

STATE OF ALASKA
Department of Health and Social Services
Division of Behavioral Health
Treatment & Recovery Section



REQUEST FOR GRANT PROPOSALS
COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT AND RECOVERY
FOR FY 2014 thru 2016
Grants and Contracts

IMPORTANT NOTICE: This RFP and all appendices are available for download from the State's *Online Public Notice* website located at: <http://aws.state.ak.us/OnlinePublicNotices/>. Applicants are responsible for monitoring this website for any subsequent changes or amendments that may be issued regarding this solicitation.

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Grants Administrator

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SECTION ONE GRANT PROGRAM INFORMATION

1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH), is requesting applications from eligible agencies to provide Comprehensive Behavioral Health Treatment and Recovery (CBHTR) services for the State of Alaska in FY 2014 through 2016 as described in this RFP and attachments.

AUTHORIZATION FOR PROGRAM SERVICES: Program services are authorized under 7 AAC 78 Grant Programs, 7 AAC 70 Behavioral Health Services, 7 AAC 135 Medicaid Coverage Behavioral Health Services, AS 47.30.520 – AS 47.30-620 Community Mental Health Services Act, and AS 47.37 Uniform Alcoholism and Intoxication Treatment Act. Access State of Alaska statutes and regulations at <http://www.law.state.ak.us/doclibrary/doclib.html> or through the contact listed in Section 3.04.

INTENT: DBH operates and manages behavioral health programs and funds services to ensure Alaskans have access to a statewide continuum of behavioral health (mental health and substance use disorder) services.

DBH is committed to the Recovery-Oriented System of Care (ROSC) framework in the ongoing planning and implementation of services. The Recovery-Oriented System of Care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of behavioral health issues. For more information please go to the link at <http://partnersforrecovery.samhsa.gov/rosc.html>.

The array of behavioral health services cross the lifespan of individuals and range from prevention and early intervention through treatment and recovery, including inpatient psychiatric hospitalization. Settings include clinic or community-based outpatient services, school-based programs, residential programs and hospital services. Services are provided in Alaskan rural and urban communities.

STRUCTURE OF THIS REQUEST FOR PROPOSALS

The solicitation application requests information from applicants in three parts: 1) Required Agency documents, 2) Required Proposed Project documents, and 3) Other Criteria listed in Section 4.

- **Required Agency documents** (Attachment 2) pertain to the agency as a whole and only need to be created once. A few items (Logic Model, Logic Model Evaluation, Community Action Plan, and Community Behavioral Health Continuum) will need to be photocopied and submitted for each competitive application to be scored (see Required Proposed Project documents described below).

REMINDER: *There is a Checklist for the Required Agency documents. Do not forget to complete,*

sign and date the relevant Checklist and attach it to the front of Required Agency document packet.

- **Required Proposed Project documents** (Attachments 3-5) are required for the particular Category the agency is submitting a Proposed Project under. These documents are pertinent and specific to the individual Proposed Project and must stand alone to be scored in a competitive process. A few items created for Required Agency documents above (Logic Model, Logic Model Evaluation, Community Action Plan, and Community Behavioral Health Continuum) will need to be photocopied and submitted for each competitive individual Proposed Project set of documents to be scored.

REMINDER: For the Proposed Project, do not forget to complete, sign and date the relevant Checklist and attach it to the front of each individual of the Proposed Projects packet.

- **Other Criteria in Section 4** – review this section and ensure each criteria that is not satisfied by the Required Agency documents or Required Proposed documents has been met elsewhere i.e submission of resumes, Logic Models, component budget detail and narrative, etc.

Categories defined: Because of the comprehensive nature of this RFP, the solicitation has been split into three categories.

- **Category A – Community Behavioral Health Centers (Core Service Providers):** The Division seeks proposals from Community Behavioral Health Centers in Alaska to deliver four core services:
 1. Psychiatric Emergency Services (PES)
 2. Outpatient Services for High Risk Children in Early Childhood and/or Youth with Serious Emotional Disturbance and their Families (SED)
 3. Outpatient Treatment for Adults with Severe Mental Illness (SMI), and
 4. Adult Outpatient Substance Use Disorder Treatment.

Please see the Category A Checklist for eligibility and how to apply (Attachment 3).

- **Category B - Specialized Treatment Services:** Specialized Treatment Services are those limited to a specific program service type in specific geographical area(s).

Please see the Category B Checklist for eligibility and how to apply (Attachment 4).

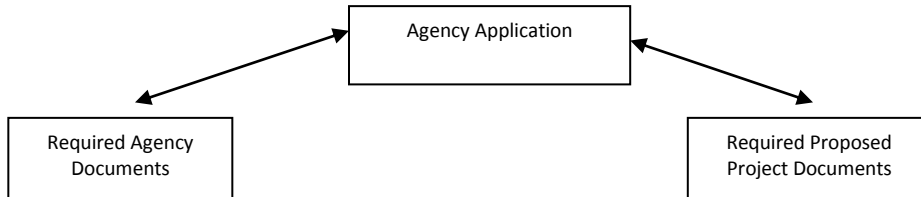
- **Category C – Specific Program Service Types:** The division is interested in funding other program service type’s projects and combinations of program service types, to meet identified needs in specific areas of the state.

Please see the Category C Checklist for eligibility and how to apply (Attachment 5).

Each of these categories has a Checklist the applicant must complete, sign, date and attach to the top

of each of the agency’s proposed project(s).

As an EXAMPLE, below is a visual description of this solicitation and the order the Agency and the Proposed Project packets should be submitted.



Completed Agency Checklist (Attachment 2)

- Appendix A – Grant Application
- Appendix B – DHSS Assurances
- Appendix C – Budget Summary
- Appendix E1 – Federal Assurances & Certification
- Appendices F1, F2 & F3 – FFATA forms
- Appendix G – Waiver of Sovereign Immunity
- Agency Narrative (5 pages)
- Agency Organizational Chart
- Board Members Information
- Agency Logic Model
- Agency Logic Model Evaluation
- Agency Community Action Plan
- Agency Community Behavioral Health Continuum
- Resumes/Job Desc of Exec & Admin Staff (See Sec 2.02)
- Board Approved Agency Grievance Procedures
- Board Approved Sliding Fee Scale Policy & Procedure
- Copy of Agency’s Most Recent Financial Audit
- Attachment 11 – ADOC SA Trmt Referrals Ag Appln

Completed Checklist Category A

- 5 pg Proj Narrative for each of the 4 Program Service Type(s)
- Component Budget
- Letters of Agreement/Support for Project
- Copy of Agency Logic Model
- Copy of Agency Logic Model Evaluation
- Copy of Agency Community Action Plan
- Copy of Agency Community BH Continuum
- Resumes/Job Desc of Proposed Project Staff
- Completed RFP Score Sheet

Completed Checklist for Category C Program Service Type #X

- 5 page Project Narrative for Program Service Type #X
- Component Budgets #X
- Letters of Agreement/Support for Proposed Project #X
- Copy of Agency Logic Model
- Copy of Agency Logic Model Evaluation
- Copy of Agency Community Action Plan
- Copy of Agency Community BH Continuum
- Resumes/Job Desc of Proposed Project Staff #X
- Completed RFP Score Sheet #X

Completed Checklist for Category C Program Service Type #Y

- 5 page Project Narrative for Program Service Type #Y
- Component Budgets #Y
- Letters of Agreement/Support for Proposed Project #Y
- Copy of Agency Logic Model
- Copy of Agency Logic Model Evaluation
- Copy of Agency Community Action Plan
- Copy of Agency Community BH Continuum
- Resumes/Job Desc of Proposed Project Staff #Y
- Completed RFP Score Sheet #Y

1.02 Program Anticipated Outcomes

Anticipated outcomes are described in the Logic Model Resource Guide (Attachment 6) which the applicant can use to develop the agency’s Logic Model. The Logic Model must demonstrate a thorough understanding of the program intent.

1.03 Program Services/Activities

The applicant will need to reference the Program Service Types Descriptions (Attachment 1) in order to provide the Agency Narrative, Proposed Project Narrative(s), Logic Model and other documents described in this RFP which address the Proposed Project services and activities.

Agency Narrative: In 5 pages (or less) the applicant must address the following information in the order described below:

1. Introduction to the Agency (history, why it meets eligibility requirements).
2. Description of history of compliance with grant requirements and how the agency *performed* in providing the same or similar services. The history of compliance will include a summary of program and fiscal audits and successful resolution of any audit findings.
3. Description of the agency's administration structure and that the agency is able to administer the project(s) applied for on its own or through collaboration with other agencies.
4. Provide a brief history demonstrating both sustainable fiscal and administrative capability and responsibility.
5. The agency agrees to comply with all of the additional program requirements and service standards in 7 AAC 70 and 7 AAC 135.
6. Describe how the agency intends to monitor adherence to their Board approved sliding fee scale policy and meet the Division's requirement that a sliding scale be offered and applied to all eligible clients.
7. As appropriate for employees and sub-contractors, applicant describes how they will comply with the background check requirements as established in AS 47.05.300-390.

Project Narrative: Each Project Narrative is limited to 5 pages (or less) to describe each service.

- The Project Narrative items 1 – 4 are relevant to Section 4.03.
- Items 5 – 7 are relevant to Section 4.05.
- Item 8 is relevant to Section 4.06.

Structure your Project Narrative in the order described below:

1. A description of the Proposed Project which clearly defines and reflects evidence-based practice.
2. Define the Program Service Type population the Proposed Project will serve, including the specific area(s) or communities.
3. Describe how the Proposed Project addresses the need for services or the proposed service is not a duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety.
4. Address the three evaluation tools described in Section 1.04 and describe a plan, to include staff involved or responsible for the process, quality control mechanisms, review and use of the data for program enhancement.
5. Adequately describe *qualifications and experience* as a Community Behavioral Health Center (Category A) in Alaska or their previous experience in successfully providing the same or similar services meets the requirements of the RFP, as documented by history with DHSS or from other grantors/funders.
6. Identify the Lead Project Director and the proposed project's staff.

7. Describe the proposed project staffing levels, and how that level is commensurate with meeting the program's anticipated outcomes, and activities/strategies for service delivery appropriate to the Proposed Project.
8. Applicants must show the area's Community Planning Group has identified a need for the proposed service and that the applicant has been coordinating with the existing service providers.

Applicants agree to comply with all of the following additional program requirements and service standards in 7 AAC 70 Behavioral Health Services and 7 AAC 135 Medicaid Coverage Behavioral Health Services. The following link will direct you to the following web page at <http://dhss.alaska.gov/dbh/Documents/PDF/Behavioral%20Health%20Integrated%20Regs%2010.1.2011.pdf>

1.04 Program Evaluation Requirements and Reporting

The applicant must address the three evaluation tools described below and will also need to describe a plan, to include staff involved or responsible for the process, quality control mechanisms, review and use of the data for program enhancement. Throughout the program cycle projects will be evaluated using three tools:

1. **Logic Model Development and Updates:** *The Logic Model and the Logic Model Evaluation are to be submitted with the application response.* This evaluation requirement consists of the Logic Model form (Attachment 7) and the Logic Model Evaluation Plan (Attachment 8). Logic Model training may be available from DHSS, please check the website at <http://dhss.alaska.gov/Commissioner/Grantees/Pages/logicmodel.aspx> for scheduled trainings.

Applicants are required to submit one Logic Model that addresses their overall CBHTR grant proposal – the Logic Model should address improvement activities related to all the Program Service Types applied for using the Logic Model format and instructions attached to this RFP (see Attachment 6). The Logic Model must include outcomes, outputs, resources, and activities which demonstrate successful implementation of the proposed project and consistency with Program Service Type intent. The Logic Model must address the Division's "Results Based Accountability" indicators:

a. Access

- Average number of days from screening to first treatment service.

b. Engagement & Retention

- Clients delivered treatment services within 30 days of program enrollment.
- Enrolled clients not served within 135 days.

c. Treatment Outcomes

- Client Improvement in Life Domains over Time
- Client Improvement in Quality of Life Domains
- Clients Perception of Quality of Services Received
 - I was treated with respect.
 - I was able to get all the services I needed.
 - The services improved the quality of my life.

The Logic Model Evaluation plan must be created using the Logic Model Evaluation format and instructions attached to this RFP. The applicant's Logic Model Evaluation Plan captures all performance measures the applicant will use to evaluate the activities and strategies for service delivery and achieving the desired program outcomes.

2. **Behavioral Health Consumer Survey.** *The survey information will be provided after grants are awarded but must be addressed as detailed in the Project Narrative.* The Behavioral Health Consumer Survey (Adult, Youth, and Child as appropriate) will be administered to all consumers of community-based services, once a year during the month of October. The BHCS survey will be administered to all consumers of residential based services at the point of discharge.
3. Submission of the **AKAIMS minimal data set (MDS)** is required for all applicants. *The provider will be required to contact AKAIMS staff within 30 days of grant award but must be addressed as detailed in the Project Narrative.* Providers will submit MDS in a timely manner, using the AKAIMS or an electronic data interface. Minimal Data Set Completeness - DBH has developed a Data Integrity: Minimal Data Set Report to function as an agency self-assessment tool to evaluate completeness of Minimal Data Set submissions. Agencies must describe how they intend to monitor this throughout the course of the grant period, in order to achieve a target MDS submission goal of 95%.

The intent of the evaluation plan in this section is to support development of a meaningful continuous quality improvement process within the successful applicant's organization. As data is collected and analyzed by the agency, it is expected the applicant will utilize the information to shape clinical practice and improve outcomes for the clients. As provider agencies develop skills in this area there is an expectation of stronger performance in relation to volume, efficiency and effectiveness in the behavioral health care system.

Other reporting requirements after awards have been made:

- 1) Specific program narrative and Cumulative Fiscal Reporting
- 2) FFATA: Funding for this program may include federal funds with reporting requirements that include those imposed under the Federal Funding Accountability and Transparency Act (FFATA). Federal reporting requirements are not limited to prime awardees (such as the state) but include awards with federal funds the state grants out (sub awardee). Appendices F1, F2, and F3 to this RFP include further information and instructions concerning FFATA reporting requirements.

1.05 Target Population and Service Area

Proposals must clearly describe the population targeted by the project, including the area or communities to be served. Projects will be evaluated for compatibility with the intended target population identified in this document. If you will be providing substance abuse services to individuals under the jurisdiction of the Alaska Department of Corrections (ADOC) you must submit an application form to become eligible to receive referrals for substance abuse treatment services from the ADOC. The applicant must agree to the requirements identified within the application form in order to receive and maintain certification as an ADOC approved provider. See Attachment 11 - Alaska Department of Corrections Substance Abuse Treatment Referrals: Agency Application Form (FY13/14).

Target Population: The target population for each Program Service Type is described in that Program Service Type (see Attachment 1).

Service Areas and Communities: Please see relevant Checklist (Attachments 3-5).

To assist in determining the target populations to be served under this program, the division recognizes the following (which is for informational purposes only):

- 1) Client admissions to behavioral health treatment programs shall be based on the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR 2/ICD-9 or most current edition). Client admissions to substance abuse programs must additionally utilize the American Society of Addiction Medicine Client Placement Criteria 2R (ASAM PPC-2R or most current edition), adolescent, adult, and Opioid Maintenance Therapy (<http://www.asam.org>), both at intake, throughout treatment, and at discharge to ensure access to the appropriate level of care. All applicants must demonstrate they provide access to a continuum of care for every client.
- 2) *The Community Mental Health Services Act:* This Act provides for a single funding mechanism to develop and maintain mental health services throughout the state. The system has grown to deliver an array of general and specialized clinical services.
 - Priority Target Populations -- Individuals Eligible for Mental Health Treatment:
 - Individuals needing Psychiatric Emergency Services
 - Adults with Serious Mental Illness
 - Seriously Emotionally Disturbed Youth
 - Individuals with a Co-occurring Substance Use Disorder
- 3) *The Uniform Alcoholism and Intoxication Treatment Act:* This Act provides for community-based substance abuse treatment to intervene in the person/family's current situation and to address immediate and continuing needs until recovery is possible without ongoing program assistance. Services must be provided, either directly or by benefit of a collaborative agreement with allied providers, in a way that meets the individual needs of all persons admitted. Services must address the alcohol and drug dependence of the person as well as improvement in the life domains necessary to achieve and support sobriety.

Priority Target Populations -- Individuals Eligible for Substance Abuse Treatment:

- Pregnant Injection Drug Users
- Pregnant Women
- Injection Drug Users
- Women with Dependent Children
- Persons and families whose presenting problem is addiction to, dependency on, or chronic disabling use/abuse of alcohol and/or other drugs, including prescribed and over-the-counter medications, and household/general use products that contain inhalant chemicals and substances.
- Individuals with a Co-occurring Mental Health Disorder

- 4) *Co-Occurring Capable or Co-occurring Enhanced*: DBH supports programs that are Co-Occurring Capable or Co-occurring Enhanced. The following definitions are provided:
- a. ***Co-occurring capable*** programs are those that “address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content and discharge planning” (ASAM, 2001, p.362). Even where such programs are geared primarily toward treating substance use or mental health disorders, program staff are “able to address the interaction between mental and substance-related disorders and their effect on the patient’s readiness to change – as well as relapse and recovery environment issues – through individual and group program content” (ASAM, 2001, p. 362).
 - b. ***Co-occurring enhanced*** programs have a higher level of integration of substance abuse and mental health treatment services. These programs are able to provide unified substance abuse and mental health treatment to clients who are, compared to those treatable in co-occurring capable programs, “more symptomatic and/or functionally impaired as a result of their co-occurring mental disorder” (ASAM, 2001, p. 10). Enhanced-level services “place their primary focus on the integration of services for mental and substance-related disorders in their staffing, services and program content” (ASAM, 2001, p. 362).

1.06 Program Funding

Funds available for this grant are anticipated to total \$47,694,881 (\$29,096,725 in state General Funds, \$3,381,806 in federal funding, and \$15,216,350 Alcohol/Tobacco Tax funding).

Proposed Budget: The proposal must contain both a detailed and narrative Summary and Component budget for the first fiscal year of the grant, including any required match, which is fully compliant with the limitations described in 7 AAC 78.160 (Costs) and that supports program staffing and service delivery requirements stated in this RFP. Appendix C - Budget Detail & Narrative Form and Instructions, provides applicants with a formatted Excel workbook and instructions for completing a project budget. More detailed instructions can be accessed in the DHSS Budget Guidelines available on line at <http://dhss.alaska.gov/fms/grants/Documents/DHSS%20Budget%20Guidelines.pdf>.

Requirements of the Summary Budget:

- 1) Summary budget if more than one component budget is submitted.
- 2) Copy of the Indirect Cost Rate Agreement attached to Summary budget (see Agency documents).

Requirements of the Proposed Project Budget:

- 1) The applicant must provide a component budget to each **Project Narrative (one per Program Service Type)** described in Section 1.03.
- 2) In at least one of the component budgets applicants must include travel for at least one person to attend two, two-day Change Agent Conferences to be held in Anchorage each fiscal year.
- 3) Anticipated receipts and expenditures for all grant income must be clearly evident in both the

detailed and narrative budgets and actual receipts and expenditures must be reported on a quarterly basis.

- 4) Required match must be met in each Proposed Project Component budget.

If applicable, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. Agencies with current DHSS grant agreements can review in eGrants this on file. Agencies which do not have current grant agreements with the Department must provide a copy of the Indirect Cost Rate Agreement as an attachment to the proposal.

Match Requirements: The budget must include matching funds to equal no less than 25% of the grant award amount. Please note the new simplified formula to calculate match: *Total Grant Award Amount x Percentage of Match = Total Proposed Match*. The funding source tables on the Summary page of Appendix C - Budget Detail & Narrative Form and page 2 of Appendix A – Grant Application must be completed and submitted as verification of funds that will be used to provide match. Restrictions to allowable matching funds are as follows:

- Federal grant funds may not be used to match federal funds awarded through this grant program.
- State grant funds may not be used to match funds awarded through this grant program.
- Grant Income, Medicaid, and other third party receipts may be used as a match.
- Local match may include in-kind contributions from volunteers, as well as donations of supplies, equipment, and space, and other items of value for which the applicant does not incur a cost.
- Local Cash match may include local tax receipts, municipal revenue sharing, cash donations, and other local sources of cash receipts.

Grant Income: Applicants providing Medicaid reimbursable services must also have a Medicaid Provider Number, or apply to obtain one, and seek Medicaid reimbursement for all eligible services.

SECTION TWO APPLICANT QUALIFICATIONS

2.01 Required Experience

The division is seeking applicants with Alaska *experience* in providing the same or similar proposed services described in this RFP and to provide a brief overview of their prior experience (to be included in Project Narrative). If a Category A applicant, they must describe their qualifications and experience as a Community Behavioral Health Center recognized by the department as a Community Behavioral Health Center on the following document:

[http://dhss.alaska.gov/dbh/Documents/PDF/Community Planning and Service Areas-TR Providers.pdf](http://dhss.alaska.gov/dbh/Documents/PDF/Community_Planning_and_Service_Areas-TR_Providers.pdf)

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 history of compliance will include a summary of program and fiscal audits and successful resolution of any audit findings. If the applicant is not a current or prior year grantee of DHSS, the Agency Narrative must describe the agency's successful delivery of same or similar services to the target population, and include a copy of their most recent program and fiscal audits. While these items are not part of the competitive scoring process, they may be taken into consideration in determining recommendations for award.

2.02 Program Staffing Requirements

Program staffing levels must be commensurate with meeting the program intent, anticipated outcomes, and activities/strategies for service delivery appropriate to the proposed project. Staff must be licensed when required by statute or regulation.

Applicants proposing to provide substance use disorder treatment must 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.

Applicants must comply with the background check requirements as established in AS 47.05.300-390 for employees and contractors.

As attachments to the proposal, resumes and job descriptions must be submitted for key administrative staff such as Executive Director, Chief Financial Officer (Administrative Manager, accountant, and/or bookkeeper), and Clinical Director (Clinical Supervisor and /or lead counselor). Resumes will be no longer than one page.

Applicants are expected to describe how their trained and qualified staff enhances and strengthens both the Proposed Project and the delivery of services to the client.

2.03 Administrative, Management, and Facility Requirements

The proposal must support the applicant's ability to responsibly administer the grant, including a description of the resolution of any prior year audit exceptions. Provide a brief history that demonstrates both sustainable fiscal and administrative capability and responsibility. Include with the grant application a copy of your Board-approved client grievance procedure.

The applicant is required to demonstrate the administrative infrastructure necessary to support the project exists within the agency or through collaborations that support efficiencies. Executive and administrative staff must be qualified, as indicated by their professional and educational experience. The applicant must attach a current organizational chart showing the relationship of this project to the other functions within the organization. Successful grant applicants will be required to submit additional agency information with submission of their signed grant agreement, if that information is not current and already on file with DHSS, Grants and Contracts.

All applicants for DHSS grants should have an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns. This plan is mandatory for grantees providing residential and/or critical care services (see Appendix B, DHSS Assurances).

Sliding Scale Policy Adherence – Agencies must describe how they intend to monitor their adherence to their Board approved sliding fee scale policy and the Division's requirement that a sliding scale be

offered and applied to all eligible clients. Include a copy of your Board approved Policy and Procedure and a copy of the fee schedule with the application.

2.04 Support/Coordination of Services

Applicants are required to submit one Community Action Plan (CAP) per application that addresses their overall CBHTR grant proposal using the CAP format and instructions attached to this RFP (see Attachment 9-10). The Elements of a CAP are:

1. Submit a signed Memorandum of Agreement between the community providers, that addresses plans for regular meetings, leadership roles, and taking of minutes;
2. Submit the current continuum of care (matrix of services)
3. Submit the plan to address at least one local weakness or gap in services, and
4. Describe the plan to coordinate with primary care providers. Use the chart in Attachment 10.

The applicant must provide tangible demonstration of necessary partnerships and cooperative agreements as appendices to the proposal. Attach copies of agreements, which must be current and specifically address the services to be provided in the Proposed Project. The applicant must also include a list of agencies, and identifies the relevant contact persons within those agencies who will provide the resources necessary to the effective delivery of proposed services. Support and coordination will be evaluated for compatibility with the intended priority target populations, program service types and applicant's program descriptions, and the geographic service area to be served.

SECTION THREE GENERAL INSTRUCTIONS FOR PROPOSAL SUBMISSION

3.01 Eligibility (Who May Apply)

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). They include nonprofit organizations; municipalities and Regional Educational Attendance Areas or other political subdivisions of the state; other State agencies; and Alaska Native Tribes. See Section 3.02 of this RFP for additional eligibility information specific to the program and this solicitation. The following documentation of eligibility is required for Nonprofit Corporations or Alaska Native Tribal applicants:

- a. **A Nonprofit Corporation or a Nonprofit Subsidiary of a Nonprofit Corporation.** The agency must be listed on the United States Internal Revenue Service's most recent register of Tax-exempt organizations, or be listed as a Nonprofit Corporation in good standing in the Alaska Department of Commerce, Community and Economic Development's Corporation's Database. Nonprofit subsidiaries must also submit a letter from the parent organization confirming nonprofit status, or must have a current letter on file with the DHSS, Grants and Contracts.
- b. **An Alaska Native entity as defined in 7 AAC 78.950(1).** The entity must submit with their application a legally binding resolution waiving the entity's sovereign immunity from suit, using Appendix G. This form is designed to encompass the multi-year grant duration period identified in section 3.09. To be eligible for consideration, the resolution must include authorization compliant with the tribe's constitution:

1. Federally recognized tribes for which the tribal constitution grants authority to the tribal council to waive sovereign immunity and enter into a grant agreement on behalf of the tribe.
2. Federally recognized tribes for which the tribal constitution requires a majority vote of the tribal membership to waive sovereign immunity and enter into a grant agreement.

Applicants must also submit, or have on file with DHSS, a current governing board member list with titles, contact information, and terms of office. The list must include emergency contact information outside the applicant agency for one or more responsible officers of the governing board.

3.02 Minimum Responsiveness

For **Category A** applicants, to be considered responsive to this request for proposals, all proposals will be reviewed to determine if they meet the following minimum responsiveness requirements the applicant:

- a. Must meet the eligibility requirement stated above in Section 3.01.
- b. Is recognized by DHSS as a Community Behavioral Health Center on the following document: [http://dhss.alaska.gov/dbh/Documents/PDF/Community Planning and Service Areas-TR Providers.pdf](http://dhss.alaska.gov/dbh/Documents/PDF/Community_Planning_and_Service_Areas-TR_Providers.pdf)
- c. Has incorporated all 4 required Program Service Types in their application.
- d. The application must be received on or before the deadline stated in Section 3.07 at the address stated in Section 3.04.

For **Category B and C** applicants, to be considered responsive to this request for proposals, all proposals will be reviewed to determine if they meet the following minimum responsiveness requirements the applicant:

- a. Must meet the eligibility requirement stated above in Section 3.01.
- b. Must submit their application and it must be received on or before the deadline stated in Section 3.07 at the address stated in Section 3.04.

If an application meets the above minimum criteria, it will be considered minimally responsive for purposes of evaluation under 7 AAC 78.090 (Review of Proposals). If it fails to meet any one of the criteria, it will be rejected. Once determined responsive, it will be evaluated according to the criteria in Section 4 Submission Requirements and Criteria for Proposal Review.

3.03 Acceptance of Terms

By submitting an application, an applicant accepts all terms and conditions of this Request for Proposals including all appendices, attachments and guidelines identified in this RFP; 7 AAC 78 and any other applicable statutes or regulations. Copies of these may be accessed through the contact person listed in Section 3.04 in this RFP. If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in their proposal, unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and

may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

3.04 Number of Copies, Mailing Address

Submit one original and six (6) copies of the proposal to the contact person at the address below. Only the proposal indicated as the original will be reviewed to determine if the proposal is responsive. The applicant is responsible for the format and content of the original and all copies. Proposals must be received at the address provided below, on or before the deadline stated. Proposals will not be accepted by fax or email. The fax number and email address below are provided solely for contact purposes.

It is the applicant’s responsibility to verify delivery service with the courier of choice in order to get the proposal to the Grants and Contracts Juneau Office on or before the deadline stated in Section 3.07. Information received after the proposal deadline could result in additional compliance conditions, adjustments to the amount of funding, or may delay the beginning date of the grant.

MAILING ADDRESS:
Donna Jones, Grants Administrator
Department of Health & Social Services
Grants & Contracts
P.O. Box 110650
Juneau, Alaska 99811-0650
PHONE: (907) 465-2836
FAX: (907) 465-8678
EMAIL: Donna.Jones@alaska.gov

PHYSICAL ADDRESS:
Donna Jones, Grants Administrator
Department of Health & Social Services
Grants & Contracts
State Office Building, Suite 760
333 Willoughby Avenue
Juneau, Alaska

Note: U.S. Post Office will **not** deliver to the physical address listed above.

Relay Alaska provides assisted communication services at the following numbers:
From a TT Phone: 1 800 770-8973; from a Voice Phone: 1 800 770-8255

3.05 Proposal Length and Format

Proposals exceeding the required limits or which do not meet the required format may be considered non-responsive. At minimum, each page shall have top, bottom, right and left margins of 1 inch. The font used must be no smaller than 12-point proportional type, or 10 characters to the inch (pitch) for fixed width type. All pages must be numbered and single-sided. Include a table of contents, which provides page references for each of the required proposal sections listed in Section 4, as well as for any appendices or attachments.

Agency Narrative inclusive of the response to Section 1.03 and Section 4.03-4.06 will not exceed 5 pages.

Each Proposed Project Narrative inclusive of the response to Section 1.03 and Section 4.03 - 4.06 will not exceed 5 pages.

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

3.06 Inquiries and Protests

Applicants should immediately review this Request for Proposals for defects and questionable or confusing content. Questions about the RFP that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person in Section 3.04. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared to be of a substantive nature. The applicant will be directed to state the question **in writing**. Questions of a substantive nature must be **received, in writing**, at the address listed in Section 3.04 **no less than ten days before the deadline for receipt of proposals, (see Summary of Processes & Deadlines, Section 3.07)**. This will allow issuance of any necessary amendments to all prospective applicants.

Any protests based on any omission or error in the content of the RFP will be disallowed if these faults have not been brought to the attention of the Contact Person in Section 3.04, **in writing, by deadline indicated below**. Applicants are responsible for monitoring the State's *Online Public Notice* website located at: <http://aws.state.ak.us/OnlinePublicNotices/> for any subsequent clarifications or amendments that may be issued regarding this solicitation.

3.07 Summary of Processes and Deadlines

Request for Proposals (RFP) Issuance Date:	March 22, 2013
Pre-proposal Teleconference:	April 3, 2013, at 1:30 PM
Call 1-800-315-6338 Code 5808 to join the teleconference	
Deadline for written inquiries or protests of the RFP:	April 19, 2013
Deadline for receipt of proposals:	4:00 p.m., April 30, 2013
Closed Proposal Evaluation Committee:	TBD
Project Period Begins:	July 1, 2013

To be considered for funding, proposals must be received on or before 4:00 p.m. Alaska Prevailing Time, on the date indicated above at the Grants & Contracts Juneau Office. Both mailing and physical addresses are provided above in Section 3.04.

Proposals delivered by fax or email will not be accepted. Information received after the proposal deadline will not be considered and may result in the proposal being declared non-responsive and will not be forwarded to PEC for evaluation.

3.08 Proposal Costs

The Department of Health and Social Services will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

3.09 Duration of Grant

This RFP is for a one-year period, beginning FY 2014, July 1, 2013, through June 30, 2014. At the discretion of the Department of Health and Social Services, a project funded under this RFP may be

considered for continued funding in subsequent program years, FY 2015 through FY 2016. The decision to continue funding for the subsequent years of the three-year grant cycle is based on the following general conditions:

- a. the Department's judgment that there is a continued need for the grant project service;
- b. the grantee's satisfactory performance during the previous grant year;
- c. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
- d. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Proposals submitted in response to this RFP must contain a detailed plan for services in the first year of the grant, and should include a brief outline of services planned in subsequent years. This includes a budget for year one of the grant only. Funding in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by Grants and Contracts of specific submission requirements necessary to qualify for consideration of continued funding.

3.10 Proposal Review

Following the deadline for receipt of proposals, DHSS staff will verify all submission requirements have been met. No amendments or corrections will be accepted after the deadline unless they are in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

- a. Proposals will be evaluated in a manner that will **avoid disclosure of contents to competing offerors** before notice of award has been issued.
- b. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive proposals from consideration by a PEC.
- c. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), DHSS staff will evaluate each responsive proposal based on the contents of the proposal as well as relevant documentation and information regarding the applicant that is available to the Department. Recommendations regarding whether each proposal should be financed, and at what level, will include consideration of the following:
 1. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
 2. priorities in applicable State health and social services plans;
 3. requirements of applicable State and federal statutes; and
 4. Municipal ordinances or regulations applicable to the grant program.
- d. If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. Then as a committee, they will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. The PEC will include in their review, consideration of staff recommendations and discussion of each proposal's merits. Recommendations will include approval or disapproval for award, modifications to the proposed project, special compliance conditions, and ranking proposals in priority order.

- e. All advisory recommendations, including staff recommendations, and if applicable the recommendations of the Proposal Evaluation Committee, as well as all other review materials will be submitted for consideration by the Director of the Division, who will make recommendations to the Commissioner of the Department of Health and Social Services or the Commissioner’s designee.

3.11 Final Decision Authority

Recommendations, including those from any PEC that may be held, are advisory only, the final decision whether to approve or disapprove grant award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner’s designee.

PLEASE NOTE: The final decision may include additional considerations, such as the lack of or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. *The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards ensuring responsible distribution of grant funds.*

3.12 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, the applicant will be notified of the final funding decision, and any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78 (Grant Programs).

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner, and received in writing at the address below, within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based. A copy must also be sent to the Grants Administrator names in Section 3.04.

Send appeal to:

William J. Streur, Commissioner
Department of Health & Social Services
P.O. Box 110601
Juneau, Alaska 99811-0601

3.13 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor’s approval, the Department may fund proposals from eligible applicants. The Department of Health and Social Services may withdraw this competitive Request for Proposals at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the grantor to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed by the grantor to be in the best interest of the State.

SECTION FOUR SUBMISSION REQUIREMENTS/CRITERIA FOR PROPOSAL

SCORE SHEET FOR COMPREHENSIVE BEHAVIORAL HEALTH TREATMENT & RECOVERY PROGRAM

The following pages contain the criteria by which the proposal will be evaluated.

IMPORTANT INSTRUCTION TO APPLICANTS:

1. Enter the name of the applicant agency.
2. Check the type of entity eligibility under which application is being made in the boxes below.
3. Complete column B in sections 1-2 and column C in sections 3-6 in the tables on the following pages by entering the page number of the proposal where the requested information is addressed.
4. Please do not write in shaded areas, shaded areas are to be completed by DHSS reviewers.
5. Applicants MUST submit the completed Section 4 of the RFP with each copy of their proposal.

Enter Applicant Agency Name:

Check Applicant Eligibility Type:	<input type="checkbox"/>	Nonprofit, or Subsidiary	<input type="checkbox"/>	Alaska Native Entity (Tribe)	<input type="checkbox"/>	Government
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- You must check only **ONE** Category for this Score Sheet.
- You must fill out and attach a Score Sheet for each Proposed Project.

Category A – Community Behavioral Health Centers (Core Service Providers): The Division seeks an application from Comprehensive Behavioral Health Centers in Alaska to deliver four core services: Psychiatric Emergency Services (PES), Outpatient Services for High Risk Children in Early Childhood and/or Youth with Serious Emotional Disturbance and their Families (SED), Outpatient Treatment for Adults with Severe Mental Illness (SMI), and Adult Outpatient Substance Use Disorder Treatment. Please see the Checklist for Category A for eligibility and how to apply (Attachment 3).

OR

Category B - Specialized Treatment Services: Specialized Treatment Services are those limited to a specific program service type in specific geographical area(s). Please see the Checklist for Category B for eligibility and how to apply (Attachment 4).

OR

Category C – Specific Program Service Types: The division is interested in funding other program service type projects, and combinations of program service types, to meet identified needs in specific areas of the state. Please review the Category C for eligibility and how to apply (Attachment 5).

PLEASE NOTE THERE ARE TWO SECTIONS FOR 4.01 MINIMUM RESPONSIVENESS CRITERIA - THE 1ST SECTION IS FOR CATEGORY A APPLICANTS ONLY. THE 2ND IS FOR CATEGORY B AND/OR CATEGORY C APPLICANTS.

Columns A B

[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]

4.01 Minimum Responsiveness Criteria <u>Category A</u>	Requirement Met?	Page Number
Minimum Responsiveness Requirements – Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).		
a. Applicant is eligible per 7 AAC 78.030 and documentation is submitted with application, or is on file with G&CST as described in Section 3.01 of this RFP.	Yes/No	
b. The applicant is an eligible Community Behavioral Health Center (See Attachment 3).	Yes/No	
c. Has incorporated all 4 required Program Service Types in their application.	Yes/No	
d. Proposal was received on or before the deadline specified in Section 3.07, at the address stated in Section 3.04.	Yes/No	

4.01 Minimum Responsiveness Criteria <u>Category B and/or C</u>	Requirement Met?	Page Number
Minimum Responsiveness Requirements – Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).		
a. Applicant is eligible per 7 AAC 78.030, and documentation is submitted with application, or is on file with G&CST as described in Section 3.01 of this RFP	Yes/No	
b. Proposal was received on or before the deadline specified in Section 3.07, at the address stated in Section 3.04.	Yes/No	

[SHADED AREAS TO BE COMPLETED BY REVIEWER]

Total Score _____ Staff Reviewer PEC-Member

Reviewer's Name _____ Date _____

Summarize special conditions of award and any modifications needed to the proposed project.

Columns	A	B
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]		
4.02 Technical Requirements	Requirement Met?	Page No.
per 7 AAC 78.060, 78.090(b) and 78.100		
a. Attachment 2 – Checklist for Required Agency documents described in Section 1.01 are submitted and the checklist is signed and dated. NOTE: An agency only needs 1 set of Agency Documents.	Yes/No	
b. Each Proposed Project packet was submitted under the cover of a completed, appropriate Category “Checklist for Category A, B or C”. The checklist was signed and dated, and attached to the front of the Proposed Project. NOTE: Each Proposed Project must have its own checklist.	Yes/No	
c. The format and length of each Proposed Project Narrative as described in Section 1.03 comply with the requirements of Section 3.05	Yes/No	
d. Each Proposed Project packet was submitted with its own individually filled out Section 4, “Scoring Criteria”, attached as the last document in that packet.	Yes/No	
e. In at least one of the component budgets there must included travel for at least one person to attend two, two-day Change Agent Conferences to be held in Anchorage each fiscal year.	Yes/No	
[ADDITIONAL REVIEWER COMMENT]		

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN B]			
4.03 Program Outcomes, Activities, Evaluation, and Population	Points Possible	Points Awarded	Page No.
PROJECT NARRATIVE ITEMS 1-4, EVALUATION, AND LOGIC MODEL as described in Sections 1.01 through 1.05			
a. Project Narrative in Section 1.03 items 1-4 are addressed.	8		
b. Logic Model (or copy) must include outcomes, outputs, resources, and activities which demonstrate successful implementation of the proposed project and consistency with Program Service Type intent and RFP’s program intent described in Section 1.01.	10		
c. Logic Model (or copy) must address the Division’s “Results Based Accountability” indicators.	6		
d. Logic Model Evaluation Plan (or copy) captures all performance measures the applicant will use to evaluate the activities and strategies for service delivery and achieving the desired program outcomes.	10		
[ADDITIONAL REVIEWER COMMENT]			

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
4.04 Proposed Budget	Points Possible	Points Awarded	Page No.
PROJECT BUDGET and project viability as described in Section 1.06 and 2.03			
a. Proposed Project component budget (detail and narrative) is completed as instructed, internally consistent, compliant with cost restrictions and supported any necessary allocation of resources among target population/service location.	14		
b. The required match is met and fully supported by tangible evidence.	6		
[ADDITIONAL REVIEWER COMMENT]			

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
4.05 Qualifications, Compliance, Experience, Staffing, Management, and Facilities	Points Possible	Points Awarded	Page No.
PROJECT NARRATIVE ITEMS 5-7, PROJECT STAFF, FACILITIES as described in Sections 2.01 through 2.03 & 3.09			
a. Project Narrative in Section 1.03 items 5-7 are addressed.	12		
b. Project staff providing services is qualified, competent and licensed or certified as demonstrated by their submitted professional credentials and resume(s). Job descriptions and resumes, including duties and qualifications necessary to support the intent of the RFP have been submitted. Resumes are no more than 1 page.	10		
c. The proposal describes 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.	4		
d. Each Proposed Project must contain a detailed plan for services in the first year of the grant, and should include a brief outline of services planned in subsequent years.	6		
[ADDITIONAL REVIEWER COMMENT]			

Columns	A	B	C
[SHADED AREAS TO BE COMPLETED BY REVIEWERS -- APPLICANTS COMPLETE COLUMN C]			
4.06 Demonstration of Support and Service Coordination	Points Possible	Points Awarded	Page No.
COMMUNITY ACTION PLAN (CAP), PROJECT NARRATIVE ITEM 8 as described in Section 2.04			
a. Project Narrative in Section 1.03 item 8 is addressed.	6		
b. Respond to the CAP instructions by submitting a signed Memorandum of Agreement (or copy) between the community providers, that addresses plans for regular meetings, leadership roles, and taking of minutes.	6		
c. Respond to the CAP instructions by submitting the current continuum of care (matrix of services) (or copy).	6		
d. Respond to the CAP instructions by addresses at least one local weakness or gap in services (or copy).	6		
e. Describe the plan (or copy) to coordinate with primary care providers. Use the chart – Attachment 10.	10		
f. Applicants must coordinate with partners necessary to provide adequate supports to the clients served through their proposed project and provide tangible documentation of partnerships, both current and specific to the proposed services, and the applicant has attached copies of agreements, which must be current and specifically address the services to be provided in the Proposed Project. List agencies and relevant contact person(s).	10		
[ADDITIONAL REVIEWER COMMENT]			

SECTION FIVE APPENDICES

- 5.01 A. DHSS Grant Application Form**
- 5.02 B. DHSS Assurances Form**
- 5.03 C. Budget Detail and Narrative Form and Instructions**
- 5.04 D. Single Audit Requirements (information appendix)**
- 5.05 E1. Federal Assurances and Certifications**
- 5.06 F1. FFATA Notice and Certification Form**
- 5.07 F2. FFATA Reporting Form**
- 5.08 F3. DUNS Number Request Information**
- 5.09 G. Resolution for a Waiver of Sovereign Immunity**

SECTION SIX ATTACHMENTS

- 6.01 1. Program Service Type Descriptions**
- 6.02 2. Checklist for Agency Required Documents**
- 6.03 3. Checklist for Category A – Community Behavioral Health Centers Project Checklist**
- 6.04 4. Checklist for Category B - Specialized Service Provider Project Checklist**
- 6.05 5. Checklist for Category C - Specific Service Project Checklist**
- 6.06 6. Logic Model Resource Guide**
- 6.07 7. Logic Model Form**
- 6.08 8. Logic Model Evaluation Plan**
- 6.09 9. Community Action Plan Instructions**
- 6.10 10. Community Action Plan Form**
- 6.11 11. ADOC Substance Abuse Treatment Referrals: Agency Application Form**