

**Adult Drug Treatment Court – Preferred Provider Network
Request for Information (RFI)
RFI Questions Received and Answers
February 13, 2015**

1. Why is this RFI not including licensed psychotherapists who prefer not to certify under DHS 75 or DHS 35 but would be an asset within this network for individual and group psychotherapy?

Answer: The Wiser Choice provider network in the county blends multiple funding sources and streams of funds into one voucher network. As a provision for providers within the voucher network, the county is permitted to require certification standards such as those in DHS 75 or DHS 35 as county funds are a large contributor to the financing of the Wiser Choice voucher network. Therefore, the county does require that clinical substance use disorder provider agencies maintain their DHS 75 or DHS 35 (when applicable) certification.

2. In reading the RFI, it seems the focus is on behavioral services. I was interested in the primary medical care needs of people who may be vulnerable. I am reading this as only focused on behavioral issues.

Answer: Since the creation of the Preferred Provider Network is for the provision of evidence based mental health and substance use disorder services the primary clinical focus is for those services. However, the provision of recovery support services such as primary medical care is equally as important. One area for consideration is that the county will only finance primary medical care for non-covered services if the individual has health care coverage.

3. Is this program model using a Recovery Support Coordinator (RSC) for case management? If so, who provides the current RSC services? Will this current provider remain the same?

Answer: Yes, RSC is the model for care coordination. The current RSC provider is JusticePoint and the county does not intend to change providers.

4. Page 3: It states that the average amount of clients receiving services at one time is 75. Of those 75 clients, what percentage receives residential treatment versus outpatient AODA treatment?

Answer: This is almost a point in time answer but on average approximately 60% are in residential and the balance of 40% in some type of outpatient or day treatment level of care. Most clients begin in a residential level of care because to acuity.

5. Do we need to use a prescribed model of treatment or will we be open to any model that is evidence-based?

Answer: Respondents are encouraged to propose an evidence based model of care that is effective with the proposed population. Please note that gender, age, and cultural effectiveness or intelligence is also important factors to the delivery of care.

6. How many hours per week are expected for clinical services per client or is this amount based on the model the provider uses?

Answer: It is based on both the evidence based model proposed and the requirements within DHS 75 listed for Service Description based on the level of care.

7. Will the clinical services provider be expected to bill Medicaid/Medicare? If not, how will the providers be paid?

Respondents will have to follow the criteria in their fee for service agreements which indicate that that county is the payer of last resort when the participant has health care coverage. If the participant does not have health care coverage at any point in time the county will be full payer for approved services. In addition, the county will pay for non-covered services, such as Recovery Support Services, that are approved on the participant's Individual Recovery Plan (IRP).

8. What are the current providers being paid for the services offered?

Answer: Please see the rates in this document:

http://county.milwaukee.gov/ImageLibrary/Groups/Everyone/SAIL_AODA/WiserChoice_Prov_Directory_2012.pdf

9. On p. 3 of the RFI, it identifies individuals participating in the Milwaukee County Adult Drug Treatment Court (ADTC). In the past, the ADTC targeted high risk/high need non-violent offenders with significant substance abuse problems. Does the ADTC continue to serve non-violent offenders exclusively, and is there any intent to change this provision once the current grant ends?

Answer: The ADTC Policy Steering Committee would have to collectively address any anticipated change in the target population when the grant cycle ends after September 2015. Input from the Presiding Judge, Chief Judge, and the court system would be a major driver for any proposed change if warranted or desired.

10. Also on p. 3, will CARS continue to maintain a treatment capacity of 80 participants in ADTC once CARS assumes funding responsibilities at the end of the current grant?

Answer: To date no discussions have occurred regarding modifying the capacity of ADTC.

11. On p. 5, the RFI references future RFP's, contracts, and/or agreements. When does CARS anticipate to establish the preferred provider network in response to this RFI?

Answer: Within a few months after the close of this RFI.