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Finance and Management Services
Grants and Contracts Support Team
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<p align="center">RFP Grant Services for Comprehensive Behavioral Health Treatment and Recovery (CBHTR)</p>
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Amendment #2

Amendment Issue Date: April 9, 2013

A pre-proposal teleconference was held for the FY14 CBHTR RFP on April 3, 2013, at 1:30 p.m. At the teleconference, Sections 1.06, 3.01, 3.02, 3.07 and 4 of the RFP were brought to everyone's attention and participants had the opportunity to ask questions regarding the Request for Proposal. This amendment serves to answer questions received from potential applicants regarding the Request for Proposals (RFP), amend language in Section 2.02 and to replace Attachments #3, #4 and #5 in their entirety with revised forms.

Section 2.02, second paragraph, is amended to read:

Applicants proposing to provide substance use disorder treatment are encouraged to have staff certified at the appropriate level by either the Alaska Commission for Behavioral Health Certification or the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), the Association for Addiction Professionals.

The following Attachments to the RFP have been revised and are replaced in their entirety:

Attachment #3 – Category A Checklist has been revised to clarify the following:

- A Proposed Project Narrative (5 pages or less), describing the services the agency will implement, should be submitted for each of the 4 Program Service Types.
- Resumes (no more than 1 page each) & Job descriptions appropriate to each of the required Program Service types.

Attachment #4 – Category B Checklist has been revised to clarify the following:

- Resumes (no more than 1 page each) & Job descriptions appropriate to each of the proposed Program Service types.

Attachment #5 – Category C Checklist has been revised to clarify the following:

- An overall Summary Budget detail incorporating all Program Service Types applied for Under Category C.

- Resumes (no more than 1 page each) & Job descriptions appropriate to each of the proposed Program Service types.

Questions and Answers:

Project Narrative Questions

Q1: On Attachment 3 of the RFP, there is a requirement for a single 5-page narrative covering the four Category A service types but on page 6 of the RFP instructions, there is a requirement that a 5 page narrative be submitted for each of the four Category A service types. Can you please advise which is correct?

A1: Clarification regarding the Project Narrative for Category A Checklist has been provided under this amendment. Please refer to the revised Attachment #3 posted with this amendment.

Q2: Page 7, project narrative #6 states: *Identify the lead project Director and the proposed project's staff*. Is this key staff or all staff for the program type? If it is all staff, can the staff list be an attachment as this could take up to a page of narrative space?

A2: Applicants would identify key staff.

Q3: Page 18 first paragraph after (d.) refers to a detailed plan for services in the first year of the grant. Does the project narrative describing services suffice as a detailed plan for the first year or is this referring to a something similar to a project timeline?

A3: This item is part of the Project Narrative. Please refer to Amendment #1 posted on 4/1/13.

Job Descriptions & Resume questions

Q4: Attachments #3, #4 and #5 request "Job descriptions & resumes (no more than 1 page each) appropriate to each of the required Program Service types." Would this mean you want the job descriptions and resumes for the lead and should job descriptions be limited one page?

A4: Only the resumes should be no more than 1 page each. This has been clarified on the revised Attachments #3, #4, and #5 posted with this Amendment. As mentioned during the pre-proposal teleconference, the Division is leaving it up to the agencies to determine which job descriptions and resumes are appropriate to the Program Service Type they are applying for. So, if the lead would be appropriate for the Program Service Type you are applying for, than you would want to include their job description and resume.

Q5: Can the job description be more than one page and do all job descriptions/resumes need to be included?

A5: See the revised Attachments #3, #4 and #5 posted with this amendment and refer to Section 2.02, paragraph 4 of the RFP

Logic Model Questions

Q6: What is meant by having a logic model for each “challenge,” as opposed to having one for each program type?

A6: Please refer to Section 1.04 Program Evaluation Requirements and Reporting, item 1, Logic Model and Attachment #6 which outlines the requirements of the Logic Model and Logic Model Evaluation Plan. As stated page 8 of the RFP, Applicants are required to submit one Logic Model that addresses their overall CBHTR grant proposal.

Q7: Under 1.04 Program Evaluation and Requirements and Reporting, applicants are required to submit one Logic Model that addresses their overall CBHTR grant proposal. The Logic Model must address the divisions “Results Based Accountability” indicators. One of the required indicators is “Client Improvement in Life Domains over Time” which is taken from client self-report on the Client Status Review (CSR). What is the definition of Life Domains? What questions on the CSR inform this indicator? When pulling reports do agencies use the agency wide or individual client reports?

A7: Please refer to the AKAIMS Support Site (no password required): <https://akaims-support.dhss.alaska.gov/forms.htm>. This site contains a copy of the current Client Status Review. In the Client Status Review, question #2, #5, #6 and the items in section 16 are the life domain questions. Only agencies that are currently using AKAIMS would be able to pull reports.

Q8: Can we include in the logic model programs for other solicitations?

A8: Yes, it is a comprehensive logic model.

Q9: On the Logic Model, the example given in Attachment 6 list a very long list of things needed to be covered in the logic model, yet the example given does not cover everything listed. Does the logic model have to cover a Identified Challenge or Problem for each of the 4 Program Service types or would just one Identified Challenge or Problem work?

A9: Please refer to Answer #6 on this amendment. As stated page 8 of the RFP, Applicants are required to submit one Logic Model that addresses their overall CBHTR grant proposal.

Q10: On the logic model, it is not clear if what is being requested is just simple goals for each of the 4 Program Service types, or is it to demonstrate successful implementation of the proposed project, which I take to mean what will be the activities in FY 14 we will do to run the program?

A10: Please refer to Answer #6 on this amendment

Q11: On attachment #6 it says “Goals and Outcomes which should incorporate those identified in the Introduction and Program Goals and Anticipated Outcomes section of this RFP” Which section is this and what page number?

A11: In Attachment #6, the reference to a Section in the RFP titled Program Goals and Anticipated Outcomes is incorrect. That Section title was changed in the RFP to Program Anticipated Outcomes (see Section 1.02). The Introduction is under Section 1.01

Program Service Type Questions

Q12: Program Type 11, p. 26, Attachment 1, item 2 of the required practices states that “the grantee must have procedures in place to allow the immediate acceptance of an adult with serious mental illness into treatment that is being released from a hospital, jail or other institution. The person should be seen by a clinician within 7 days, and have access to a psychiatrist, physician, physician’s assistant or advanced nurse practitioner with prescriptive authority before any discharge medications have been exhausted.” Does this requirement refer to client we already serve or are we expected to act like a Community Mental Health Center (Program Type 1) and take anyone who comes our way?

A12: For agencies who are not applying for Program Type 1 this refers to clients you currently serve who enrolled in your program.

Q13: Can you please define “Psychiatric services (MD, ANP)” under Core services and requirement, bullet #5, Program Service Type #9?

A13: Individuals who by training, qualifications and licensing can prescribe medications.

Q14: On Attachment #1, page 5, criteria 7 it states the grantee will develop a written memorandum of agreement with any hospital within 50 miles of the grantee’s main office, including DES and DET facilities. What is the intent of this criterion?

A14: The intent is to ensure there is a working relationship between the grantee agencies and the hospitals.

Q15: Under Residential Services, do we need to put in a separate service type for after care services?

A15: After care services are not a Program Type as described in Attachment 1.

Q16: Our agency operates a residential group home as part of our community support program. In the past, funding has always fallen under Outpatient Treatment for Adults with SMI. Can we continue to apply for funds through Service Type #11 as a combined program or must we separate this out and apply under Service Type #6.

A16: The question did not state clearly what residential group home you are inquiring about. If you are looking for information on Adult Residential and Housing Services for Seriously Mentally Ill Adults, please refer to Program Service Type #6 on Attachment #1. Applicants may not apply for a “combined” program service type. Applicants should review Attachment #1 for the Program Service Types available for funding under the CBHTR RFP. Please also refer to language on Category C checklist which states “each Proposed service(s)/location(s) must have its own proposed project packet.

Q17: Question 8 in the amendment 1, still is not clear. “ Substance use disorder treatment programs that provide medication to clients are....” How is “ provide” interpreted? If an agency has a physician that prescribes medication to a client and the medication order is filled by a pharmacy, and the program monitors medication compliance would this still be consider

provide? The Alaska State Board of Pharmacy Alaska Prescription Drug Monitoring Program certification seems to apply to pharmacy as you need to have a pharmacy license. If an agency does not hold a pharmacy license nor does it fill prescriptions how would they have access to this data base?

A17: The intent of the requirement is for SUD providers who dispense medication to use the PDMP, to check what other prescriptions a client might be taking, before they prescribe more. Clients are frequently not candid about what drugs they are taking. This check of the PDMP could at least clarify what other prescription drugs they are taking to check for potential problems and side effects. For information on how to access the data base, refer to the link provided in Amendment #1, answer #8.

Budget Questions

Q18: On page 6, Appendix C- Summary Budget which shows the combined budget of all components is just the "budget detail summary" sheet or are you expecting a combined narrative?

A18: The Summary Budget listed in the example on page 6 under Required Agency Documents would be an Appendix C that reflects the combined Proposed Projects budget detail information only.

Q19: I was wondering under category C "an overall summary budget detail & narrative) do I need to do this twice if I only have one program under category C.

A19: No.

Q20: If we are submitting a Category A application, we will have to have 4 separate budgets for each of the 4 Program Service Types?

A20: Yes. Please see the revised Attachment #3 (Category A checklist) posted with this amendment.

Q21: RFP score sheet section 4.02 requires travel costs for two Anchorage conferences. Will there be a penalty for not including this? Some applicants are already located in Anchorage.

A21: Item 4.02 under the RFP is a Technical Requirement and points are not awarded to that criterion.

Q22: On page 23, Section 4.04(b), it states "The required match is met and fully supported by tangible evidence". What would be considered "tangible evidence"?

A22: Tangible evidence would be reflecting the required match in the budgets. See Match Requirements on page 12 of the RFP.

Q23: On Appendix A- Application Form, Item #16, do we fill out two years requests for FY14 and FY15?

A23: Applicants should indicate Proposed State Budget year(s) and State Funds Requested for FY 2014.

Q24: Can we ask for more money than we have received in prior grant years? If so, is it likely to be funded?

A24: This is a competitive solicitation and that is at the agencies discretion. We cannot indicate if a proposal is likely to be funded since proposals have not been received or reviewed yet and the Governor has not approved the FY14 budget.

Community Action Plan/ Community Behavioral Health Continuum of Care Questions

Q25: If we are applying for the same Program Service Type, but in three different service areas, do we still submit ONE Agency Community Action Plan and Community Behavioral Continuum or a separate one for each Proposed Project that address that specific communities needs?

A25: If an agency is proposing more than one service area, each service area must have its own Community Action Plan and Community Behavioral Health Continuum of Care as no two communities or continuum are the same throughout the state.

Other Questions

Q26: Is the BRS Residential Services under a different solicitation?

A26: BRS Residential Services (Residential Care for Children and Youth) is a separate solicitation and not part of the FY 14 CBHTR RFP.

Q27: Are the "Program Service Type population" noted on Page 7 under item 2 of the Project Narrative the same as the "Target Population" more fully addressed on page 9 in section 1.05? If not, where does the Target Population and Service Area section go in the application packet, and in what order?

A27: The Program Service Type population noted on Page 7 under Project Narrative is the same as the Target Population addressed under Section 1.05. Please note that Section 1.05 directs readers to Attachment #1 for each Program Service type target population. Section 1.05 also includes information taken into consideration by the Division when determining the target populations to be served under the CBHTR program (item #1-4 on pages 10 and 11 of the RFP).

Q28: On page 9, item 3, Submission of AKAIMS minimal data set, how do we monitor the percentages listed for the minimal data set? Is there a report we can pull or will the state be sending reports? Where do we find percentage of data entered?

A28: The report is called "Data Integrity Minimal Data Set" and is located under the AKAIMS Agency Reports and includes specific agency percentages.

Q29: Page 6 – Copy of the most recent financial audit. Our agency audit is more than 200 pages. Do I need to include all 200+ pages? Is the "Schedule of Revenues, Expenses, and Changes in Net Assets – Budget and Actual" sheet acceptable?

A29: Please review Section 2.01. As stated under that section, agencies must include a copy of their most recent program and fiscal audits if the applicant is not a current or prior year grantee of DHSS.

Q30: On page 15, the last sentence of Section 3.01 requests emergency contact information outside of the agency for one or more responsible officer of the governing board. What is the rationale behind this request?

A30: The Board of Directors has the fiduciary responsibility for the agency and on occasion it is necessary for the state to speak directly with them.

Q31: Is a “packet” to be submitted as a separate document? In other words, if I choose to bind my grant and the copies, do I bind all the “packets” together, or do they need to be bound separately with their own table of contents and page numbered as a separate document?

A31: Bind separately. As shown in the example on page 6, an Agency Application is made up of the Required Agency Documents packet and separate Proposed Project packets. The Required Agency Document packet should have a table of contents. Each Proposed Project packet should have its own table of contents and score sheet. Agencies must submit one original Agency Application and six copies of the Agency Application.

In response to the multiple questions we have received regarding the type of binding to be used, please note that we do not specify in the RFP how agencies should bind their proposals. It is up to the agency to decide on the binding but I will mention that staff find it very difficult to remove spiral binding and we have an excess of empty binders.

Q32: If our agency/organizational documents are not up to date in E-grants, should the updated forms (e.g. business license) be included in this grant, or should they be submitted now, or later, and to whom?

A32: All requested forms should be included in the Agency Application. As stated at the bottom of Attachments #2 through #5, “neither Grants & Contracts nor the Division of Behavioral Health can edit, change, add or subtract documents to the application submitted by the applicant.”

Q33: Page six of the RFP under *Completed Agency Checklist (Attachment 2)* refers to “Appendices F1, F2 & F3 – FFATA forms” but Appendix F3 posted online is “RFP Appdx F3 - DUNS Number Request Info.” So Appendix F3 is listed as a form in the RFP but appears to be purely information on obtaining a DUNS number. Other than ensuring we have a DUNS number, do we need to do anything with or include Appendix F3 in our application?

A33: If Appendix F1 or F2 are applicable, an agency should submit those completed documents with their proposal. Appendix F3 is an informational document only and does not need to be returned with the proposal.

Q34: For the full application you will need 1 original and 6 copies of each of the following items listed on Page 6 for Agency Checklist and Category A?

A34: Please refer to answer #31 on this amendment.

Q35: Will a MAC (Master's in Addiction Counseling) certification from another national organization, besides NAADAC, be accepted? For example we have a staff person who holds a Master Addiction Counselor certification through the American Psychiatric Assn.

A35: Please see the amended language for Section 2.02 on page 1 of this amendment.

Q36: Do medical staff, who hold a license from the state of Alaska (LPN,RN), Division of Occupational Licensing, need state or national certification if they are providing substance use disorder treatment? (this would apply to medical staff who facilitate groups etc...)

A36: Please see the amended language for Section 2.02 on page 1 of this amendment.

Q37: Do other staff with other professional licensure (LPC, LCSW, LPA, LMFT, licensed psychologists etc...) which supersede Alaska CDC certification also need to comply with CDC certification requirement through ACBHC?

A37: Please see the amended language for Section 2.02 on page 1 of this amendment.

Q38: Will we have to identify which sections are the Agency and which are for Category A?

A38: Please refer to answer #31 on this amendment.

Q39: Given the complex requirements of the solicitation, can the deadline for receipt of proposals be extended by 15 days (May 15, 2013)?

A39: The deadline for receipt of proposals remains as stated in the RFP, 4:00 p.m., April 30, 2013.

Q40: We request a standard response time to questions regarding the RFP that is fair to both parties. We would submit that five (5) business days is a reasonable and fair time for the Division of Behavioral Health and/or Grants and Contracts to respond to questions. Can this standard be applied to this solicitation?

A40: It is always the intent of the procurement person to provide responses to applicant's questions as soon as possible. Questions that are of a substantive nature must be compiled, so that staff can create their response and post the clarification on the State of Alaska Online Public Notice site.

Q41: Could the new certification requirement under Section 2.02, paragraph 2, be removed from the CBHTR?

A41: The language under Section 2.02, paragraph 2 has been amended. Please see page 1 of this Amendment.

Q42: Appendix B, item 23 requires grantees to complete the DHSS Civil Rights training and directs Providers to a website where they are asked to create a user profile. The training has not been posted yet? Why is the training requirement being implemented this way?

A42: The Appendix B – Grant Assurances item #23 reads “Within 30 days of the start of the grant, or within 30 days of the date of hire...” The grant awards have not been issued so it is not a requirement the training be done prior to submitting proposals. It simply assures the department it will be completed if an award is granted.

Q43: Information helpful to applicants, behavioral health providers, and field advocates is discussed during the Proposal Evaluation Committee (PEC). Applicants can learn how to improve their submissions in the future. Why are PEC’s closed?

A43: 7 AAC 78.090 reads “open proposals so as to avoid disclosure of contents to competing applicants before notice of award is issued.” Proposal Evaluation Committee (PEC) meetings are now closed to the public. PEC meetings are the beginning of a very complex process. The PEC provides recommendations to the division program staff, the division then takes into consideration additional factors such as the applicant’s previous performance, department priorities, and distribution of services between rural and urban areas. In the past, observing applicants may have witnessed their proposal score the highest by a PEC yet not is selected for award. Applicants are not privy to the many steps that follow after a PEC meeting; opening the PEC meeting portion of the decision-making process to the public wasn’t providing an accurate picture of the whole process to applicants. This regulation change was posted for public comment prior to being adopted on October 16, 2012.