

QUESTIONS AND ANSWERS
Request for Proposal: #MDCH-13-007
Michigan Statewide Problem Gambling Help-line
Problem Gambling Prevention and Treatment Services

1. Section III-D.1.a. Customer Services – What is the period for prior notification to the contractor by MDCH of its “promotions or other events”?

Prior notification to the Contractor of promotions or events will be at a time period agreed upon by MDCH and the Contractor.

2. Section III-D.3. Customer Services – Does DCH have established requirements for the credentials of trainers referenced in this section? If yes, please describe.

Trainers must have a master degree in either social work, counseling, counseling psychology, or psychology, in addition to having experience in the field of problem gambling treatment. These requirements are based upon a level 1 gambling counselor, per the International Gambling Counselor Certification Board (IGCCB).

3. Section IV-B.2. Is the target of 600 clients specific to those individuals who have scored 5 or greater on the NODS and are admitted to treatment or does it also include all individuals screened for problem gambling services?

The target of 600 clients is based upon clients who have been identified as a pathological gambler with a score of 5 or greater on the NODS and have received treatment.

4. Section IV-B.2. How many people have been provided problem gambling treatment services funded by MDCH in FY 2011 and FY 2012 consistent with the definition of the target population identified?

In FY 2011, 509 individuals received treatment and in FY 2012, 605 individuals received treatment.

5. Section IV-B.3. Are there limitations or restrictions relative to the prevention plan including but not limited to the use of media campaigns, etc.?

The Contractor has discretion to establish a prevention plan in response to this bid, subject to the approval of MDCH. MDCH has sole responsibility for media campaigns.

6. Section V.A.4. Data Collection and Reporting – “The Contractor must maintain Management Information System in cooperation with MDCH.” Will MDCH be mandating a specific management information system or setting data fields that must be collected and reported?

MDCH’s minimum requirements that must be captured in the Management Information System are outlined in Section V and Attachment B, Sample Report in the RFP. Also, see question and response #18.

7. Section V.F.2.a.1. Project Plan and Budget – The Helpline Rate is based on costs associated with an estimated number of people accessing the helpline in FY 2012. The contract must have

capacity to handle a minimum of 4,000 calls per month and respond within 30 seconds. Is this rate negotiable if outreach efforts result in an increased demand beyond the projected 4,000 calls a month to assure capacity to respond within 30 seconds?

The Contractor is reimbursed based upon the total minutes per month, times per minute rate agreed upon by MDCH and the Contractor.

8. Section V-C. Qualifications and Work Site Requirements – If awarded the bid, would the Contractor have to commit to utilizing its current contract for 24-hour telephone help-line or have the capacity to select another experienced 24-hour telephone help-line service provider?

The Contractor awarded the grant agreement will be able to select a 24-hour help-line to meet the requirements outlined in the RFP.

9. What is the total amount available for this contract annually?

The total amount available for this contract annually is subject to appropriation or availability of funding. For FY 2012, the agreement amount was about \$1,100,000.

10. From the data in the Neighborhood Services Organization’s annual reports, it appears that a minority of the calls are problem gambling calls and a lower percentage resulted in a referral. Many calls appear to be information only and not related to problem gambling. Can you provide a breakdown of call types and average length of call for each? This will determine the staffing levels needed to provide adequate coverage.

The average call length is 1 minute 28 seconds. Problem gambling calls equate to approximately 5% of all calls received.

11. The RFP states that 48,000 calls can be expected. Can you provide a breakdown of times of day that calls occur? Most call centers can print an hourly call history as well as shift call histories. This too will determine staffing levels in order to provide adequate coverage.

During FY 2012 (10/1/11 – 9/30/12), 50% of the calls were received during the day. MDCH cannot provide an hourly call history or shift call history. Our data collection identifies call times as day, evening, and night.

12. The RFP, on page 20, states that 48,600 minutes of service per fiscal year are estimated. This seems impossible, given the estimate of 48,000 calls per year and the levels of crisis and assessment described herein. Is this a typo? Can you verify this or provide a corrected number of minutes?

There is not a typographical error. The 48,600 minutes per year identified in Section V-F, was based upon historical data and was used to ensure that all Contractors calculate cost for billable minutes using the same number of minutes per year.

13. “Cost is developed based upon minutes per month” is stated. Is reimbursement directly tied to the minutes billed or is it a flat rate based upon estimated minutes per month? Does the provider bill MDCH for actual minutes?

The Contractor is reimbursed based upon the actual total minutes per month, times per minute rate agreed upon by MDCH and the Contractor. If Contractor experiences an increase in calls/increase in minutes, it would result in an increase to the Contractor's reimbursement.

14. Training requirements for crisis line workers are not clearly defined and appear to overlap but be different in nature than the training requirements for clinician (both are 30 hours with ongoing training of 30 hours over the next two year). What are the MDCH required training requirements beyond the number of hours needed? Is this for the provider to determine?

MDCH does not have additional training requirements beyond the numbers of hours outlined in the RFP. The difference between help-line workers and clinicians, is that clinicians have a formal education in addition to the required 30 hours of training in the field of problem gambling.

15. On page 8, III-C reference to assuring "only MDCH business calls are made on the state reimbursable lines." Who owns and pays for the current 1-800 number and its usage? Can you describe what other lines might be included in this section?

This information is not required to respond to this RFP.

16. There is a highly developed system in place that manages the treatment and payment systems. CompCare is currently a provider of some of these services. Are they involved under contract with the current vendor or are they involved under contract with MDCH? Is there a requirement to utilize their services in the future?

CompCare is a subcontractor of the current Contractor. There is no requirement that the Contractor awarded this agreement utilize CompCare services.

17. Who establishes the credentialing and training requirements to be a provider of treatment services? Are the training hours shown in the RFP required by any licensing or regulatory body? Are there training content requirements coming from MDCH? Are these subject to modification under a new provider? What standards apply for the compliance reviews performed by MDCH?

MDCH uses nationally accredited standards from International Gambling Counselor Certification Board to establish required credentialing and training for problem gambling treatment services. Standards are not subject to modification. The standards for compliance are identified in Section III-D and IV-C of the RFP.

18. Management Information System must be maintained in cooperation with MDCH ... is there an existing electronic system for sharing information with MDCH? Is that platform required for the future? Will MDCH provide that platform to the new vendor? Is this management information system integrated with CompCare and the network providers?

The current Contractor developed and utilizes an electronic system for sharing information with MDCH. MDCH is seeking a comparable platform for sharing information. The platform will not be provided by MDCH. The degree of Management Information System integration is up to the discretion of the Contractor.

19. Our impression is that MDCH provides significant oversight and regulation of this system. Can MDCH provide documentation of its own standards/requirements that the contractor must meet that are not described in the RFP?

MDCH's minimum requirements that must be captured in the Management Information System are outlined in Section V and Attachment B, Sample Report in the RFP.

20. A lengthy screening tool is included (NODS). Is there a required screen to determine whether to apply this tool? Given that the vast majority of callers are not problem gambling calls, it would not make sense to use this tool on all calls. Are we correct in assuming that a DSM-IV diagnosis is not established directly by the crisis line? Is a formal diagnosis required for MDCH reimbursement for treatment?

The NODS tool is utilized when a caller is presenting problem gambling concerns. The Help-line staff person provides an initial screening to determine if a referral is needed. A formal diagnosis is obtained in treatment and is required for MDCH reimbursement.

21. Page 12, 3.b describes ancillary support contractors. Does this suggest that contracts must exist for the entire range of human service needs that a gambling counseling consumer might need? Or are there specific contracts that are required?

The Contractor is not required to have subcontracts in place for the entire range of human service needs. However, MDCH expects the Contractor to provide information to callers with referrals outside the problem gambling scope. Information provided may include referral numbers, website addresses, or pamphlets or brochures subject to MDCH approval.

22. Page 17.2 training of customer service staff. It is not clear how MDCH is defining customer service staff. Crisis line personnel, clinicians, and those that interact with MDCH could all be considered to be customer service staff. Is there a more specific definition for customer service staff intended?

Customer service staff refers to help-line staff and individuals providing treatment services. Section III-D references training for help-line staff and IV-C references training for prevention and treatment staff.

23. The published reports show that nearly 53% of the incumbents 2011 calls received were categorized as "Wrong Numbers," "Hang Ups," and "Undetermined". Please clarify the individual definition for each of these categories as well as any additional information concerning these categories.

The definitions of the problem codes are:

- **Wrong Number – Caller was attempting to reach a different agency/line other than the Michigan Problem Gambling Help-line. Caller intended to reach a casino or MDCH.**
- **Hang-ups/Incomplete Call – Caller terminates the call or call is incomplete due to loss of service.**
- **Undetermined – Caller refused to disclose reason for the call.**

24. The published reports for 2011 activity indicate that nearly 41% of the call volume were categorized as "Lotto Info." Has the MDCH considered directing these calls to an automated attendant and/or clarifying on lottery tickets the number for winning lottery numbers versus the gambling hotline number?

MDCH is open to enhancing help-line operations. The Contractor may provide possible alternatives to MDCH.

25. The current number of 75 gambling counselors in Michigan appears insufficient for a state-wide-provider network. Is increasing the number of trained, available gambling counselors a goal for the winning vendor under this proposed grant?

This information is not required to respond to this RFP.

26. How many callers to the gambling hotline received a gambling assessment over the past three years? Or, what is the annualized mean number of hotline callers who received an assessment for problem or pathological gambling for the past three years?

Over the past 3 years, there has been 1,609 NODS screenings conducted for help-line callers who entered into treatment.

27. How many TTY calls has the gambling hotline received over the past three years? Or, what is the annualized mean number of TTY calls received by the hotline in the past three years?

TTY capability is a new system requirement in the RFP for the help-line.

28. What specific types of promotional efforts and materials (and in what proportions) have led to the most helpline calls?

The following are MDCH's promotional efforts that have led to help-line calls in order of most referrals: TV commercials, radio commercials, billboards, and brochures. Referrals also come from social media and the speaker's bureau.

29. What is the typical disposition of gambling hotline callers with non-gambling mental health conditions or and/or problem gambling which does not meet the clinical criteria for pathological gambling?

Callers who do not meet the clinical criteria for a pathological gambler, but have other needs are referred to Gamblers Anonymous, Gamanon, Community Mental Health (CMH) agencies, other support services, or counselors/therapists.

30. Can a vendor add additional questions to the hotline caller assessment to screen for co-morbid issues such as substance abuse, depression and other behavioral disorders (or mental health conditions)?

This information is not required to respond to this RFP.

31. How much time will the successful vendor have between contract award and the deadline to be fully operational for client services?

The grant agreement estimated award date is May 30, 2013. The approved Contractor must be fully operational on October 1, 2013, the start date of the agreement.

32. How many calls does the incumbent currently receive per month?

For the period of October 2012 – February 2013, there were an average of 2,491 calls per month.

33. What is the current monthly average of total minutes over the past three years provided by the incumbent for servicing the Michigan Statewide Gambling Hotline?

For FY 2010 – FY 2012, the help-line had an average of 4,014 minutes per month.

34. What percentage of gambling hotline callers over the past three years have been diagnosed as pathological gamblers?

Approximately 5% of the total help-line callers have been diagnosed as a pathological gambler.

35. What is the level of involvement by the current vendor in the design and/or distribution of promotional materials?

The Contractor will participate on work groups chaired by MDCH to design and distribute promotional materials.

36. How many staff currently work full time solely as part of the Michigan Statewide Problem Gambling Help-line & Problem Gambling Prevention and Treatment Services.

This information is not required to respond to this RFP.

37. What is the preferred language of mandated multilingual staff member(s) listed on pg. 9 section 1a of Customer Service requirements?

Based upon the current client population being served, the preferred language of mandated multilingual staff member(s) are Spanish and Arabic.

38. Is the program considered fully operational prior to all staff receiving 30 hours of pre-service training in the field of problem gambling?

The program would not be considered fully operational, if customer service staff for Component 1 and 2 have not received required training in the field of problem gambling.

39. What is the process for determining a pathological gambler requiring treatment will pay individually or be subsidized by the state?

The clinician assesses income, expenses, total debt, and insurance coverage. This assessment in conjunction with the Ability to Pay Schedule determines the client's responsibility.

40. What is the income threshold that determines individual eligibility for either partial or complete state payment of treatment for pathological treatment? Could the MDCH please provide the current incumbent's "Ability to Pay Schedule?"

The Ability to Pay Schedule (also referred to as the Sliding Fee Scale) is based upon the Federal Poverty Guidelines. Attached is a sample Ability to Pay Schedule.

41. Is the MDCH satisfied with current Excel generated reports being provided by incumbent? If not, what would the MDCH like to see improved in regards to reporting?

This information is not required to respond to this RFP.

42. What optional services not listed in the RFP are being provided by the incumbent? What optional services would MDCH consider an improvement to the service in the next grant period?

This information is not required to respond to this RFP.

43. What could be improved upon from current delivery system in respect to 24/7/365 phone line, reporting and data collection, and counseling services?

This information is not required to respond to this RFP.

Problem Gambling Treatment Services

Sliding Fee Scale

Based on 2013 Federal Poverty Guidelines

% of Federal Poverty Level:	100%	100.01% - 110%	110.01% - 150%	151% - 200%	201% - 250%	251% and above
% charged for services:	0% [\$0.00]	10% [\$8.00]	25% [\$20.00]	50% [\$40.00]	75% [\$60.00]	100% [\$80.00]
<i>Discounted:</i>	100%	90%	75%	50%	25%	0%
Income						
Family Size						
1	0 - \$11,490	\$11,491 - \$12,639	\$12,640 - 17,235	\$17,236 - \$22,980	\$22,981 - \$28,725	\$28,726 or more
2	0 - \$15,510	\$15,511 - \$17,061	17,062 - 23,265	23,266 - 31,020	31,021 - 38,775	\$38,776 or more
3	0 - \$19,530	\$19,531 - \$20,141	20,142 - 29,295	29,296 - 39,060	39,061 - 48,825	\$48,826 or more
4	0 - \$23,550	\$23,551 - \$25,905	25,906 - 35,325	35,326 - 47,100	47,101 - 58,875	\$58,876 or more
5	0 - \$27,570	\$27,571 - \$30,327	30,328 - 41,355	41,356 - 55,140	55,141 - 68,925	\$68,926 or more
6	0 - \$31,590	\$31,591 - \$34,749	34,750 - 47,385	47,386 - 63,180	63,181 - 78,975	\$78,976 or more
7	0 - \$35,610	\$35,611 - \$39,171	39,172 - 53,415	53,416 - 71,220	71,221 - 89,025	\$89,026 or more
8	0 - \$39,630	\$39,631 - \$43,593	43,594 - 59,445	59,446 - 79,260	79,261 - 99,075	\$99,076 or more
9 or more	Add \$4,020 for each additional person.					