

Substance Use Treatment Roundtable

Q: What are the basic requirements for short-term residential treatment under the federal contract?

A: Short-term residential treatment should last anywhere between 30-90 days, dependent on the individual circumstances/characteristics of the client. Discussed full description of how services should be provided is detailed in Section C of the Request for Proposal (RFP).

Programmatic expectations include:

- **Six hours of structured programming each day; three hours should be clinical group counseling**
- **One hour of individual clinical counseling per week (at minimum)**
- **One observed urine test per week**
- **Discussed there is no specific curriculum required by the RFP for residential treatment.**
- **Additional requirements such as the facility, sleeping/bathroom facilities, emergency plans, etc. are also included in the RFP/Statement of Work.**

Q: What is the expectation of the government in referrals for residential treatment given limited bed space?

A: The RFP reflects an understanding that bed space can be limited but expects that priority should be given to federal clients – meaning next available bed. Presently in the Eastern District of Wisconsin with its current provider, there is an understanding that beds may not be available immediately and the vendor must maintain a balance of providing beds to both the government and other entities (state or county contracts). A reasonable waiting time – approximately 1-2 months – has generally been accepted.

Q: Will there be more than one award for residential services?

A: In Milwaukee County, there will be one RFP for women's and one RFP for men's – awarded to the technically acceptable, lowest price proposal. It is under review whether an RFP is posted for residential treatment in other areas of the district.

Q: If a client is referred to residential treatment, but does not assess as not needing that level of care by the vendor, what should be done?

The RFP notes the vendor shall not refuse service to federal clients. Discussed the treatment specialist reviews referrals for appropriateness and will discuss any risks/concerns about the individual client prior to the referral being completed. If a client is enrolled in treatment but concerns arise, the treatment specialist and/or USPO will discuss whether it is appropriate for the client to remain in the program. Discussed the vendor cannot unilaterally terminate a client from services without authorization of the USPO unless the client poses an apparent risk to the vendor's staff or other clients.

Discussed vendor will complete an assessment upon admission into the residential program. If the client is not assessed as needing that level of care, but has been referred by the government, the vendor must provide services. Discussed clients often have exhibited issues in abstaining from controlled substances with lengthy histories and/or ongoing use despite treatment efforts in an outpatient setting. Often with these cases, the Court may be involved and order the client to residential treatment. In most cases, the client will likely score as needing this level of care; however, the USPO is not completing a clinical assessment. Vendors in this discussion noted if an assessment were completed upon the time of admission and the person did not score as needing residential care, there is a “notes” section at the bottom of the ASAM assessment that provides the opportunity for the counselor to make notes. Suggested the counselor indicate the client is a referral of the U. S. Probation Office and mandated to treatment.

Q: Are vendors permitted to bill insurance for residential services?

A: The government recognizes in many cases, insurance (private, Medicaid, etc.) will cover at least a portion, if not all, the cost of clinical services for a residential stay, but the room and board cost will not be covered by insurance. If a client is referred under the federal contract and the vendor initially bills insurance for the cost of care, the government will act as a secondary payee for any remaining cost of care, up to the contracted unit price per day. The vendor should not double bill for a single service but rather enter the insurance payment as a “copayment received” on the invoice. If a client does not have insurance or insurance otherwise does not cover the cost, the government will pay the full contracted rate to the vendor.

Q: What types of services is the government looking for throughout the district?

A: Presently, the government will be soliciting short-term residential treatment, both men’s and women’s, as two separate Blanket Purchase Agreements in Milwaukee County. The government will not be soliciting for outpatient substance abuse treatment in Milwaukee County as a new agreement began this fiscal year.

The government is open to exploring other services – outpatient, intensive outpatient, and residential treatment in other areas of the district. Discussed needs of areas like Brown County, where our satellite office is located. Discussed we presently contract for outpatient counseling in Brown County, but are open to exploring other services. Discussed utilization of Non-Competitive Purchase Orders and Competitive Purchase Orders as they are 12-month agreements with new vendors as they are somewhat short-term and allow both the vendor and government to determine if the agreement works for each.

Q: How many referrals are expected for residential treatment?

A: The estimated monthly quantities can vary. At times, there may not be any referrals, and other times the government may request five or six beds. The government cannot anticipate when this type of service is needed but will communicate with the vendor as to availability and overall waiting time.

Q: What if we are not allowed to have sex offenders in our location? Are we still required to accept them?

A: If a provider is located within a catchment area and there is a local ordinance or other law that prohibits the short-term housing of a registered sex offender, or if there are other risks imposed by a client, the specialist will review the appropriateness of the referral. The government will not oblige the vendor to do something unlawful.

Q: What if the service provider determines mental health needs outweigh substance abuse needs?

A: The government will work with the provider to make the determination if the specific treatment/level of care is appropriate for that client. The provider cannot discharge the client, but communication with the supervising officer should occur to document specific reasons a client will not benefit from that level of care and recommend the appropriate service.

Q: Are you the point of contact if we cannot get a hold of the client's officer?

A: Yes, the DATS Specialist is the primary point of contact for any questions the vendor has about the Statement of Work or overall agreement with the government. If there is a specific issue related to a client or his/her progress, the vendor should reach out to the supervising officer. If there are issues with communication between the vendor and supervising officer, the DATS Specialist should be contacted.

Q: Does the judge determine how long the residential program is?

The Court typically does not make an order or determination about how long a person should remain in residential treatment. The Court allows the supervising officer discretion to monitor the client's progress and determine the length of stay.

Q: Would it be recommended to submit separate proposals for residential and outpatient?

A: Short-term residential treatment, both men's and women's, will be separate BPAs and thus will be posted with separate RFPs to the external website. If outpatient treatment is solicited, that RFP will be posted, and the specific catchment area will be identified.