

FAQ's

Question: Are the outpatient detoxification, inpatient detoxification and short-term residential programs separate Requests for Proposals (RFP's)?

Answer: Yes. As detailed in their respective RFP's, outpatient detoxification, inpatient detoxification and short-term residential treatment are separate and distinct services for which we are seeking separate blanket purchase agreements (BPA's).

Question: One of our program's treatment facilities falls outside of a particular catchment area identified in the RFP, but can service clients from within the identified catchment area. May we submit a proposal to provide the requested services?

Answer: No. The facility where your agency will administer the services must be within the confines of the identified catchment area, irrespective of where the potential clients may reside.

Question: Can you explain the concept of "Units"?

Answer: Units are the basic measure of the services/products being authorized and/or paid for by our agency. If one were to consider "Units" in terms of "products" and "services" rendered it may be clearer.

For instance, as detailed in the Statement of Work, a "Substance Abuse Intake Assessment and Report" (Project Code 2011) can be considered a "product", and as such, one (1) report would equal one (1) Unit for which you may bill our office. If that one report takes your agency one hour, or five hours (one session, or three sessions), you may only bill our office for that one (1) report (1 Intake Report = 1 Unit). The pricing your agency submits for that service should contemplate the work hours your agency invests in the preparation of these reports.

2025 Treatment Services Solicitation – FAQ's

“Services” are billed in 30 minute Units. If the client referenced above subsequently commences treatment services and is authorized to attend two (2), one-hour Group sessions (Project Code 2020); and one (1), thirty-minute Individual session (Project Code 2010) per week, then your agency would bill our office four (4) units of 2020, and one (1) unit of 2010, per week.

Question: Are Estimated Monthly Quantities (EMQ's) listed in the RFP's guaranteed and could the actual referral amounts be significantly higher or lower than stated?

Answer: The EMQ's are NOT guaranteed amounts. The EMQ's provided represent our agency's best estimate of the number of units your agency/program can reasonably expect to be able to bill for in any given month. The EMQ's were determined based upon an analysis of our agency's referrals to treatment agencies we are currently working with under the existing BPA's. The EMQ's can most definitely be higher or lower than those stated in the RFP, but keep in mind that these represent referrals over a prolonged period of time, and fluctuations do occur.

Question: What happens if requirements of the BPA's Statement of Work (SOW) conflicts with required mandates of state licensing agencies (OASAS, OMH)?

Answer: This situation can and will occur. The requirements of the SOW are what must be met in order to remain in compliance with the BPA. We realize at times that these circumstances can place our treatment vendors in conflict with local and NYS regulations, and we make every effort to work with our vendors to minimize these situations. However, there may be occasions where the vendor is forced to perform a service (per state mandate) that we have not authorized via the Probation Form 45 Program Plan. For instance, we may have a client who has relocated from one area of the district to another, requiring a change in treatment agencies. If the recommendation of the most recent agency is for the client to continue attending Group counseling sessions, our office will likely NOT authorize another “Substance Abuse Intake Assessment and Report” as we have current, reliable information indicating that the client is in need of continued treatment services and we will authorize those services, a la carte. Your agency/program would have to complete the intake report to comply with NYS regulations, but you would not be permitted to bill our office for that report.

It is recommended that any agency submitting a proposal in response to the RFP, consider this issue and contemplate considering this in formulating a price for the services which you will charge our office.

2025 Treatment Services Solicitation – FAQ's

Question: Will our agency be expected to collect and test urine specimens; and can we collect more urines than are called for on the Prob 45 (Treatment Services Plan)?

Answer:

The RFP's include Urine Collection (Project Code 1010) as a required service. This means that your agency/program will ONLY be required to collect urine specimens in compliance with the methods outlined in the Statement of Work. Your agency will not be required to test the specimens. The Probation Office will provide your program with all necessary materials (urine bottles, Chain of Custody forms, mailing labels, mailing bags, etc) so that the urines can be collected and mailed to the Probation Office.

Your agency should be guided solely by the authorized services noted on the Probation Form 45. If 4 UA's are authorized per month, do not secure more than authorized, as these additional collections will not be paid for.

In some limited circumstances (i.e. - client has private insurance or Medicaid), additional UA collection via a Medicaid lab may be administered for clinically necessary purposes, however, the vendor may never bill the probation office for urine collection/specimens that are not tested via the Probation Office. Any additional testing in these circumstances must be billed to the private insurer or Medicaid.

Question: My agency uses electronic health records wherein we scan documents to our computer system then shred the originals. Is this practice acceptable?

Answer: Maintaining electronic files is acceptable but the vendor must ensure that Federal client files remain segregated from other vendor clients. Additionally, all pertinent Federal client records (Prob 45, UA results, Monthly Treatment Reports) must be readily accessible for review. The Probation Office can require that pertinent records be printed at any time for review purposes. In addition, invoices must be submitted with originally signed documents (Daily logs, UA logs, etc).

Question: How long must client files be maintained?

Answer: All Federal client files must be maintained by your agency for a period of three (3) years after the final Federal client is discharged from your program.

2025 Treatment Services Solicitation – FAQ's

Question: What if an individual who commences treatment is determined to be in need of a higher level of care?

Answer: If it is determined that a client is in need of a higher level of care and your agency can provide that care, an Amended Prob 45 would be requested by your agency and then approved by the Probation Office, at which time those additional services may commence. If your agency is not equipped to handle the higher level of care called for, the client would be discharged from your program and referred to an appropriate program equipped to address the client's needs.

Question: How involved is the Probation and/or Pretrial Services Office in the actual treatment process?

Answer: Officers are required to be very involved in the development of treatment plans and in monitoring of client compliance with those plans. As a result, officers and assigned counselors are expected to maintain regular contact. Officers have a role in determining an appropriate treatment plan, considering the professional recommendations of the counselors we are working with. The BPA's require vendors to have at least monthly contact with the officers and requires that the vendor provide notice within 24 hours of missed sessions, positive urines, or of other issues of noncompliance on the part of the client. We view this relationship as a partnership between our agency and the vendor, to complement each other's efforts to bring about a positive change in our client population.

Question: If a client has Medicaid or private insurance which is covering the cost of treatment, and Probation has authorized X # of sessions, but the vendor feels more sessions than approved are required, is that possible.

Answer: The vendor should provide only those services as authorized on the Probation Form 45. If a greater number of sessions are clinically needed, an Amended Prob 45 can be created to approve the additional sessions.

In the event that Probation terminates services (due to identified treatment goals having been met), and the client desires to continue attending treatment under their own insurance or Medicaid, they may do so. However, they would be financially responsible since Probation had previously terminated services.

Question: Since Pretrial Services will be "piggybacking" on the Probation Office's BPA's, will vendors be required to bill separate agencies?

Answer: Yes. In the Eastern District of New York, U.S. Probation and U.S. Pretrial Services are separate agencies and vendors will be required to submit invoices to each agency separately each month. If awarded a BPA your agency will be provided with pertinent billing instructions/information for each agency.

2025 Treatment Services Solicitation – FAQ's

Question: Are we required to have clients sign authorization forms separate from what is required by NYS?

Answer: Yes, For Substance Abuse Treatment – vendors are required to have a properly executed Probation Form 11B or Pretrial Form 6B, in the treatment file. For Mental Health Treatment – vendors are required to have a properly executed Probation Form 11B and 11I or Pretrial Form 6D, in the treatment file. These are the only forms required by the BPA in order to authorize communication between your agency the Probation or Pretrial office. These forms should be submitted to your program by the probation/pretrial officer initiating the referral.

Your agency /program may have the client complete any additional forms/authorizations you deem necessary to remain in compliance with local/ state requirements.

Question: Does the Probation Office provide authorization to release confidential information forms in other languages?

Answer: Yes.

Question: Is there any issue with NYS regulatory agencies reviewing vendor files for Federal clients?

Answer: No. As long as the agency reviewing the files is conducting general regulatory oversight to ensure compliance with established treatment protocols, vendors may permit those agencies (e.g. OASAS, OMH) access to Federal client files.

Question: If our program has a new location within the catchment area, and has serviced Federal clients in the past in another catchment area, can we submit copies of monitoring reports from the other location as evidence of past performance?

Answer: Yes.

Question: If our program has never serviced Federal clients in the past and therefore, do not have Federal monitoring reports to submit with our proposal; may we submit monitoring reports from other state and local agencies as evidence of past performance?

Answer: Yes.

Question: If an agency is able to provide services in multiple catchment areas, are we required to submit proposals for each catchment area?

Answer: Yes. A separate proposal must be submitted for each RFP.

2025 Treatment Services Solicitation – FAQ's

Question: If a client commences treatment and the vendor is initially billing Medicaid or private insurance, and either of those sources ceases paying for services, will Probation pay for the services rendered?

Answer: Yes. Additional evidence of the declined payments may be required, but the Probation Office will always pay the vendor for properly authorized services if third party payment sources become unavailable after services are rendered.

Question: If a vendor has two locations within a defined catchment area that can provide the required services, are vendors required to submit separate proposals for each location within that catchment area?

Answer: No. The vendor will simply provide one (1) proposal containing the address information for each location within the catchment area and explain that each of the locations is equipped to provide the required services.

Question: Aside from the Administrative Fees outlined in the RFP that we are permitted to charge for, is there any mechanism by which a vendor can add additional fees for processing paperwork/forms etc.?

Answer: No additional fees may be charged outside of the authorized services/fees as detailed in the RFP. However, vendors should contemplate all costs involved in administering the services outlined in the RFP, and consider those costs when determining prices you will charge our office for the required services.

Question: With regard to the Certification of Compliance section of the RFP, does a subcontractor have to sign a separate certification or do I, as the Offeror, complete a separate certification on their behalf and sign it?

Answer: Each subcontractor must submit a separate certification statement. The relevant information on this requirement can be found in Section L of the RFP.

Question: If a client has insurance, does the vendor charge transportation to the insurance company or is it charged to Probation?

Answer: While insurance may provide transportation, we will only authorize transportation for clients who have a need for this service. Transportation may be given to a client if insurance covers it; however, in the event that services are denied by the insurance company, Probation will only cover it if it has been authorized on the Prob 45.

Question: Are 5030 and 6051 are project codes for services SO treatment providers can provide, or would these project codes be for services provided under a mental health contract?

Answer: Since medication monitoring and psychiatric evaluation and report are mental health services, this is only to be authorized and billed under a mental health BPA. If a provider has a sex offender BPA and not a mental health BPA, we would refer the client to one of our contracted mental health providers.

2025 Treatment Services Solicitation – FAQ's

Question: If my facility is awarded a BPA in a specific catchment area can I be referred clients from the entire district or just for clients that reside in my area?

Answer: A client is usually referred to a facility based on where they reside or where they work. We try our best to accommodate the clients to ensure treatment compliance.

Question: Is it mandatory to provide groups for substance abuse?

Answer: A proposed vendor must be able to provide group substance abuse treatment and all services on the RFP. However, recommendations should not be “cookie cutter” recommendations. We do recognize, and at times will request, that our clients not be put in group treatment. If group treatment is not recommended, it should be discussed with the case officer and the reason should be clearly stated in the assessment.

Question: Are there certain eligibility criteria for what kind of agency can submit a proposal? For example, must a vendor be a non-profit agency?

Answer: A proposal may be submitted by any vendor if all requirements on the RFP are met.

Question: OASAS no longer requires Treatment Plans. Will you still require a separate Treatment Plan document or can this be included in the Monthly Treatment Report (MTR)?

Answer: While OASAS may or may not require certain documents, the RFP must be followed. A 90 Treatment Plan is required on all cases.