

## 2019 RFP Questions and Answers

Q: What happens if we get no acceptable responses to the RFP?

A: We might reassess the RFP and potentially make changes to its requirements. We might then resolicit, after receiving approval to do so by our administration.

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Q: If the client already has Medicaid when they are referred for services, do we bill Medicaid first or do we bill this contract in lieu of Medicaid?

A: Any available insurance should be billed first.

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Q: For the MRT contract, are you looking for the provider to provide individual therapy, group therapy or both?

A: We are looking for only group MRT programming, as individual counseling is not part of the MRT curriculum.

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Q: The MRT RFP had a different format than the others and I am having a hard time figuring out exactly what we are supposed to submit. Can you clarify what documents you are requiring vendors to submit for that proposal?

A: The MRT RFP is funded with "Second Chance Act" funds, so the documents do look different. We need copies of MRT facilitator certificates and quotes for prices. You will also need to check the appropriate boxes in the document and fill-in where appropriate.

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Q: Are we able to drop off the proposals to you or must they be mailed?

A: Proposals can be mailed or hand delivered.

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Q: Can we respond to an RFP if our facility is not in the required catchment area?

A: Yes, but your proposal will be determined to be "not technically acceptable."

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Q: Can a vendor provide extra services to the RFP?

A: Extra services should not be included on the RFP. We are only looking for the services requested in the RFP.

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Q: What factors should go into the pricing for Urine Collection?

A: Your price per unit is up to you and you. You might consider rent and staffing costs.

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Q: How do you come up with unit prices?

A: You should consider all costs associated with providing those services, remembering that awards are issues to the “Lowest, technically acceptable” submission.

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Q: If we submit an application for “residential treatment services – statewide” and are not the lowest bidder, does this mean we will not see residential clients in our facility in the future?

A: Yes, unless we make a referral based on someone’s one ability to pay. If you do not receive an award, we cannot pay for those services. That said, we are looking for UP TO 3 vendors in this area.

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Q: If we are selected as the residential treatment provider, does that mean that we have to take ALL residential treatment participants throughout the entire state and no one else will get any?

A: We are looking for UP TO 3 vendors to provide residential treatment. So participants will be spread among multiple vendors equally.

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Q: What percentage of people will have health insurance?

A: Most people will have some form of insurance, or they will qualify for insurance but are not yet enrolled.

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Q: Can a vendor negotiate new prices, if they are not the lowest bid.

A: The lowest bid will be awarded the agreement. Please submit your most competitive prices.

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Q: What is the average number of clients referred for services in Coos and Carroll Counties?

A: The EMQs reflect the number of units we expect for each requested service. This number can increase or decrease for a number of reasons.

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Q: Can clients be on medication assisted treatment?

A: Yes.

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Q: What is the unit for client transportation?

A: Per mile reimbursed at prevailing rate established by Judiciary Travel Regulations for employees of the Judicial Branch of the Government.