

## Questions Regarding the Adolescent RFP

**1) How many awards do you plan to make?**

The number of awards has not been predetermined. The number of awards will be based on the available funds and the amounts requested in the proposals.

**2) There have been some questions raised about the scoring section that pertains to the extent to which the proposals conform to the requirements of the RFP. Wouldn't the respective scores for each section be a clear indicator of conformity to the RFP requirements?**

Yes

**3) Is there some other way to interpret this section?**

No

**4) We have looked at the SAMHSA web site seeking Evidenced Based Practices (EBP) that would address this population. We find very little EBP that specifically address this issue. Could you provide us with a few specific EBP models that you are aware of that we could look at?**

Information on the five treatment models included in the Cannabis Youth Series research can be downloaded or ordered at the following link:

<http://www.kap.samhsa.gov/products/manuals/cyt/index.htm>

**5) If we are going to look at serving at risk adolescents, are they eligible for services through Medicaid or Children's First without a primary diagnosis?**

The existing reimbursement system requires that an adolescent have a diagnosis for services to be reimbursable.

**6) I cannot find anything that lists the counties that are the focus of the RFP. Where can I find that information?**

The counties which were identified as priorities are listed on page 2 of the RFP.

**7) Would it be possible to get our program approved in time to be considered for the RFP?**

Non-certified providers may submit a proposal under this RFP and selected for funding, however contracts cannot be issued until certification is completed.

**8) Further instructions "Respondents must specify position and location of interest. Each proposal must be submitted in a separate envelope" appear to suggest that each item of the proposal must be submitted in a separate envelope.**

***I'm taking this to mean that this applies only to multiple proposals from the same agency and not that each item of our proposal should be submitted in a separate envelope.***

That is correct; if a provider chooses to submit multiple proposals each proposal should be submitted in a separate envelope.

***9) The only appendices listed in the 2<sup>nd</sup> RFP are V & VI. Are we missing appendices I – IV?***

Yes. It should have listed appendices I & II.

***10) The RFP points only add up to a total of 95. Are there points being added somewhere or will the proposals be scored out of 95?***

The proposals will be scored using 95 as the total possible score.

***11) On page 10 of the RFP it states: "Respondents must specify position and location of interest. Each position proposal must be submitted in a separate envelope." Can you tell me what is meant by "position"?***

Please disregard this.

***12) Also, is it a requirement that the services must be provided from a site located in the same county?***

Given that transportation is often a barrier to treatment, we would expect the provider to have some type of physical presence in the county they are proposing to serve.

***13) Is there a page limit on the Statement of Work portion of the application?***

No

***14) Which fiscal years are covered in the RFP?***

2007-2008 and 2008-2009

***15) How much money is available? Providers were concerned that the RFP mentioned eight awards and they have \$200,000 in mind. They are wondering how much effort they should invest if the potential contract would be limited to \$25,000.***

The RFP does not specify how many awards will be issued or the amount of funds available. The 07-08 SASD budget designated \$200,000 for the expansion of adolescent services.

In addition to state funding, contract providers are eligible for reimbursement through Medicaid as well as ALL Kids.

**16) Which services are available to be proposed since we are not implementing the expanded levels of care for the beginning of FY 08-09?**

This RFP is for Outpatient, Intensive Outpatient and Continuing Care. The services provided must reflect those outlined in the current SASD Standards.

**17) Again the question of scoring was brought up. It seems confusing that 25 points are dependent on the application being in compliance with the RFP. The question is, if the application is not compliant with the RFP shouldn't it be reflected in the scoring of the other areas?**

The RFP reads:

*(This is a review criterion only. No response is required of the applicant. Proposal reviewers will assess the degree to which the applicant provide appropriate and thorough responses to each section of the Statement of Work, and met other RFP requirements.)*

The minimum requirements can be met for each section scored without providing a comprehensive understanding of the proposed program. Providers could also fail to submit the proper number of copies, attach an appendix, follow the requested format, or meet the specifications outlined under "VII Proposal Requirements" (pg. 4).

**18) Comments were also made regarding the necessity to conduct a literature search when we identified the priority areas based on need.**

There is nothing in the RFP that indicates a provider would need to conduct a literature review. It does state that "Complete citations shall be provided for any literature referenced in your proposal." Citations are only necessary if the provider chooses to reference some form of literature.

**19) Will the contracting facility need to be responsible for providing transportation for the youth and parents that are enrolled in the treatment program?**

The contract provider is not expected to provide transportation however the issue should be factored into the design of the program (ie. location, frequency, etc).

**20) How will the contracting facility receive referrals for the program?**

Contract providers will develop their own referral base. It is expected that providers will work closely with the juvenile courts as well as other organizations and institutions to respond to the specific needs of the community.

**21) What is the target number of clients to be served in this RFP?**

There is no target number of clients to be served in the RFP. The community needs throughout the state varies significantly from one county to the next.

**22) Will initial funding be provided to the contracting facility to start the outpatient treatment program?**

New programs will be compensated on a 1/12<sup>th</sup> basis as negotiated. Start up costs may be included in the proposed budget.

**23) Will the contracting facility be compensated for services offered beyond the Medicaid/All Kids cap for services that can be offered per day? For example, Medicaid pays for no more than 3 units (30 minutes a unit) of group therapy. If the contracting facility performs 6 units of services, will the Department compensate the facility for the three units Medicaid will not pay for?**

No. Contract billing guidelines between Medicaid and the SASD are consistent based on services at different levels of care. However providers can bill the SASD for approved services that are not reimbursable through Medicaid such as case management.

**24) I am writing to enquire about the billing protocol for the Substance Abuse Adolescent Treatment Services. Specifically, I am wondering if the contractor is to bill the client's insurance as the primary billing source (All Kids, Medicaid etc...) or whether the Department of Mental Health is to be the primary billing source. Please explain how the department envisions how billing would take place under this contract.**

The AL Dept. of MH/MR-SASD is the provider of last resort. Other resources (All Kids, Medicaid, private insurance) should be utilized whenever available. Medicaid billing is handled through the SASD.

**25) Secondly, I am wondering if services under this contract could be delivered in a partial group format if it is done according to an evidenced based protocol.**

Yes

**26) Are the following billable services: case management, testing, family and individual counseling... individually, not as part of the IOP proposal?**

Case management, family and individual counseling are billable services within a certified program. Psychological testing is a billable service within a certified program under Medicaid and All Kids.