



Responses to questions:

Q1. Section 3.3, Scope of Project, Page 17 K
I would like to know where to locate the Length of Stay over 300 day form.

R1. The form will be available to vendors post award.

Q2. Various NA Pre-proposal conference
Will there be a pre-proposal conference?

R2. No.

Q3. 3.0 15 Scope of Project
Third paragraph, second line states "Children with significant substance abuse needs, which require intensive treatment, are also eligible." Please define significant in terms of what level of treatment is required, inpatient detox, educational treatment, drug testing etc. If you are requiring an intensive level of drug treatment, do programs need to be licensed by DMH for substance abuse treatment? If required may the service be provided by a community partner?

R3. DHR does not expect that detox will be provided in an intensive facility. DHR does expect that intensive counseling for substance abuse will be provided on an individual basis based on the need of the child and the ISP. Yes, if your facility cannot provide this for a child, a community partner needs to be included and included in the ISP.

Q4. 3.0 15 Scope of Project
Sixth (last) paragraph, last sentence, states: "Children or youth who have a need for treatment for sexual aggression or reactive behaviors" with reactive behaviors should not be served in this category." Please define types of reactive behaviors.

R4. Sexual Reactive is acting out in sexual ways because they themselves have been sexually abused in the past. Things they are doing or saying for their age is not appropriate. They are responding to their own sexual abuse.

Q5. 3.2 17 Program Requirements L
"Ensure that children are receiving needed educational services, including homework assistance (not tutoring)..." Please describe the difference between homework assistance and tutoring.

R5. Tutoring is to teach or guide a client individually in a special subject or for a particular purpose at a specific time by a qualified person. Homework assistance may be a question asked at homework time at the facility.



Q6. 3.3 18 Core Services J.
J. states "Provide vocational and recreational therapy which teaches the youth to participate in organized groups and learn a valuable trade or craft." Please clarify as to the level of service you are requiring regarding trade or craft.

R6. To work with our clients on social skills in the community or an activity that is for enjoyment (such as basketball, a craft, music lessons) for the client to learn socialization with others. Vocational activities may include groups about work, completing an application, etc.

Q7. 3.3 18 Core Services M.
M. states "Provide up to \$50.00 per month for special needs and occasions, etc." Under 3.4 responsibilities of the Department of Human Resources H. (page 20) you again have \$50.00 per month for special needs and occasions to be provided by the department. Does this mean the department spends at least \$50.00 for these occasions and, *in addition* the agency is expected to spend \$50.00 per month for these occasions?

R7. No.

Q8. 3.3 19 Core Services R.
"...provide a minimum of two (2) hours per week of tutoring ..." At first blush, this appears to be at odds with 3.2 Item L. Please clarify.

R8. See definition of 3.2 Item L.

Q9. 4.2 21 Proposal Format & Instructions
"Paragraphs must be double spaced." Do you mean double space between paragraphs or line spacing is double?

R9. Double space between paragraphs.

Q10. 6.0 27 Evaluation Criteria
The Point Values total 1,000 points—the stated maximum. Yet, under Vendor Qualifying Information C. States Point Value "To be Determined." Any points awarded here would total more than 1,000 points. Please clarify.

R10. 4.2.5.1.3 Contract Performance
No points will be assigned to proposals submitted by new or current vendors who have performed their contractual obligations satisfactorily. However, current vendors who have performed unsatisfactorily may experience point deductions up to a maximum of 10 points.



Q11. If the applicant requests a certain number of beds in its response, if awarded the contract, will they be awarded the number of beds they asked for, or perhaps less? If less, should the vendor state in the RFP response the minimum number of beds it would be willing to service? Can the applicant request a particular number of gender specific slots?

R11. **Contract awards may be for less slots than offered by the vendor. Vendors should wait for an award notice and rescind if the award is not feasible. Vendors may request a particular number of gender specific slots as stated in the RFP section below:**

4.2.5.3.4 Children/Youth to be Served and Number of Slots Proposed

Vendors must identify the gender and age of the population to be served. In addition, vendors must also specify the number of slots (not units of service) they propose to serve. Also include license capacity per proposed site, per gender. Vendors who propose to provide this service at multiple sites or buildings must specify such and include staff and budgets for each site/building.

Q12. Can the location for this RFP be provided anywhere in the State of Alabama so long as all other requirements are met?

R12. **The proposed facility may be located anywhere in Alabama.**

Q13. Will preference be given to existing providers?

R13. **No.**

Q14. Do you need to have a certificate of need to operate a psychiatric residential treatment facility, or is a Alabama residential license sufficient? In other words, are these beds going to be awarded outside of the CON program?

R14. **Vendors do not need to have the Certificate of Need to operate a psychiatric residential facility. To accept a child into the Psy 21 and under program, the county DHR worker should have a Certificate of Need form with them at admission, or the facility can provide an emergency CON if in fact the placement is an emergency. Vendors must continue to be licensed by DHR or DMH.**

Q15. If awarded beds, is the applicant allowed to move locations during the term of the contract so long as all other requirements of RFP are met?

R15. **Requests will be determined on a case-by-case basis. All decisions must be supported by the ISP Team.**

Q16. Are all the services requested in this RFP reimbursed directly by Medicaid or by the Agency directly?



- R16. Services are reimbursed by Medicaid unless the child is non-Medicaid eligible.**
- Q17. Section 3.0 (page 15, paragraph 3 – Scope of Project).** This paragraph states that children with substance abuse needs are eligible. Given the special expertise required to effectively treat substance abuse disorders, may individual providers treat substance abuse needs as an exclusionary criteria, at least when that is the primary clinical issue?
- R17. This would be up to the facility; however, see Section 4.2.5.3.3 Referral, Admission and Exclusion Policy.**
- Q18. Section 2.0 (page 15, paragraph 6 – Scope of Project)** Given that many of the children in intensive residential treatment have significant abuse histories, can you provide additional guidance on, or definitions of, “sexual aggression” and “reactive behaviors,” to assist providers in determining if referrals are appropriate?
- R18. Sexual Reactive is acting out in sexual ways because they themselves have been sexually abused in the past. Things they are doing or saying for their age is not appropriate. They are responding to their own sexual abuse.**
- Sexual Aggression is taking advantage of a child who is younger, or involves pressure or force to the victim. This includes an individual making a child feel uncomfortable by asking for sexual favors, talking about sex, etc.**
- Q19. Section 3.0 (page 15, paragraph 4 - medication)** The RFP states that the provider will follow the Federal Psychotropic Drug protocol in regards to the appropriate use and monitoring of psychotropic medications. What is the Federal Psychotropic Drug protocol and where can it be obtained?
- R19. See the DHR website (www.dhr.alabama.gov), Announcements #4 Intensive Residential Services-Oversight of Psychotropic Medication for Children in Foster Care.**
- Q20. Section 3.0 (Page 15, paragraph 6 – ineligible children).** The RFP states that children with a diagnosis that is in the exclusionary category from DMH licensed facilities (i.e. Autism Spectrum) are ineligible. Does this refer to only children whose primary diagnosis is Autism or does it intend to exclude any child who has been diagnosed with an Autism Spectrum Disorder even if that disorder is secondary to an eligible disorder? What if the disorder is listed as “rule-out” or “provisional”?
- R20. No, DHR does not exclude children within the Autism Spectrum.**
- Q21. Section 4.2.5.3.2 (page 23, Start-up Plan):** This section states that “vendors who are not currently licensed by DHR must certify that they will be licensed by Wednesday, September 12, 2014). However, section 1.2 (page 7) and section 3.2 (page 16) say that vendors may be licensed by DMH or by DHR. Please clarify if a DHR license is required for facilities already licensed by DMH.



- R21. A DHR license is not required if you are licensed by the State of Alabama Department of Mental Health (Mental Illness Division License Only). We will not accept Intellectual Disabilities License/Certification (formerly Mental Retardation).**
- Q22. Section 3.2, G (page 17, informed consent for medication):** This section states that the prescribing physician inform the child and legal guardian of the risks and benefits.... Must this be personally performed by the prescribing physician or may it be delegated to a nurse as is typically done now, particularly when the worker does not attend treatment meetings.
- R22. See Oversight of Psychotropic Medication for Children in Foster Care. See R25 regarding DHR policy.**
- Q23. Section 3.2 K (page 17, length of stay):** Please provide a copy of the "Length of Stay over 300 day" form referenced in this item.
- R23. See R1.**
- Q24. Section 3.2 O (page 17, satisfaction survey):** Does DHR require particular steps to be taken to repeat the survey at 6 weeks post-discharge? Given the change in placement, it may be difficult to ensure the survey is repeated, particularly with the former client. Must the exact same survey be repeated, or can a more appropriate post-discharge follow-up survey be completed?
- R24. Complete a survey (at discharge) with the child, family, and DHR social worker to assess satisfaction with services, care and treatment. At six weeks, the survey must be repeated with the same individuals. The survey must be repeated with the same individuals. The surveys must be maintained in the individual child's file at the facility. A quarterly summary of survey results must be submitted and include any program changes instituted as a result of the survey. Repeat the same survey.**
- If other considerations to the survey must be made on a case-by-case basis they must be presented to the Division of Resource Management–Contracts for guidance/approval.**
- Q25. Section 3.3 F (page 18, Psychotropic Medication):** We were unable to locate a copy of the DHR Psychotropic Medication/Monitoring Policy. Please provide a copy so that we can ensure our proposal satisfies this core service.
- R25. State DHR is in the process of developing policy and procedures for this Psychotropic Medication Protocol. There will be training for County DHR's and all Providers serving our children.**
- Q26. Section 3.3 J (page 18, Vocational Therapy):** If recreational therapy is provided to all clients, must vocational therapy be provided for all clients regardless of age, or may this be limited to those of appropriate age and whose ISP has begun to address transitional/vocational needs?
- R26. Vocational Training should only be provided to age appropriate clients and those services should be in the ISP. However,**



vocational groups, such as discussing work, types of jobs, completing applications may be used.

Q27. Section 3.4 F (page 20, clothing): Although the county is “responsible for” ensuring appropriate initial clothing, they are only to “work with the provider” for specific clothing needs over time. Please clarify who is ultimately responsible for the child’s clothing while the child is in treatment.

R27. The DHR Responsibilities are for all service providers. To answer this question, at admission, DHR should have all clothing required to admit the child. If additional clothing is needed, the provider needs to discuss with the county worker.

Q28. Section 3.3 L (page 18, allowance): Because this standard prohibits restitution for damage from the child’s funds, as legal guardian of the child, is DHR accepting financial responsibility for the child’s intentional damage? Can damages be billed using a DHR-1878?

R28. Allowances may not be used to recoup for damages or restitution. If additional monies are earned, recoupment for damages and payments for restitution may be made from them. Damages cannot be billed using a DHR -1878.

Q29. Section 3.3 O (page 18, incident reporting):

- a) Please define the following terms related to incident reporting: “professional medical treatment,” “emergency medical treatment,” and “major damage.”
- b) Please give an example of an incident falling into the last category: “Any incident occurring which places the health, welfare, or safety of a child at risk.”
- c) Does DHR have a specified format or form for these incident reports?
- d) What should the written explanation include?
- e) May we submit the DMH forms to DHR to satisfy this requirement?
- f) What is the provider’s obligation to learn about arrests that happen off campus, unrelated to work, particularly given the potentially large number of employees this applies to?
- g) Does this requirement apply to all convictions (e.g. traffic citations, misdemeanors, felonies) or just to non-traffic offenses or felonies only (or some other subset of convictions).
- h) Does the 5 day requirement refer to business days or calendar days?

R29. a) Professional medical treatment-Treatment by medical professionals to include hospital, clinic, doctor’s office, facility medical staff, etc.

Emergency medical treatment- any unforeseen or unplanned medical procedure that requires urgent treatment: for example, emergency surgery.



Major damage-Whenever the child causes damages to property.

- b) Outbreak of a contagious disease, staph infection, lice; runaways; bomb threats; disgruntled parents/staff/others making threats to cause physical harm; physical altercations; non-supervision of residents and neglect of medical care.**
 - c) No. (See R29d)**
 - d) The minimum requirements must include: Name of the facility; name/title of the person completing the report, date of report; Resident's full name; date of birth; the child's county origin; place/date/time of incident; date and time the parent/legal guardian (include name) was contacted; resident race; resident gender; detailed description of the incident, including events preceding the incident, the extent of the incident, treatment provided and future treatment needed (Attached medical reports, police or additional reports if applicable); utilization of restraints/seclusion; name of all individuals, including staff members involved in the incident; and disciplinary action, outcome or follow up required.**
 - e) If the DMH form satisfies the requirement. See R29d.**
 - f) When a provider becomes aware of any arrest or conviction of the licensee or any staff person, you are required to report it to SDHR.**
 - g) This requirement applies to any arrest or conviction of the licensee or any staff person.**
 - h) Five (5) calendar days.**
- Q30. Section 3.3 R (Tutoring)** What determines if a person is "qualified to offer specialized assistance in a certain subject"?
- R30. If the person is a licensed teacher, retired teacher, or has training in tutoring adolescents.**
- Q31. Section 3.3 (page 19, billing services).** If chargebacks result from a failure of DHR to complete required paperwork (i.e., the ISP), is that still the financial responsibility of the vendor/provider as opposed to DHR?
- R31. The Division of Resource Management has always informed vendors that if ISPs are not received in a timely manner to request them from us. Without documentation that you have requested the ISPs from us (in a timely manner), after you have tried the county, then you are responsible.**
- Q32. Section 3.4 D.7. (page 20, Psychological):** Can you provide an example or definition of an "intensive enhanced" placement?
- R32. Children with a DSM Diagnosis (previously IV 290-316 and have the mental and physical functional capacity to participate in the services. These children must have denials from or have been previously served without success in an intensive residential facility, or are currently being served out of state.**



Q33. Section 3.4 G (page 20, Extra-curricular activities).

- a) Can this item include activities offered at the provider site as opposed to off campus activities?
- b) Please provide an example of “support” that the facility would be required to provide other than transportation.
- c) How should this item be handled when the child’s behavior is not stable enough to participate?
- d) If each child with the provider has a separately listed activity in the ISP, is the provider expected to provide separate staff for all the children during all the potentially different activities? May the provider specify or identify particular options?

R33. a) It is understood that the children in the most restrictive placements may not be able to attend off campus activities due to their behavior. The ISP should determine whether Extra-Curricular Activities are on campus or off- campus. These DHR Responsibilities were written to share with all service providers.

b) Emotional support in an Extra-curricular activity.

c) Due to the intensive needs of these children, off-campus extra-curricular activities may not be warranted.

d) Any activity of any child in the facility should be addressed in the individual’s ISP. The provider should be an active team member of the ISP.

Q34. Section 3.4 H (page 20, special needs/occasions money): The first part of this item appears to duplicate section 3.3 M on page 18; however, as listed here, it would obligate DHR to provide both the \$50.00 per month and anything above \$50. Please clarify.

R34. H (page 20) is restating what the provider is responsible for from 3.3 M on page 18. The bold writing represents county DHR responsibilities.

Q35. Section 4.2. (page 21, proposal format):

- a) Are adhesive tabs on blank pages used specifically as divider pages acceptable (i.e. pages that are not part of the proposal and contain no type)?
- b) Would these tabbed divider pages count as part of the 100 page limit?
- c) Does each sub-section need to start on a new page? If so, does each sub-subsection (e.g. 4.2.2, 4.2.3, etc.) need to start on a new page?
- d) Should proposals be bound in some fashion?

R35. a) Yes. b) No. c) No. d) Yes, a binder clip or binders are sufficient.

Q36. Section 4.2.5.1.4 (page 23, project staff)



Please provide guidance as to who is considered “key personnel.” Must a resume be provided for all direct care staff (mental health workers, patient care technicians, etc.) in addition to staff such as clinicians, coordinators, etc.?

R36. Yes, if the aforementioned personnel will be charged to the proposed program.

Q37. Section 4.2.5.3.3 (page 23, Referral, Admission and Exclusion Policy). This section says that denials must be reported to the Resource Management Division monthly; however, section 3.2 C (page 16) says that denials must be reported weekly. Please clarify.

R37. Send them to your program analyst weekly.

Q38. Section 4.2.5.3.4 (page 24, Children/Youth to be served): This section says that vendors who propose to provide this service at multiple sites or buildings must specify such and include staff and budgets for each site/building. Our program operates three (3) buildings adjacent to one another and does not differentiate a budget for each building. Each building has identical programming and staff and clients move between buildings as needed due to age, behavior, skill level, etc. Is it acceptable to treat buildings in these circumstances as one site, with one budget or should we divide the budget by three (3) to account for each building? If an on-campus school is located in a separate building, must the provider break out the budget for school separate from the living quarters?

R38. Submit a separate budget for each building. A separate budget is not required for the on-campus school.

Q39. Section 4.2.5.3.6 (page 24, Natural Disaster Evacuation/Pandemic Plans):

- a) What is the approval process for these plans with State DHR?
- b) Does awarding of a contract in response to a proposal which includes these plans constitute approval of said plans?
- c) How much specificity is required in the evacuation site?
- d) Are multiple evacuation options acceptable given that one or more may also be impacted by a natural disaster along with the facility itself?

R39. a) Approval is determined post award. b) No. c) Include as much specificity as deemed necessary to clearly convey the plans. d) Yes, if deemed necessary.

b) No.

c) Include as much information as necessary to clearly convey the vendor’s intent.

d) Yes.

Q40. Section 3.3 C (Page 17, core services for intensive residential programs): Is there a specific distance from the facility that is considered



“local transportation.” May the provider and DHR agree to bill non-local transportation as an “ancillary service” using a DHR-1878, if consistent with the child’s ISP?

R40. The determination of local will need to be made by the ISP team.

Q41. Page 16 Sec 3.2

C. The DSM 5 does not have diagnosis ranges of 290-316...are there diagnosis that Will NOT qualify for Intensive, and what are they?

R41. There are diagnoses that the DMH Licensed/Certified Facilities have that are excluded from their license/certification. There is not any diagnosis that is excluded from a DHR license.

Q42. 4.2.5.1.4 (pg. 23) **Project staff/Resumes/Job Descriptions**
Please clarify who should be considered “Key personnel?”

R42. See R36.

Q43. 4.2.5.1.4 (pg. 23) **Project staff/Resumes/Job Descriptions**
Do we need to submit copies of all individual staff licenses/certifications or only the facility licenses?

R43. Staff licenses/certifications may be listed. Submit copies of facility licenses.

Q44. 1.2 (pg. 7) **Required Licensure/certification/credential**

If the current DHR licensed facility is due for license renewal and the completed Application for Licensing Study was submitted to the State on time, but the study has not yet taken place, is there anything the organization needs to do other than submit the available license and a copy of the previously submitted Application for Licensing Study?

R44. Include a copy of the completed application in your proposal.

Q45. 3.2 (K.) (pg. 17) **Program requirements**
Where can we locate the 300 day length of stay form?

R45. See R23.

Q46. 3.3 (F) (pg. 18) **Core Services**
Will you provide or where can we locate the DHR Medication/Monitoring Policy?

R46. See R25.