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Agency of Administration

REQUEST FOR INFORMATION

Substance Use Disorder Treatment and Recovery Service Delivery Coordination and Administration of Funding

ISSUE DATE	February 26, 2021
RESPONDENT CONFERENCE CALL	March 9, 2021 10:00 AM – 11:30 AM (EST)
QUESTIONS DUE (ROUND 1)	March 18, 2021 4:30 PM (EST)
QUESTIONS DUE (ROUND 2)	March 25, 2021 4:30 PM (EST)
RFI RESPONSES DUE BY	April 29, 2021 <u>3:00 PM</u> (EST)

PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND ADDENDUMS ASSOCIATED WITH THIS RFI WILL BE POSTED AT:

<http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=53112>

or

<https://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/request-proposalsinformation-active>

THE STATE WILL MAKE NO ATTEMPT TO CONTACT INTERESTED PARTIES WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH RESPONDENT TO PERIODICALLY CHECK THE ABOVE WEBPAGES FOR ANY AND ALL NOTIFICATIONS, RELEASES AND ADDENDUMS ASSOCIATED WITH THIS RFI.

PLEASE BE AWARE THAT ANY EXPENSES YOUR AGENCY INCURS IN THE PREPARATION AND SUBMISSION OF THE RFI RESPONSE WILL NOT BE REIMBURSED BY THE STATE. YOUR AGENCY'S CONTINUED INTEREST IN PROVIDING SERVICES AND PARTNERING WITH THE STATE OF VERMONT IS APPRECIATED.

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1 PURPOSE

This Request for Information (RFI) is issued for the Vermont Department of Health (VDH, or “**the Department**”), Division of Alcohol & Drug Abuse Programs (ADAP, or “**the Division**”) to gather input and obtain information in proceeding with proposals to contract with a vendor who will support the Division in leading the coordination of delivery of treatment and recovery services for substance use disorder as well as assist in the administration of funds to deliver these services across the various fund sources currently under the responsibility of ADAP.

The Division intends to evaluate the submissions by respondents to explore how respondents would meet the Division’s needs and understand the level of effort associated with proposed solutions. The Division is also interested in learning from existing and potential new service delivery vendors on how the coordinating vendor can best assist service delivery providers from an operational perspective.

1.1 LIABILITY

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit the State to contract for any materials or service whatsoever. Further, the State is not at this time seeking proposals and will not accept unsolicited proposals. Respondents are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party’s expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued. If an RFP is released, it will be posted on the BGS bid opportunities web site:

<http://www.bgs.state.vt.us/pca/bids/bids.php>. It is the responsibility of the potential offerors to monitor this site for additional information.

1.2 CONFIDENTIALITY

The State retains the right to promote transparency and to place this RFI into the public domain, and to make a copy of the RFI available as a provision of the Vermont access to public records laws. Please do not include any information in your RFI response that is confidential or proprietary, as the State assumes no responsibility for excluding information in response to records requests. Any request for information made by a third party will be examined in light of the exemptions provided in the Vermont access to public records laws.

The solicitation of this RFI does not commit the Division or the State of Vermont to award a contract. This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation.

2 BACKGROUND INFORMATION

The Division recognizes that the need for high-quality services delivered to individuals with or at risk of substance use disorder continues to expand across the entire continuum of prevention, intervention, treatment and recovery. Although the State has a dedicated array of service providers that serve individuals across the continuum of care, there are still gaps in service. Many of these gaps can be attributed to the geographic landscape of the state (large rural areas as well as some larger-population centers) and the existing workforce available in the state to deliver services.

The Division is interested in hearing from two groups of respondents:

- “Service Delivery Coordinator(s)”: a vendor (or vendors) who, through subcontracted arrangements, will ultimately coordinate and manage the delivery and payment for services to Direct Service Providers for direct treatment and recovery services that the Division includes in a contract with the Service Delivery Coordinator(s). In the Vendor Questionnaire section of this RFI, responses to questions in Group A are directed to those interested in the Service Delivery Coordinator role.

- “Direct Service Providers”: providers that deliver treatment and recovery services as per a subcontract with the Service Delivery Coordinator. Direct Service Providers may include the following:
 - Current providers in Vermont’s treatment and recovery system that deliver a defined scope of services under agreement with ADAP
 - Current providers in Vermont’s treatment and recovery system that may wish to expand its existing scope of services
 - New providers that do not currently deliver treatment or recovery services to ADAP
 - The Service Delivery Coordinator (in some circumstances)

In the Vendor Questionnaire section of this RFI, responses to questions in Group B are directed to those interested in the Direct Service Provider role.

The Division is interested in service delivery coordinating techniques that have been used in other jurisdictions that could be applied to Vermont’s unique situation. The Division is also interested in learning from existing service providers about where they see the greatest opportunity for improvement in the State’s delivery of services related to substance use disorder.

At this time, no specific model has been pre-determined. The Division is open to how services are defined, how services are delivered, which providers will deliver the services, how services will be paid for, and how services will be effectively and efficiently coordinated. As a result, some or all of the components mentioned may change in whole or in part from the system in place today.

3 RFI DESCRIPTION

The Division is seeking information on approaches and techniques related to the provision of services along with expanding, retaining and monitoring the quality of service delivery across the continuum of treatment and recovery providers that provide services related to substance use disorder. The Division believes that the central linkage to this service delivery model is the coordination of care for the clients who are served. The Division believes that current coordination of care can be improved. It is the expectation that any contract awarded to a Service Delivery Coordinator will have a solution proposed to enhance the coordination of care for the services under the management responsibility of the Service Delivery Coordinator.

The Division is interested in specific approaches to identifying the appropriate provider base for the population to be served and assurances that the staff that work for individual provider entities are qualified, credentialed (where applicable), and trained to deliver quality services. Further, the Division is interested in learning about innovative methods to distribute resources to treatment and recovery providers. The Division is interested in applying state-of-the-art information system tools, either on its own or through a contract with a vendor, to track service delivery (e.g., assessments and care plans), financing (e.g. payments to service providers), and quality reporting (e.g., for federal grants and state-designed programs).

The RFI has two key objectives:

- Provide prospective respondents with information regarding the business need, and,
- Solicit respondent information to assist the Division in determining if identified requirements can be met in a cost-effective manner.

The Division is seeking feedback through this RFI and will consider any information, including partial responses, received in response. If the Division moves forward in the development of an RFP, the RFP process will be open to all respondents regardless of their decision to participate in this RFI.

The State envisions that the solution will support the following high-level goals:

1. Ensure all Vermonters will have access to a core set of evidence-based treatment and recovery services.
2. Design and implement one substance use disorder (SUD) continuum of care, agnostic of substance, that is able to meet individual needs and that is seamless for individuals to access and navigate.

3. Enhance care coordination, including the physical health care system, co-occurring conditions, and recovery services.
4. Develop a value-based payment structure to incentivize a higher quality of care and outcomes for Vermonters.
5. Recruit and retain high-quality staff through competitive wages/benefits and staff development career ladders to ensure capacity across the service continuum.
6. Reduce duplicative efforts on behalf of the client (e.g., multiple assessments, multiple case managers, etc.).
7. Reduce administrative functions performed by the State to enable the State to increase its quality-based activities geared towards improving care for Vermonters.

4 CURRENT STATE

ADAP is a division of the VDH which, in turn, is a department of the Agency of Human Services (AHS). Other departments in the AHS include Mental Health (DMH), Disabilities, Aging and Independent Living (DAIL), Corrections (DOC), Vermont Health Access, or Medicaid (DVHA), and Children and Families (DCF).

The [VDH](#) is organized under the leadership of a Governor-appointed Commissioner and two Deputy Commissioners, as well as a Senior Policy Advisor and Finance Director to oversee the various Divisions, Units, and Offices. One of two Deputy Commissioners oversees ADAP and Rural Health and Health Care Quality. The other Deputy Commissioner oversees Environmental Health, Health Surveillance, Office of Chief Medical Examiner, Maternal & Child Health, Emergency Preparedness, Response & Injury Prevention, Health Promotion & Disease Prevention, and the Medical Practice Board. Essential public health services are carried out across the state by the Office of Local Health through 12 District Offices. All Vermont residents have a local health office they can access for a range of public health services such as information, disease prevention and emergency response services. The local health offices work in partnership with health care providers, volunteer agencies, schools, businesses and organizations in their communities to improve health and extend public health initiatives across the state.

ADAP is Vermont's Single State Agency (SSA) for Substance Use Services. By statute, the Division is authorized to plan, operate and evaluate substance use/misuse programs, and establish a regional system of opioid addiction treatment. Reference [Title 18: Health; Chapter 094: § 4806. Vermont Department of Health, Division of Alcohol and Drug Abuse Programs] available at: <http://legislature.vermont.gov/statutes/section/18/094/04806>

As SSA representative, the Division oversees the following list of statewide system of care functions for prevention, intervention, treatment and recovery:

- Grants/Contracts Management
- Data Collection and Evaluation
- Public Information
- Compliance and Performance Management
- Planning
- Policy Development
- Program Development
- Technical Assistance
- Workforce Development

In March 2020, the Division launched VT Helplink to provide a single point of contact for people needing treatment, recovery, and other resources related to substance use. VT Helplink's call center is staffed by certified Screening & Information Specialists under supervision of Master's-level clinicians. Vermonters can call a toll-free number and speak confidentially to a specialist about resources and treatment options to meet their needs. The call center is open 8am-10pm on weekdays and 8am-6pm on weekends and holidays.

The following table shows a summary of the clients served and resources expended by ADAP in Calendar Year 2019:

Category	Number of People Served	Expenditures	Per Person Expenditure
Prevention	623,960	\$6,991,417	\$11
Intervention	13,759	\$3,999,723	\$291
Treatment	13,678	\$33,243,700	\$2,430
Recovery	5,468	\$3,000,571	\$549

Prevention

The Vermont Department of Health recognizes and values the substance use disorder continuum from prevention through recovery services. Prevention services funding is outside the scope of this RFI.

Vermonters have access to 12 regional prevention consultants. These health professionals are alcohol and drug misuse prevention experts located in each of the 12 local health offices in Vermont. They support community efforts to lead and carry out prevention efforts. Utilizing the Strategic Prevention Framework (SPF), the prevention consultants facilitate and support community organizing, program planning and consultation, presentations and training, community grants information and guidance, information & referral.

ADAP facilitates Prevention Expansion and Infrastructure Grants to support community-based substance use prevention through development and sustention of local capacity and the expansion of prevention strategies. The purpose of these grants is to support the expansion of community-based prevention strategies focused on priority populations that have significantly higher rates of substance use and other risk factors associated with developing a substance use disorder.

In 2020, ADAP was awarded the Regional Prevention Partnership (RPP) grant which is a five-year cooperative agreement with SAMHSA. Its goal is to apply the SPF to reduce underage and binge drinking, and marijuana use among youth and young adults. There are five RPP grantees throughout the state located in Franklin/Grand Isle, Rutland, Windham, Washington and Springfield.

Intervention

Intervention services are outside the scope of this RFI.

The *Impaired Driver Rehabilitation Program (IDRP)* is an ADAP program that provides screening, education, and treatment services for Vermonters who have received an impaired driving conviction. Individuals are not eligible to have their driving privileges reinstated by the Department of Motor Vehicles until they have successfully completed the IDRP. The curriculum includes lectures, reading materials, videos and small group discussions.

The *School-based Substance Abuse Services (SBSAS)* grants support alcohol and drug use/misuse prevention and mental health promotion in selected supervisory unions throughout the state and focus on reducing binge drinking and use of alcohol, marijuana and other illicit substances among adolescents.

In 2013, ADAP was awarded a five-year SAMHSA grant to provide *screening, brief intervention, & referral to treatment (SBIRT)* at 13 sites, including emergency departments, primary care offices, a women's health clinic, and free clinics. Trained clinicians and medical providers used evidence-based tools to screen for risk of substance misuse. If a person screened at a high-risk level, the clinician made an assertive referral to a treatment option in which the individual is interested. In total, 91,711 people were screened by the end of the grant (more than the original program goal). This intervention is being continued by the Blueprint for Health (Blueprint) at the Department of Vermont Health Access (Medicaid) as a new program, called Screening, Brief Intervention, and Navigation to Services (SBINS).

ADAP has designated qualified organizations as *Public Inebriate Programs (PIPs)* to provide 24-hour, 7-day-per-week community-based alcohol and drug crisis stabilization and detoxification programs, including for incapacitated individuals taken into protective custody by law enforcement for public intoxication. The process of screening and determining appropriate placement for individuals meeting criteria for incapacitation, due to either the intoxication or withdrawal from

alcohol or other drugs, is defined in 18 V.S.A. Chapter 94, 4808 available at: <https://legislature.vermont.gov/statutes/section/18/094/04808>.

Treatment

Treatment services are within the scope of this RFI.

Substance use disorder treatment services, including Medication Assisted Treatment, are provided in accordance with evidence-based best practice and the most recent version of the American Society of Addiction Medicine (ASAM) Criteria.

The types of community-based treatment providers include the following:

- **Outpatient programs:** 24 programs statewide in settings such as health clinics, community mental health centers, counselor's offices, hospital clinics, local health department offices, or residential programs with outpatient clinics.
- **Intensive outpatient programs:** 14 programs statewide, clients attend typically nine hours of treatment per week.
- **Residential treatment programs:** Three intensive programs and two less intensive programs.
- **Adolescent and family services:** 11 treatment programs that provide adolescent services statewide with three adolescent-only specialty programs for substance use disorder.
- **Opiate Treatment Program (Hub) and Office-Based Opiate Treatment Programs (Spokes):** Six Hub programs at eight locations. Vermont's Hub and Spoke system of care is a statewide partnership of specialty treatment centers and medical practices that provide comprehensive medication-assisted treatment (MAT) services to Vermonters who are diagnosed with opioid use disorder (OUD). Regional specialty treatment centers (Hubs) are federally accredited Opioid Treatment Programs (OTPs). Hubs treat patients, primarily individuals who are using substances intravenously, with complex needs. Spokes are office-based opioid treatment (OBOT) providers staffed by a three-person care team with a care coordinator/clinician, nurse and physician for every 100 patients being administered MAT in practice settings such as primary care, OB-GYN, addiction specialty or psychiatry. Spokes can also be comprised of several physicians sharing the support team.

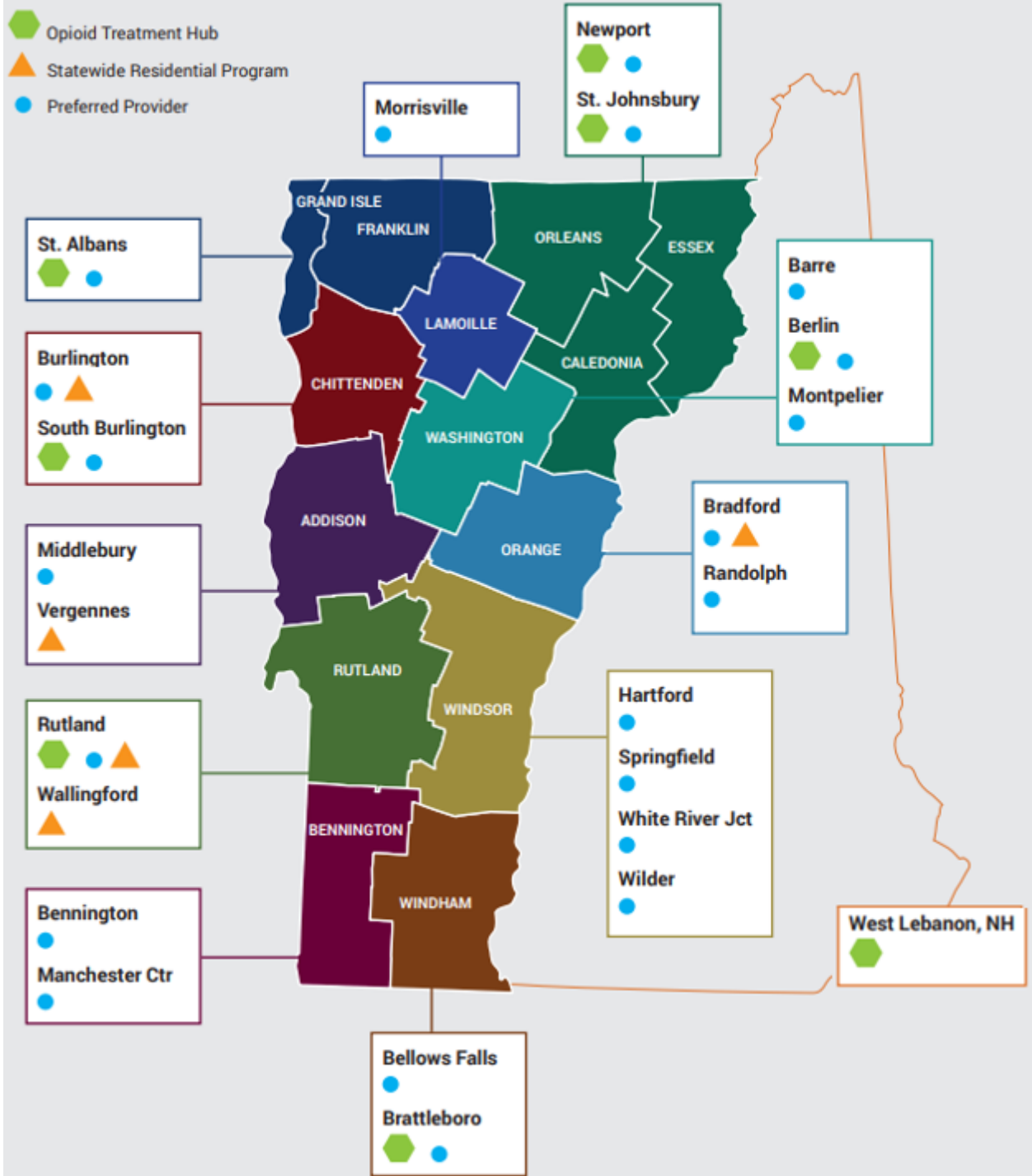
A primary aspect of the Spokes is the wrap-around services provided to the patients based on a customized treatment plan overseen by a doctor and buttressed by the nurses and counselors who connect the patient with community-based support services, whether referral to mental health treatment, job placement, and/or family and recovery support.

The Hub and Spoke system supports bi-directional patient transitions between the Hubs and Spokes to replicate other medical specialties, where Hubs stabilize people with complex needs who require the most care, and physicians (Spokes) manage more stable patients' ongoing needs over the long term.

Vermont's substance use disorder treatment system includes ADAP's Preferred Provider treatment programs. Preferred Providers are community-based treatment organizations that have attained a certificate from ADAP and have an existing contract or grant from ADAP to provide treatment. Certification standards (updated in January 2020) serve as the basis for certification and can be found at: <http://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification>

Preferred Providers are essential to delivering direct clinical programs and services in their local communities. Currently, there are 25 Preferred Providers serving multiple sites. Vermonters across the state have access to all levels of care. Most providers are non-profit, and a few are for-profit. This system includes some but not all community mental health centers (named Designated Agencies in Vermont).

Location & Services Overview



It should be noted that, in addition to community-based providers, inpatient hospital treatment is also provided in Vermont in special units of hospitals for detoxification for both mental health and substance use disorders. Inpatient hospitals are not considered ADAP Preferred Providers. The Division does not directly contract with inpatient hospitals.

Recovery Services and Supports

Recovery services and supports are within the scope of this RFI.

Vermont has a strong commitment to recovery supports as a critical component of the system of care. Increasing the capacity of the recovery support system is a strategic priority for the Division. Specific areas of focus identified include

increasing the number of trained recovery coaches, support a system for coach certification which will align with the International Certification & Reciprocity Consortium (IC&RC) Peer Recovery credential, and additional training for coaches who are seeking to work in areas of specialization such as medication assisted treatment, pregnant and parenting women and employment readiness.

Recovery resources include the following:

- Recovery Centers: 12 community-based recovery centers located throughout the state, with one center located in each health district.
- Vermont Recovery Network (VRN): provides technical assistance, training and data collection services to the majority of recovery centers in the state.
- Recovery Coaching: Many recovery support services are provided by recovery coaches located in and deployed by recovery centers. The Vermont Recovery Coach Academy trains people in recovery from substance use disorder, family members and other supporters on the tools, skills and resources necessary to becoming an effective recovery coach. The training, provided by the Vermont Association of Mental Health and Addiction Recovery (VAMHAR) is a 4 day, 32-hour training to prepare an individual to become a recovery coach, with an eye towards overall professional development.
- Recovery / Sober Housing: The Division contracts with community housing and/or recovery organizations to provide transitional, sober supported housing for Vermont residents. The majority of referrals are made by residential substance use disorder treatment providers, though not exclusively, with the primary goals of supporting the individuals transition to permanent housing, supporting their recovery efforts and increasing their recovery capital. There are some women's transitional housing services, as well as family transitional housing services.
- Recovery Coaches in Emergency Departments: Recovery centers send trained recovery coaches to the emergency departments (ED) of area hospitals to provide support and connection to additional services. These coaches meet with people who enter the hospital due to an overdose or other substance use-related issue and help them to move from crisis to recovery. Coaches are first trained at the Recovery Coach Academy, and then receive a second level of training specific to working in the ED. There are six sites up and running with additional sites in the planning stage.
- Employment Services in Recovery: Employment consultants work out of three Hub locations and one recovery center. The program serves people in recovery from substance use disorder.
- New Moms in Recovery: Recovery Coach Pregnant and Parenting Women's Specialists specialize in serving pregnant and parenting women seeking substance use disorder treatment and recovery services, as well as the development of a family-friendly environment at recovery centers.

Workforce Development

Training associated with treatment and recovery services and supports are within the scope of this RFI.

The Division has focused on increasing development for existing providers of publicly funded prevention, intervention, treatment and recovery services through scholarships, trainings, a learning collaborative for Hub and Spoke providers, and partnerships. In 2018, the Division partnered with Vermont State Colleges' Community College of Vermont to develop a three-credit course that met Office of Professional regulation education requirements for the Apprentice Addictions Professional credential recognized by the Division.

The Division has strengthened its relationship with state and regional workforce development providers, including but not limited to the Addiction Technology Transfer Center (ATTC), the Prevention Technology Transfer Center (PTTC) and the Vermont Blueprint for Health. Federal opioid response funds are partially funding:

- Training for clinicians working within Preferred Providers aimed at improved implementation of the standards for certified substance use disorder treatment programs, such as American Society of Addiction Medicine (ASAM) client placement criteria, assessment, and treatment planning.
- Training of an additional 100 recovery coaches and establishment of coach certification system (i.e., IC&RC) consistent with national standards.
- Health care provider training aimed at increasing the number of federally waived buprenorphine prescribers.

Identified Challenges and Strategic Priorities

Although Vermont has developed a robust and comprehensive response for the prevention and treatment of substance use disorder, in particular opioid use disorder, challenges still exist in the state. The Division has identified the following areas as the greatest challenge for which the State is considering assistance to effectuate its strategic priorities.

1. **Equitable Geographic Access to Service:** ADAP is seeking to assure equitable access to prevention, treatment and recovery services across regions by investing in capacity enhancements to support flow of Vermonters through the continuum, ensure fewer Vermonters are lost in transitions of care, and that Vermonters and Vermont communities receive needed support.
2. **Youth and Young Adult Services:** Prevention, intervention, treatment and recovery services for youth and young adults continue to present as high need areas. Rapidly evolving impact of technology and other issues impacting changes in youth culture highlight the need for enhanced workforce development specific to working with youth and young adults. As opportunities become available, enhanced services for youth and young adults will be prioritized by ADAP.
3. **Health Disparities and Diverse Populations:** ADAP has participated with approximately 80 other partners in the development of the 2019-23 State Health Improvement Plan (SHIP) which focuses on reducing health disparities. Substance use is one of six health and social conditions identified as priorities in the SHIP based on findings from the State Health Assessment (SHA).
SHA: <http://www.healthvermont.gov/about/reports/state-health-assessment-2018>
SHIP: <http://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan>
4. **Workforce Development:** Workforce shortage continues to be one of the most significant barriers to equitable access to services. This shortage has been exacerbated by expansion of prevention, intervention, treatment and recovery programming to address Vermont's challenge with opioids, creating a need for more trained professionals. In addition, increased access to healthcare and greater integration of intervention and treatment services into primary health care settings has created more competition for the existing qualified workforce. A Licensed Alcohol and Drug Counselor (LADC) can make a significantly higher salary working within a hospital or primary health care setting than they can working within a publicly funded Preferred Provider or designated mental health agency. This competition leads to a higher rate of turnover within the public agencies often serving the most complex clients. The shortage is further exacerbated by the high cost of education and professionals "aging out" of the workforce. In addition to the size of the workforce, a need for standardization and quality of care has increased the need for certification of the prevention and recovery workforce.

Vermont Governor Phil Scott has identified jobs and the behavioral health workforce as a top priority.

- In response to Executive Order No. 02-17 and the Governor's call to review existing state mental health and drug and alcohol addiction laws and regulations, the Office of Professional Regulation adopted *emergency administrative rules* for certification/licensure of Apprentice Addiction Professionals (AAPs), Alcohol & Drug Counselors (ADCs), and Licensed Alcohol and Drug Counselors (LADCs). These rules, adopted 10/13/17, have maintained a high standard while removing overly complex and burdensome barriers to those individuals seeking credentials in Vermont. The rules are available at: <https://www.sec.state.vt.us/professional-regulation/list-of-professions/alcohol-drug-abuse-counselors/statutes-rules.aspx>.

- In 2018, the Vermont Legislature appropriated \$5,000,000 over four years to expand the provider workforce. A working group led by the Secretary of Human Services, University of Vermont and Vermont State Colleges is developing a plan that would enhance degree programs and provide financial incentives to enter the behavioral health field. There is also a focus on creating more clearly defined career paths, linking programs of study in Vermont Institutions of Higher Education (IHEs) to the Office of Professional Regulation's educational standards for licensees in the treatment field.

5 STATEMENT OF WORK

5.1 ANTICIPATED REQUIREMENTS

The purpose of this RFI is to determine if there are solutions capable of meeting the State's anticipated requirements and to determine alternatives for meeting those requirements that are consistent with the overall vision for the ADAP and the State.

The State's discovery efforts to date have resulted in a desire to obtain access to solutions with the following attributes:

5.1.1 Business Requirements for a Service Delivery Coordinator

- An entity with sufficient resources to build and maintain information systems to track encounter level information that can be tied to specific clients and a specific service provider for the purposes of quality, outcome, and financial reporting.
- An entity with subject matter expertise related to modalities of treatment and recovery services for individuals with substance use disorder and with the recognition that different modalities may be appropriate depending upon the substance.
- An entity with the capacity to blend funding streams but also able to track resources at the individual fund stream level for required reporting.
- Sufficient financial resources to maintain programming through various grant/contracting cycles.

5.1.2 Functional Requirements for a Service Delivery Coordinator

- Experience with vendor contracting and sub-granting
- Experience with vendor coordination of care, including bi-lateral reporting of client-specific data
- Experience with developing or contracting under different methodologies to pay for services
- Experience with developing and reporting on quality measures and quality reporting tools
- Experience with building tools for efficiencies achieved by receiving clients, service providers, and payers (e.g., ADAP)

5.1.3 On-Going Requirements for a Service Delivery Coordinator

- Familiarity or experience developing or convening training opportunities for the SUD treatment and recovery workforce
- Adaptability to respond to evolving federal and state reporting requirements, state-level care coordination efforts, and opportunities to expand the modalities for delivering treatment and recovery services in Vermont
- Adaptability to assess service delivery needs which may include flexible contracting arrangements with service providers or potentially serving the role as a direct service provider on a time-limited or permanent basis
- Sufficient documentation in electronic and, where required, paper format related to service vendor management, service encounters, quality and outcomes reporting, and distribution of funds to service providers

6 REQUESTED INFORMATION

Each submission prepared in response to this RFI must include the elements listed below, in the order indicated. The vendor, when presenting the response, must use the following outline:

- Cover Page
- Response to Vendor Questionnaire
- Additional Materials (optional)

6.1 COVER PAGE

The first page of the vendor's RFI Response must be a cover page displaying at least the following:

- Response of RFI Title
- Vendor's Name
- Contact Person
- Telephone Number
- Physical Address
- Email Address
- Organization's Website Address
- Identify if you are responding to questions posed to Service Delivery Coordinators (Group A), Direct Service Providers (Group B), or both.

All subsequent pages of the RFI Response must be numbered.

6.2 VENDOR QUESTIONNAIRE

Instructions for completing the Questionnaire

The questions shown starting on the next page are intended to align with the State's goals listed in Section 3 of this RFI. Questions are asked that tie back to each of the goals and an anticipated requirement should an RFP be released.

Through this questionnaire, the Division expects to obtain responses from vendors that may serve as either the Service Delivery Coordinator or as a Direct Service Provider. The Division is not expecting an entity that is responding to this RFI to answer both the Service Delivery Coordinator (Group A) and the Direct Service Provider (Group B), but respondents can respond from both perspectives. If you are responding to the "A" questions, please provide a response to every A question in the table below. If you are responding to the "B" questions, please provide a response to every B question in the table below that is relevant to your organization. Note that some question topics are only being asked of those who are responding to the "A" questions.

The table below is intended as a guide. Do not use it to fill in your answers to questions. In your RFI submission, please restate the question number and actual question. Immediately below the question, enter your response.

The Division is not suggesting a minimum or maximum page limit for this questionnaire; however, we recommend that responses not exceed 50 pages in the aggregate. The Division understands that responses to some questions may be more involved than others.

Additional materials may be provided outside of the questionnaire and are, in fact, encouraged if they relate to specific responses. Additional materials are not part of the 50-page guidance. These materials should appear after the questionnaire itself and may be incorporated by reference in response to specific questions.

Vendor Questionnaire Format

State Goal is shown here				
Anticipated Requirement related to goal stated here	Question number	Question for Group A Respondents (Service Delivery Coordinator)	Question number	Question for Group B Respondents (Direct Service Provider)

Vendor Questionnaire

GOAL 1: Ensure all Vermonters will have access to a core set of evidence-based services.				
Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Ensuring access to services; vendor’s vision to “no wrong door” approach	1A	Upon presentation of a new client or an existing client with new service needs, how would you approach directing the client to the most appropriate services that she/he needs?	1B	From your perspective, what do you see as barriers that potential clients encounter in understanding the services that may be available to them?
Ensuring access to services at the right time for individual participants based on her/his need	2A	Describe how and where to best deliver services to individuals with co-occurring mental health and substance use disorder conditions? Specifically, should one provider assume lead responsibility (the mental health provider or substance use disorder provider), or should one provider be capable of treating both co-occurring conditions? Please explain the reason for your response.	2B	What is your opinion on where and how to deliver services for individuals with co-occurring mental health and substance use disorder conditions? Specifically, should one provider assume lead responsibility (the mental health provider or substance use disorder provider), or should one provider be capable of treating both co-occurring conditions? Please explain the reason for your response.
Breadth of services offered by a direct service provider	3A	If you were responsible for oversight and management of a portion of or the entire SUD provider network in Vermont, would you apply different approaches to those direct service providers that can offer a width breadth of services (e.g. all modalities of community-based treatment or multiple services related to recovery) compared to those direct service providers that offer a niche service or set of services? Why?	3B	If you are an existing ADAP provider, are you interested in expanding your service offering beyond what you currently provide to ADAP clients? Why? If you are not an existing ADAP provider, what services do you offer that may be of interest to ADAP that are in, or not in, ADAP’s current service continuum?
Ensuring appropriateness of services; steering participants to right services at the right time	4A	If you were responsible for oversight and management of a portion of or the entire SUD provider network in Vermont, how would you facilitate and manage the assignment or referral of clients across service providers?	4B	What would you recommend as priority areas for ADAP to focus on with respect to assuring that patients can receive the appropriate services at the time that the client needs them?

GOAL 2: Design and implement one SUD continuum of care, agnostic of substance, that is able to meet individual needs and that is seamless for individuals to access and navigate.

Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Ensuring service delivery to a defined population, both new entrants and ongoing clients	5A	Describe your experience with assuming responsibility for a pre-defined attributed population? What do you perceive as the benefits or drawbacks to assuming responsibility for coordination of services to an attributed population, recognizing that new clients will present with needs on a daily basis?	5B	As a service provider, how would you characterize the level of transitory nature of the clients you serve for substance use disorder—low, medium or high? What would you recommend as options to improve the continuity of client interactions with his/her service support team?
Service provider management; provider network development and contracting	6A	If you were responsible for assuring access to SUD service providers across the continuum of care, what techniques would you use to assure appropriate access to providers from a geographic and level of care perspective across the state? What specific information would you use with this technique?	6B	What do you perceive as the greatest gaps in treatment and/or recovery services for SUD in Vermont? Please be specific with respect to geographic locations and/or substance category.

GOAL 3: Enhance care coordination to include the physical health care system, co-occurring conditions, and recovery services.				
Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Information systems; linkages to VT Helplink	7A	Describe your experience with information systems platforms that you own or have used that enable linkages to other systems outside of your organization (e.g., periodic sharing of data in pre-defined file layouts, real-time access to view only, real-time access to query or extract data from external sources).	7B	Have you had experience with referrals from or to VT Helplink? How would you characterize the utility of VT Helplink at the present time? If it could be better utilized, how would you suggest that this be done?
Care management/care plans; avoiding unnecessary duplication	8A	Describe any experience that your organization has had with performing care management or developing individualized plans of care. What approach have you found most useful to avoid redundancy in the care planning process across entities and why?	8B	What is your opinion of the prevalence of care management activities across treatment and recovery providers in Vermont?
Care management/care plans; avoiding unnecessary duplication	9A	Describe any experience that your organization has had with conducting oversight of care management or the development of plans of care. How do you ensure that this work is completed efficiently and without duplication?	9B	What is your opinion of the quality of care management activities across treatment and recovery providers in Vermont?
Transitions of care across the service continuum; assurances that transitions are occurring	10A	Describe any experience you have had in conducting follow-up verification of care coordination and appropriate transitions of care across the service continuum, either in real-time or on a retrospective basis.	10B	What strategies would you recommend that ADAP consider to strengthen the follow-through of transitions of care across treatment modalities and between treatment and recovery services?
Care coordination related to social determinants of health; recognition as part of care coordination	11A	Describe any experience that your organization has had either in the planning or execution of integrating social determinants of health into care coordination activities.	11B	What social determinants of health do you think are most vital in the consideration of how care is coordinated for individuals seeking treatment for or recovering from substance use disorder?

GOAL 4: Develop a value-based payment structure to incentivize a higher quality of care and outcomes for Vermonters.				
Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Payments to service providers; approaches on methods to pay service providers and potential variation in method based on service being delivered	12A	If you were responsible for oversight and management of a portion of or the entire treatment and recovery SUD provider network in Vermont, what approaches would you consider for direct reimbursement to service providers for the services that they render and why? To the extent legal and feasible, describe any innovative approaches that you would consider to blend and braid resources from various fund sources to reimburse providers.	12B	From your perspective as a service provider, what recommendations do you think ADAP should consider in how it pays service providers? Be specific to the services that you provide if you believe that the approach is specific to these services.
Service provider management; assuring quality service delivery from providers	13A	If you were responsible for oversight and management of a portion of or the entire SUD provider network in Vermont, what techniques or processes would you propose to use to ensure a minimum level of quality is being rendered by providers in your network?	13B	Not applicable
Pay for performance from primary agency; State assurance of payment for outcomes The State of Vermont is open to a variety of options to pay for the services provided by the vendor(s) ultimately awarded a contract for this scope of work. In particular, the State is using the HCP-LAN Framework of 4 categories of value-based payment arrangements that has been adopted by CMS. http://hcp-lan.org/workproducts/apm-methodology-2019.pdf	14A	Do you believe that one HCP-LAN category is appropriate for all SUD treatment and recovery services? Or would some categories lend themselves to specific services over others? Please explain why and provide specific examples.	14B	Not applicable
	15A	Do you believe that any contract initiated by the State should start and stay within a specific category, or do you see options for the contract payment arrangement to evolve over time to move “up the scale” of the HCP-LAN Framework? Please explain your reasoning.	15B	Not applicable

GOAL 5: Recruit and retain high-quality staff through competitive wages/benefits and staff development career ladders to ensure capacity across the service continuum.				
Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Training provider base; workforce career path development (in particular peer supports)	16A	Please describe any curriculums that you have developed to train individuals serving individuals with SUD treatment or recovery.	16B	What education or training that has been utilized by your organization or that you are aware of that you believe is most useful for your peers?
	17A	Is there annual continuing education or training that you believe is important for all staff delivering SUD treatment or recovery services. If so, what?	17B	What specific education or training do you think is missing for personnel that deliver SUD treatment and recovery services? If this suggestion is specific to certain services or substances, please specify.
	18A	What programs would you recommend, either developed by your organization or nationally-recognized, that would assist in career development for those delivering SUD treatment or recovery in Vermont.	18B	What service categories or job positions do you think are in most need for recognition and articulation of a career development path in Vermont? What job positions do you think are in the greatest need in Vermont?
GOAL 6: Reduce duplicative efforts on behalf of the client (e.g., multiple assessments).				
Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Information systems; linkages across providers (e.g. assessments, care plans, discharge plans) to avoid redundancy	19A	Describe any experience with sharing client-level information to SUD service providers or non-SUD service providers. Is it real-time or retrospective? Is it accessed through a database or through pre-defined reports? Is data transmission one-way or two-way between you and the provider? Include a discussion of how you addressed challenges associated with 42 CFR Part 2.	19B	Assuming legal issues are not prohibitive from doing so, what is, in your opinion, the most important information that is not currently being shared across providers about shared clients, either within the SUD treatment and recovery system or between the treatment/recovery system and other providers such as acute care providers?

GOAL 7: Reduce administrative functions performed by State staff to enable the State to increase its quality-based activities geared towards improving care for Vermonters.				
Anticipated Requirement	Q #	Question for Group A	Q #	Question for Group B
Financial management; serve as fiscal agent to administer and track grant funds	20A	Please describe any experience serving as a fiscal agent for the receipt, issuing/subcontracting, and tracking of grant funds to service provider entities. If you have direct experience in this function, what method(s) do you use to track this information (e.g., specific software solution, access to a portal, etc.)?	20B	Not applicable
Information systems and data analytics; data repository that collects, validates, and tracks reporting requirements from each provider related to specific grant requirements	21A	Please describe any experience tracking information that is customarily required for SUD-related grant reporting. What method(s) do you use to collect data from grantees? to validate the information submitted from grantees? to track and consolidate data received for outbound reporting purposes to protect patient health data?	21B	Not applicable
Data Analytics; prepare information in synthesized, ready-to-use format for federal and state reporting requirements, in particular grant reporting requirements	22A	Describe how you use standardized reports for tracking grant financial information and outcomes-based information? Are these reports “canned” or are they customized to each grant? If you have experience in this area, how do you track the requirements for each grant that you manage (e.g., due dates, measure specifications, trend reporting)?	22B	Not applicable
Quality reporting; track, analyze and trend information related to State-defined quality measures	23A	What type of public or internal dashboard or other reporting do you use to track quality and outcomes for the provision of SUD treatment and recovery services or for the individuals served? Please provide examples.	23B	Not applicable

6.3 ADDITIONAL MATERIALS

Please provide any other ancillary materials that you deem appropriate to help further elaborate on or illustrate your responses to the vendor questionnaire.

6.4 CONTACT INFORMATION

SINGLE POINT OF CONTACT: All communications concerning this RFI are to be addressed in writing to the state Contact listed on the front page of this RFI. Actual or attempted contact with any other individual from the State concerning this RFI is strictly prohibited.

6.5 EXPLANATION OF EVENTS

1. Issuance of RFI

This RFI is being issued by the Office of Purchasing & Contracting, Department of Buildings and General Services Department. Additional copies of the RFI can be obtained from the State Purchasing Division web site <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=53112> or <https://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/request-proposalsinformation-active>

2. Respondent Conference Call

Any vendor requiring clarification of any section of this RFI or wishing to comment on any requirement of the RFI may attend the scheduled Respondent Conference Call, The date and time are specified on the front page of this RFI.

Microsoft Teams Meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

+1 802-552-8456 United States, Montpelier

Phone Conference ID: 432 053 189#

3. Question and Answer Period

Any vendor requiring clarification of any section of this RFI or wishing to comment on any requirement of the RFI may submit specific questions in writing no later than the deadlines for question indicated on the first page of this RFI. Questions may be e-mailed to the point of contact on the front page of this RFI. Questions or comments not raised in writing on or before the last day of the question period are thereafter waived. At the close of the question period, a copy of all questions or comments and the State's responses will be posted on the State's web sites <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=53112> and <https://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/request-proposalsinformation-active>.

Every effort will be made to post this information as soon as possible after the question period ends, contingent on the number and complexity of the questions.

4. Changes to this RFI

Any modifications to this RFI will be made in writing by the State through the issuance of an Addendum to this RFI and posted online at <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=53112> and <https://www.healthvermont.gov/alcohol-drug-abuse/grantees-contractors/request-proposalsinformation-active>. Verbal instructions or written instructions from any other source are not to be considered.

5. Submission of Responses

- a. **CLOSING DATE:** Responses must be received by the State by the due date specified on the front page of this RFI.
 - i. The State may, for cause, issue an addendum to change the date and/or time when responses are due. If a change is made, the State will post the change at the webpage indicated on the front page of this RFI.
 - ii. There will not be a public opening of RFI responses. However, the State will record the name, city and state for any and all responses received by the due date.
- b. **DELIVERY INSTRUCTIONS:**

- i. **ELECTRONIC:** Electronic responses will be accepted at the email address specified in part ii below.
- ii. **E-MAIL SUBMISSIONS.** Emailed submissions are the only means in which responses will be accepted. Responses will be accepted via email submission to:

AHS.VDHADAPPROVIDERSUMMARY@VERMONT.GOV

Responses must consist of a single email with a single, digitally searchable PDF attachment containing all components of the response. Multiple emails and/or multiple attachments will not be accepted. There is an attachment size limit of 40 MB. It is the Respondent's responsibility to compress the PDF file containing its response, if necessary, to meet this size limitation.

6. Review and Evaluation of Responses

The review and evaluation of responses to the RFI will be performed by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs and their designees. The evaluation process will take place in the 45 days following the response due date. During this time, the RFI Manager or other Division representatives may, at their option, initiate discussion with respondents for the purpose of clarifying aspects of their responses.