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Finance and Management Services  
Grants and Contracts Support Team  
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<p style="text-align: center;"><b>RFP Grant Services for Comprehensive Behavioral Health Treatment and Recovery (CBHTR)</b></p>
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## **Amendment #4**

**Amendment Issue Date:** April 23, 2013

This amendment serves to answer questions regarding the Request for Proposals (RFP) submitted by potential applicants on or before the inquiry deadline.

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### **Questions and Answers:**

Q1: Program Types #7 & 11 for women and children now include Clinic services (example page 18, type 7). We assume this same description was meant to be at least an option in Program Types # 5 & 12 and # 3 & 10 that include both males and females?

A1: See Prerequisites 7 AAC 135.010-40 Medicaid Coverage; Behavioral Health Services which is listed under each program service type in Attachment #1.

Q2: For many years up to now, Gateway has funded SMI Transitional housing (Horizon House) under Program Type 11. This is unsupervised sober free housing for current SMI clients. I'm assuming we continue to do describe and include this under Type 11.

A2: It is up to your agency to review the Program Service Type description in Attachment #1 and determine if the services you intend to propose fall under that particular service type.

Q3: Under the Agreement Information section of this reporting form, line 22, "Subaward Amount Funded by Federal Award" are we suppose to insert the amount we are requesting in our proposal or is this to be left blank and filled in by DHSS once the grant has been awarded?

A3: On Appendix F2 – Reporting Form FFATA, the Agreement Information section is to be filled in by DHSS.

Q4: What is clarified in Amendment #3 does not reflect page 6 of the RFP - it shows we need an Agency Community Action Plan and an Agency Community Behavioral Health Continuum. Then it shows we submit the COPY of those plans with the Program Service Type. Then on page 14 of the RFP under 2.04 it clearly states, " Applicants are required to submit 1 Community Action Plan per application that addresses their overall grant proposal." Please provide further clarification. It doesn't make sense for applicant to provide the CAP and Continuum for each

community they serve when most of the applicants serve a region with many communities - some up to 50 different villages.

A4: The application asks for a Community Action Plan (CAP) and a Behavioral Health Continuum of Care with the agency section and a copy with each program type being applied for in your response. If you are applying for program types in communities served by other behavioral health providers, provide a CAP and Continuum of Care with each proposed program. CAPS and Continuums of Care are not required for each village if you are the only behavioral health provider.

Q5: I just want to make certain I understand the intent of the answer to Q2 in Amendment #3. As I understand answer #2 in Amendment #3, we need to provide a CAP and Continuum for the community where our proposed CBHTR-funded services are provided, **not** the service area we provide services for. So if we serve a larger service area but all our services are provided in Juneau, we only need to provide a CAP and Continuum for Juneau. Do I understand this correctly?

A5: Agencies should only submit a CAP and Continuum of Care for the location it is requesting FY14 CBHTR grant funds for.