



Department of Health and Social Services
Finance and Management Services
Grants and Contracts Support Team
333 Willoughby Avenue, Suite 760
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<p align="center">RFP Grant Services for Comprehensive Behavioral Health Treatment and Recovery (CBHTR)</p>
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Amendment #1

Amendment Issue Date: April 1, 2013

This amendment serves to amend language in Section 1.03 and 3.05, provide clarification to Section 4.05 criteria, replace Attachments #2 and #5 with revised forms and answer questions received from potential applicants regarding the Request for Proposals (RFP).

Amended RFP language is as follows:

Section 1.03, Project Narrative, is amended to add items 9 and 10 below:

9. Describe how locations/facilities will provide access to the target population, enhances success of the project, and are safe and appropriate to the purpose of the project.
10. Include a detailed plan for services in the first year of the grant and include a brief outline of services planned in subsequent years.

Section 1.03, Project Narrative, second bullet point is amended to read:

- Items 5 – 7 and 9 – 10 are relevant to Section 4.05.

Section 3.05, last paragraph on page 17 is amended to read:

This page length requirement excludes the table of contents, appendices and attachments (including but not limited to employee resumes, job descriptions, and cooperative agreements).

Clarification to Section 4.05 criteria c and d is as follows:

Items 9 and 10 have been added to Section 1.03 of the RFP through this amendment.

- Criteria 4.05.c will score item 9.
 - Criteria 4.05.d will score item 10.
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Questions and Answers

Q1: Attachment #2 – Checklist for Required Agency Documents indicates the agency narrative should be 10 pages or less but the RFP indicates it should be 5 pages or less. Which is correct?

A1: The agency narrative should be 5 pages or less as stated in Section 1.03 of the RFP. A revised Attachment #2 has been posted with Amendment #1.

Q2: Is the table of content listed in the page limit or is it excluded?

A2: Review amended Section 3.05 language listed on page 1 of this amendment.

Q3: Page 7 of the RFP, project Narrative #6: Identify the Lead Project Director and the proposed project staff. Is this referring to titles and the staffing structure or the actual names of each staff member or both? If this is a list of names and positions should every staff member be included?

A3: Provide a list of names and positions held for the lead staff in each program service type in your application. For example, Jane Smith LCSW, Clinical Supervisor SMI Outpatient Program, John Brown, LPC Lead Counselor, SMI Program: three Behavioral Health Specialists.

Q4: Page 13 of the RFP under program staff requirements states: applicants proposing to provide substance use disorder treatment must have staff certified at the appropriate level by the Alaska Commission for Behavioral Health Certification or the National Association for Alcoholism and Drug Abuse Counselors (NAADAC). Can DBH please clarify the expectations regarding certification as it is not currently a requirement under the Medicaid regulations for substance abuse counselors?

A4: This is a new grant requirement in this funding cycle in recognition of the specialized skills and knowledge required to effectively treat individuals with a substance use disorder. If staff are not currently certified at the appropriate level for the work they are required to perform, please describe the agency's plans to meet the requirements during the fiscal year.

Q5: Must we provide after-hours crisis if applying for a Category A grant? If so, how would we do so if our facility is not set-up for after-hours urgent care?

A5: Yes. Please review the Program Type Descriptions for Psychiatric Emergency Services, Outpatient Services for High Risk Children in Early Childhood and/or Youth with Serious Emotional Disturbances and Their Families; Outpatient Treatment for Adults with Serious Mental Illness and Adult Outpatient Substance Use Disorder Treatment. Configuring your facility to deliver the required services is an agency business decision.

Q6: What category (A, B or C) does program service #3 (youth residential substance use disorder treatment services) fall under in the RFP? It does not appear to be included on the checklists for A, B or C.

A6: Attachment #5 has been revised to include Type #3 Youth Residential Substance Use Disorder Treatment Services and Type #15 Peer and Consumer Support Services. A revised Attachment #5 has been posted with Amendment #1.

Q7: The RFP indicates that there is a 25% match; however in sec. 74.30.475 Grant-in-aid a program can request a waiver from this requirement. What is the procedure to request a waiver regarding the 25% match?

A7: If an agency receives an award, a request for waiver of match could be submitted to the Division for consideration at that time.

Q8: On page 34 of Attachment #1 – Program Types, there is a requirement for substance abuse program to utilize the Alaska Prescription Monitoring Program. Is this a program the Non-Profits have access to? What is the reason for this requirement? What does it mean by “utilize”?

A8: Substance use disorder treatment programs that provide medication to clients are required to utilize the Alaska Prescription Monitoring Program. More information on the program can be found at <http://www.alaskapdmp.com/>

Q9: Are outpatient services for SED children ages 9-18 is included in program service type #9?

A9: Program Type 9: Outpatient Services for High Risk Children in Early Childhood and/or Youth with Serious Emotional Disturbances (SED) and Their Families includes,

- a child under the age of 8 who has experienced two or more adverse childhood experiences as defined by the ACES study; or
- a youth who meets the criteria as defined in 7 AAC 70.990 (10)

Q10: Do other smaller organizations team with larger organizations for the Comprehensive BH Treatment and Recovery Grant? Do you have any suggestions for pass-through recipient awards or sub-contract awards with any local grantees such as Kenaitze, CITC, or South Peninsula Hospital?

A10: Smaller organizations and larger organizations may develop collaborative agreements or contractual agreements. The DHSS Grant Regulations 7 AAC 78.180 Subcontracts, describes the requirements for an agency subcontracting with another agency for specific activities or services.

Q11: I have a question regarding the FY14 Comprehensive Behavioral Health Treatment and Recovery RFP and the FY13 performance-based funding mechanism being employed after the third quarter of FY13: How will the performance-based funding affect FY14 funding? In other words, if an agency applies for \$100,000, will the FY13 performance-based funding decisions affect that amount? If so, how much time will an agency have to revise a grant award to incorporate those changes?

A11: Section 2.01, it states that Department staff will include consideration of the applicant’s history of compliance with grant requirements and how they performed in providing the same

or similar services. The Division may consider Performance Based funding when determining funding recommendations.

Q12: When will the RFP for Evidence Based Practice Grants be issued?

A12: There will not be an RFP issued for Evidence Based Practice grants in FY 14. Funds for those services were rolled into the CBHTR RFP. Please review the Program Service Type descriptions in Attachment 1, for the most appropriate service type.

Q13: RFP score sheet section 4.05 requirements c and d are not mentioned elsewhere in the RFP. Where in the application packet do these items go, and in what order? If it goes into the narrative, does it count toward the page limit?

A13: Criteria listed in Section 4.05.c and 4.05.d should be addressed in the Project Narrative (see amended language on page 1 of this Amendment). As stated in the RFP, each proposed project narrative will not exceed 5 pages.