



## Solicitation 2024-001 Substance Use Residential Beds

### Responses to Written Questions

Q1: Is this only for clients who present as having an opioid or poly-substance (with opioid) as their drug choice? If so, we would want to serve others as well, so only a percentage of clients would qualify for this contract then. Would that mean that we would estimate a percentage of related clients to our bed count and only consider a set number of beds in this contract with multifunctional staff?

A1: Yes, you could estimate the number of beds you would need to serve individuals who meet the criteria for these funds, and then bill us for those beds when they are occupied.

Q2: Would we be required to attain DCF licensure for the whole program, or is partial licensure permitted (for the OSUD cases)?

A2: If you are licensed for the residential level we are funding, we can fund the beds we contract for. We would be paying for the bed/service not the whole program.

Q3: Would services for clients in our transitional housing qualify as Level IV care?

A3: Yes

Q4: We are accustomed to Rule 65D-30, and are only licensed for two levels, not all levels of care. Would that be the same for this and Rule 65E-14?

A4: Yes, 65D-30 outlines the programmatic requirements and 65E-14 outlines the financial requirements. You would be held to the requirements for the levels of care we are contracting with you for.

Q5: Are the staffing, counseling and qualified professional requirements the same as in 65D-30?

A5: Yes.

Q6: How is this paid? Is it on a per diem basis, monthly flat rate, fee for service, or cost reimbursement?

A6: Fee for service - Daily bed rate for occupied beds.