STATE OF ALASKA

Department of Health
Division of Name Behavioral Health

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT)

RFP NUMBER 2027-1600-0043

Amendment # 2

August 14, 2026

This amendment is being issued to answer questions submitted by potential offerors and to provide additional important information.

Offerors must use Submittal Form A – Offeror Information to acknowledge this amendment.

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Questions submitted by potential offerors and answers from the State:

Q#	SECTION/ DOCUMENT	PG.#/ TOPIC	QUESTION RECEIVED	RESPONSE PROVIDED
1.	4.01 RFP Submittal Forms	17	Please confirm that bidders can turn off track changes from the Submittal forms that were posted to the procurement site.	Yes, offerors can do this. Attachment 01 - RFP Submittal Forms A-F.docx is updated 7/30/26 and reposted to website with track changes turned off.

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2.	RFP Sections 1.01 and 2.01	4, 7	**Applicable SAMHSA Programs** The RFP states that DBH administers multiple SAMHSA grant programs requiring collection and reporting of client-level SUPRT data. Please provide the SAMHSA-funded programs and associated Grant IDs that are currently expected to be supported under the resulting contract. Please also provide any programs that DBH reasonably anticipates adding during the initial contract term or optional renewal periods.	The grant portfolio and Grant IDs may change during the life of the contract. The solution must accommodate additions, removals, and changes without requiring a material redesign. There is currently only one grant ID number 8765-TSO1 for State Opioid Response and unique clients served are estimated to be between 200-500 annually.
3.	RFP Sections 1.01, 3.02, and 3.04	4, 8, 9	**Anticipated System Volumes** Please provide the estimated number of subrecipient grantees, provider organizations, SAMHSA-funded programs, authorized users, client records, and annual SUPRT assessments expected to be supported by the solution. If available, please also provide anticipated peak concurrent-user volumes, annual import volumes, and historical growth assumptions.	The State is not establishing fixed system-volume assumptions. The number of grants, subrecipients, provider organizations, authorized users, client records, assessments, concurrent users, and imports will vary by grant award, funding cycle, participation, and SAMHSA requirements. Offerors should propose a scalable solution capable of supporting the State's current and future SUPRT workload without treating any current count as a design limitation.
4.	RFP Sections 1.01, 3.02, and 3.04; Attachment 08	4, 8, 9	**SUPRT-C Data-Collection Responsibility** Attachment 08 includes SUPRT-C instruments designed for completion by clients, caregivers, or other authorized respondents. Please clarify whether the State expects clients and caregivers to complete SUPRT-C assessments directly through a secure respondent-facing portal or whether provider personnel will collect and enter the responses on their behalf.	The State does not require a separate respondent-facing portal for clients or caregivers. Provider personnel will administer or facilitate the applicable SUPRT-C instrument and enter or import the resulting information into the secure provider portal. An offeror may describe optional respondent-facing capabilities, but those capabilities are not required by the solicitation.
5.	RFP Sections 1.01, 3.02, 3.03, and 3.04; Attachment 07	4, 8, 9	**Responsibility for SPARS Submission** The RFP variously describes the contractor as facilitating SPARS submission, providing a batch-upload interface for DOH submission, and submitting completed records through the approved batch-upload process. Please clarify whether the contractor will be responsible for uploading, reviewing, accepting, correcting, and resubmitting batch files directly within SPARS, or whether the contractor will prepare the files and provide operational support while authorized DBH personnel perform the final submission and acceptance steps. Please also identify whose SPARS credentials or grant-workspace access will be used.	The contractor will provide and operate the batch-upload interface, submit completed SUPRT records to the applicable DBH SPARS grant workspace, provide submission-status and error reporting, and support correction and resubmission. Subrecipient personnel remain responsible for correcting inaccurate or incomplete source information, and DBH retains oversight of its SPARS grant workspaces. Credentialing and workspace access will be established with the successful contractor in accordance with SAMHSA and State security requirements.

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6.	RFP Sections 2.01 and 3.02	7, 8	**Historical Data and Submission Backlog** Please clarify whether the contractor will be responsible for migrating historical GPRA or SUPRT data into the proposed solution or submitting any records collected before contract commencement. If historical migration or backlog processing is anticipated, please provide the estimated record count, source formats, applicable reporting periods, and expected completion schedule.	Historical GPRA or SUPRT migration and pre-contract backlog processing are not required as part of the scope. The solution must begin supporting required SUPRT activity at implementation. If the State later requests historical migration or backlog work, the parties will define the records, formats, schedule, and any associated contract change before that work begins.
7.	**RFP Section 3.03**	8	**Analytical and Program-Evaluation Reports** The RFP requires up to eight analytical reports to be jointly designed by DBH and the contractor. Please describe the anticipated subject matter, complexity, filters, visualizations, export formats, refresh frequency, and user access requirements for these reports. Please also confirm whether these reports will use only data collected through the SUPRT solution or whether integration of additional State or third-party data sources may be required.	The up to eight analytical reports will be jointly defined during implementation and will use data collected and maintained through the SUPRT solution. The reports are expected to support routine program oversight and evaluation, with mutually agreed filters, visualizations, export formats, refresh schedules, and role-based access. Integration of additional State or third-party data sources is not required under the scope of work unless separately approved through formal contract amendment process.
8.	RFP Sections 1.01 and 3.02; Attachment 02, Requirements IT24 and IT26	4, 8	**Provider Data Imports and External Integrations** Please identify the anticipated source systems, file formats, data-transfer methods, and submission cadences for provider-supplied data imports. Please clarify whether the contractor will be required to develop provider-specific EHR interfaces or APIs, or whether the contractor's obligation is limited to publishing a standardized import specification and processing files conforming to that specification.	The scope of work requires the contractor to develop and maintain a standardized import specification, approved by the Department, and to process provider files that conform to that specification. Provider-specific EHR interfaces or APIs are not required under the scope of work. File format, secure transfer method, validation rules, and submission cadence will be finalized during implementation. Any exchange with other DOH systems will use DOH enterprise integration services as applicable.
9.	Attachment 02, Requirement IT26		**Identity Management and External Provider Access** Please clarify whether all provider and subrecipient users must authenticate through the State's identity-management environment or whether the contractor may provide secure identity management for external users while supporting State single sign-on for DBH personnel. Please identify the State's preferred identity provider and applicable provisioning, deprovisioning, multifactor-authentication, and federation requirements.	The solution must integrate with the State's current identity-management service to support single sign-on, as required by Attachment 02, IT26. The applicable service may include DOH Active Directory/ADFS, Microsoft Business-to-Consumer Identity, or State of Alaska Entra ID, with the final method determined during implementation. Provisioning, deprovisioning, multifactor authentication, and federation must comply with the selected State service and DOH security requirements. A separate contractor-managed identity method may be used only if approved by DOH IT and Security.

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10.	Attachment 02, Requirements IT9 and IT30; Attachment 07; Attachment 05		**Backup, Disaster Recovery, and Data Retention** Please provide the required recovery time objective, recovery point objective, backup-retention period, geographic-separation requirements, disaster-recovery testing frequency, and restoration-testing requirements. Please also provide the required retention period for client-level SUPRT records and the required format and timeframe for returning data to the State at contract expiration or termination.	Attachment 02 requires continuous backup with geographically separated redundancy, and Attachment 07 also requires weekly secure backups of databases, configurations, and user documentation. The State has not established additional RTO, RPO, retention-period, or testing-frequency values beyond the solicitation requirements; offerors should describe their proposed standards and procedures. Records must be retained as required by applicable law and regulatory authority. Upon request or contract end, State data must be returned in a mutually agreed, usable format and remaining copies destroyed in accordance with Attachment 02 and the BAA.
11.	RFP Section 3.04	9	**Technical Assistance and Training Volumes** Please provide the anticipated number of training sessions, webinars, peer-learning events, one-on-one technical-assistance sessions, and help-desk requests expected annually. Please also provide any requirements for on-site delivery, Alaska-specific business hours, multilingual materials, recorded training, accessibility accommodation, or minimum help-desk staffing levels.	The State is not establishing fixed annual volumes for training sessions, webinars, peer-learning events, individualized technical assistance, or help-desk requests. Services will be provided as needed in a dynamic and scalable way to support implementation and ongoing operations, including kickoff training, webinars or calls, a monitored help desk, individualized assistance, and maintained training resources. On-site delivery, multilingual materials, recorded training, and minimum staffing levels are not specifically required. Scheduled activities must reasonably accommodate Alaska time, and all materials and services must meet applicable accessibility requirements.
12.	General Question		What is the timeframe for the State to respond to submitted questions?	The State makes every effort to review and respond to questions submitted for each solicitation as promptly as possible. There is no fixed timeframe for issuing responses, as the timing depends on several factors, including the volume of questions received, the complexity of the questions, and whether additional internal review or collaboration is required to develop complete and accurate responses. Responses are published through a formal RFP amendment. Once the amendment has been posted in the procurement system, all interested parties are notified that the responses are available for review.
13.	General Question		Would the state consider extending the due date to allow respondents to adjust their approach based on the Q&A?	The State will evaluate whether an extension to the proposal due date is appropriate after considering the nature and impact of the questions and responses issued during the solicitation process. If the State determines that additional time is warranted to allow respondents to incorporate information provided through the Q&A, the proposal due date will be extended by formal amendment. Any changes to the proposal due date will be communicated through an amendment posted to the Online Public Notice (OPN), and all interested parties will be notified in accordance with the solicitation process.
14.	General Question		Does the State require a solution that is **Fed/RAMP**- or **GovRAMP**-compliant at go-live?	Attachment 02, IT14, requires the solution to be hosted in a FedRAMP-compliant cloud-based model. The solution must also complete the applicable DOH security assessment and receive Authority to Operate before supporting DOH activities. GovRAMP is not identified as a substitute unless specifically approved by DOH IT and Security.
15.	General Question		How many subrecipient grantees will be submitting SUPRT data?	The number of subrecipient grantees is not fixed and will vary as SAMHSA grants and subawards change. The solution must support all DBH-designated subrecipients requiring SUPRT reporting throughout the contract term without relying on a fixed grantee count.

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16.	General Question		On behalf of how many clients will SUPRT data be submitted?	The number of clients is not fixed and will vary by grant, enrollment, and service utilization. The solution must support SUPRT reporting for all applicable SAMHSA-funded program participants throughout the contract term without relying on a fixed client count.
17.	RFP Section 2.01	7	The RFP states " *Division of Behavioral Health (DBH), administers multiple Substance Abuse and Mental Health Services Administration (SAMHSA) grant programs that require collection and reporting of client-level data through SAMHSA's Unified Performance Reporting Tool (SUPRT).*" Please identify those SAMHSA grant programs administered by DBH that require SUPRT data collection.	Please see response to #2. Programs may be added, ended, or modified during the life of the contract, and the solution must accommodate those changes.
18.	General Question		How many SUPRT assessment events (including baseline assessment, six-month reassessment, annual follow-up, and close out assessments) does DBH anticipate will be entered into the system annually?	The State is not establishing a fixed annual assessment-event volume. The number of baseline, reassessment, annual, and close-out events will vary with enrollment, length of service, follow-up eligibility, and SAMHSA requirements. The solution must accommodate a dynamic and scalable environment to support all required assessment events without relying on a fixed annual count.
19.	General Question		How many DBH subrecipient agency grantee/or contractor vendors will be entering client-level SUPRT data for SAMHSA-funded program participants?	The number of subrecipient agencies or contracted vendors is not fixed and will change with grant awards and subrecipient agreements. The solution must support all DBH-designated organizations entering SUPRT data throughout the contract term.
20	General Question		How many of those subrecipient agencies/or contractor vendors administer multiple SAMHSA-funded programs requiring SUPRT reporting?	The State is not establishing a fixed count of organizations administering multiple applicable SAMHSA-funded programs. The solution must accommodate a dynamic and scalable environment to allow any authorized subrecipient to associate client records and assessments with the correct Grant ID when the organization administers more than one program.
21.	RFP Section 3.03	8, 9	This section references the development of up to eight analytical reports jointly designed with DBH. For purposes of estimating the level of effort and developing the cost proposal, should offerors assume that these reports will be developed during implementation and maintained throughout the contract term, or should offerors anticipate ongoing development of new reports or substantial revisions to the reports over the five-year contract term?	Offerors should assume that up to eight analytical reports will be defined and developed during implementation and maintained throughout the life of the contract. Routine maintenance and reasonable refinements of those reports are included. Development of reports beyond the stated eight, integration of new data sources, or substantial redesign outside the established report scope would be addressed through formal contract amendment process.
22.	General Question		Please share specific examples of data collection, entry, and reporting challenges that have come up in the past that make this RFP necessary.	The current process relies on multiple manual steps by DBH and subrecipient staff. Challenges include collecting and entering SUPRT information consistently, identifying incomplete or overdue assessments, preparing data for SPARS batch upload, confirming successful submissions, and researching and correcting record-specific or systematic upload errors. The State also needs reporting by grant, assessment type, and reporting period, along with the ability to adapt to evolving SAMHSA and SPARS requirements. The RFP is intended to consolidate and automate these functions in a secure, role-based solution.
23.	General Question		Are custom solutions allowed or does this have to be a SAAS model? If we can we build a custom solution that is not a SAAS model that meets your needs and is within your budget, is that acceptable?	The solicitation requires a Software as a Service (SaaS) solution. Offerors may propose configuration, customization, or contractor-developed components within the proposed SaaS solution, provided all RFP and Attachment 02 requirements are met. A custom solution that is not delivered and supported as a SaaS model would not meet the solicitation's stated requirement.

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24.	General Question		Will your team be providing guidance on the Role Based Security needs as well as all data that needs to be collected and specify any variation in data collection and reporting requirements by site?	Yes. DBH will provide the applicable SUPRT instruments, Grant IDs, business rules, reporting expectations, and known program or site variations, and will collaborate with the contractor to define appropriate user roles and access levels. The contractor is responsible for translating those requirements into secure role-based access and system configurations consistent with Attachment 02, DOH identity-management requirements, and the principle that provider organizations may access only their authorized records.
25.	General Question		How many individual sites are intended to use the solution?	The State is not establishing a fixed number of individual sites. Participating organizations and service locations may change as SAMHSA grants and subrecipient agreements change. It is expected that the solution will be dynamic and scalable and must support all DBH-designated provider organizations and authorized sites throughout the contract term without relying on a fixed site count.
26.	General Question		We see in the RFP that the desired solution will be operational within 3 months of contract award. When is the system expected to go live?	The target is for the solution to be operational within three months of contract execution, following required configuration, testing, training, and security activities. The specific go-live date will be established with the successful contractor during implementation and may be adjusted based on completion of the applicable DOH security assessment and Authority to Operate requirements.
27.	General Question		Training webinars are to be conducted in month 3 and the desired solution is expected to be operational within 3 months of contract execution. Are you open to having training webinars provided after the solution is operational?	Yes. Training should be phased in to support implementation and initial go-live, and the State expects webinars, technical assistance, and updated training resources to continue after the solution becomes operational. The training provided should prepare initial users for go-live and contractor will provide ongoing support for new users, system changes, and evolving SUPRT requirements.

End of Amendment #2