



- Q1.** Service Summary Form  
Is the “Authorized Signatory” typed? An original signature? Or both?
- R1. Both.**
- Q2.** Service Summary Form  
If the proposal is for services to children statewide, may the Vendor say “statewide” or must all county names be typed (requiring an additional page)? If a separate page is necessary, must this page be counted against the total pages allowed?
- R2. Vendors may specify “statewide” slots and no need to specify all 67 counties. No.**
- Q3.** Service Summary Form  
Is the *Proposed Service Summary Form* counted against the total pages allowed?
- R3. No.**
- Q4.** Service Summary Form  
Should the *504 Assurance of Compliance* be numbered? Is it counted against the total pages allowed?
- R4. No. No.**
- Q5.** Table of Contents **AND** Section 4 Element # 4.2.5.3.6 Pages 3 and 22  
The Table of Contents states this element should be ASSESSMENT OF BENEFITS AND IMPACT. The body of the proposal reflects that this section should be **Natural Disaster Evacuation/Pandemic Plans**. Please confirm the Department’s desired numbering of these elements.
- R5. Follow the instructions in Section 4.**
- Q6.** Table of Contents **AND** Section 4 Element # 4.2.5.3.7 Pages 3 and 22  
The Table of Contents states this element should be OFFICE LOCATION. The body of the proposal reflects that this section should be **Assessment of Benefits and Impact**. Please confirm the Department’s desired numbering of these elements.
- R6. Follow the instructions in Section 4.**
- Q7.** Table of Contents **AND** Section 4 Element # 4.2.5.3.8 Pages 3 and 22  
There is no element with this number in the Table of Contents. The body of the proposal reflects that this section should be **Office Location**. Please confirm the Department’s desired numbering of these elements.



**R7. Follow the instructions in Section 4.**

**Q8.** Section 6: Evaluation Criteria Page 25 Vendor Qualifying Information  
C. Contract Performance  
When will we be informed of the Point Value of the Contract Performance Section or if there will be any points given, seeing as though the point values have already been divided and totaled.

**R8. No points will be added. Up to ten (10) points may be deducted.**

**Q9.** Section 4: Proposal Format and Instructions Page 22  
4.2.5.3.6 Natural Disaster Evacuation/Pandemic Plans  
Although our emergency plans have been approved by the local Emergency Management System, when will they be approved by State DHR? Or, will the RFP approval be the official approval of the plan.

**R9. The plans will be reviewed and the time of contracting and any corrections/recommendations will be addressed at that time.**

**Q10. On the Cover Page, under Instructions to Vendors, Special Instructions**  
It says to complete the Proposed Service Summary Form and submit with the original proposal. Is there a specific place within the proposal that this form should be located (i.e. should it be placed after the Cover Page)? Since it is only required to be submitted with the original, do we have to number it? Is it part of the 100 page count?

**R10. Submit one copy of the Proposed Service Summary Form in separate envelope. Using a paper clip attach the envelope to the original proposal. Do not number the Proposed Service Summary Form. This form is not included in the page limit.**

**Q11. Page 7, Section 1; Sub-section 1.2 Licensure/Certification/Credential Requirements**  
Can providers who submitted an application for licensure with the cancelled RFPs in March reuse that application for this current RFP? If a license was granted, is it still valid or will providers have to resubmit by the August 14 deadline?

**R11. Yes. Vendors are not required to resubmit applications.**

**Q12. Page 15, Section 3; Sub-section 3.0**  
The last paragraph states that staff may not be shared between different levels of services at a single location. Is this in reference to direct care and clinical staff? Can administrative staff and teachers be shared? Can 2 separate programs



located on the same property, with separate buildings housing residents share staff?

**R12. Direct care staff. Yes. They cannot share direct care staff on the same shift.**

**Q13. Page 22, Section 4; Sub-section 4.2.5.3.4 County/Counties to be Served and Number of Slots Proposed**

Is it ok to say that a provider will serve all counties in the state of Alabama or do you prefer that all counties be listed separately?

**R13. See R2.**

**Q14.** Page 10 1.9.1 Are the seven copies mentioned blind or regular copies? If regular, will there be a need for blind copies to be submitted?

**R14. No "blind" copies are required.**

**Q15.** Page 19 4.2 Proposal format: Please describe the "rings" that are referred to here.

**R15. Rings referred to in the RFP are silver, metal circular fasteners.**

**Q16.** Page 22 4.2.5.3.6 Please expound on what the statement "all plans must be approved by State DHR" means? Would that approval come prior to or after the RFP process is completed?

**R16. Plans will be approved post notice of intent. Selected Vendors must work with SDHR to obtain an approved plan.**

**Q17.** Page 22 4.2.5.3.6 How detailed should the plan for Natural Disaster Evacuation/Pandemic Plan be?

**R17. The plan should adequately cover the steps necessary to explain the entire process that will ensure the children's safety.**

**Q18.** Does the new Proposed Service Form take the place of the RFP Cover Sheet or is it in addition to it? If in addition, where does it get placed?

**R18. No, the Proposed Service Summary Form is in addition to the RFP Cover Sheet.**

**Q19. Proposed Service Summary Form**

- A. County/counties to be served—Are all slots statewide slots? Should providers list all 67 counties for each proposal?
- B. Gender, Age, number of slots- Is the information binding if the number of slots purposed is different from the number of slots awarded?



Example: 40 slots would allow an agency to serve all ages male and females, where 16 would not. Slot allocation will impact what rate an agency can manage as well.

C. Same form, under licensing information- What is a Life Safety report?

**R19. A. Statewide**

**B. Yes**

**C. The Life Safety Report details compliance to the various standard and requirements, include compliance to ADA laws. It issued to Vendors licensed by Mental Health.**

**Q20. Pg 6, Schedule of Events**

Are letters of intent to propose needed for this RFP process?

**R20. No.**

**Q21. pg 7, 1.0--- PROJECT OVERVIEW**

Do the 250 slots include potential "emergency slot allocations"? Are slots allocated per county or region or statewide?

**R21. No.**

**Q22. Pg.15, 3.0 Moderate Programs**

Is there a recommended minimum IQ to ensure that children/youth are best suited for this level of care and structure?

If the MAT recommends care up to Intensive after placement in a Moderate program, what is a provider's recommended course of action to ensure the needs of the child are met?

**R22. An IQ of 55. An ISP team meeting should be called and that decision should come from the ISP team.**

**Q23. Pg 15, 3.1 Planning Responsibility**

Does the new FACTS system have an alert to let county and state know when an ISP is over 10 days old?

If not, is this enhancement planned in the near future?

Does FACTS check the ISP for Medicaid service language/authorizations when a client is placed in a residential setting?



**R23. This is not a RFP related question.**

**Q24. Pg 16, 3.2 Program Requirements**

N. What are the outcomes to be reported monthly to SDHR and the county?

**R24. Outcome reports will be sent in as required. Currently there are no outcome reports being required. Progress notes should be sent monthly to the county.**

**Q25. Page 17, 3.3 CORE SERVICES**

A. Does the Department have protocol to guide providers in the administration of medication when children are placed in a residential setting?

Is it the expectation of the Department that all moderate providers have a nurse or physician on staff?

**R25. There is written protocol in the process of being approved. At this time there is not an expectation that Moderate Vendors have a nurse or physician as part of their staff but they must have access to doctors and nurses.**

**Q26. Pg 18, continued 3.3**

M. Will outpatient provider's be unavailable to children in this level of care?

N. Is it the moderate provider's responsibility to provide family counseling when reunification is not the stated goal for a family? Please clarify.

O. Are all moderate providers required to provide this service?

P. Is this to monitor/assist the county in obtaining appropriate people to complete testing OR an expectation of moderate providers?

**R26. M. If the child already has an outside therapist and the ISP team wants the child to continue with the therapist then the Vendor is not responsible for providing the service.**

**N. No**

**O. Vendor's discretion**

**P. Vendor's discretion**

**Q27. Page 22, 4.2.5.3.4 County/Counties to be served and # of slots Proposed**

Are all of the slots STATE slots OR do you want providers to specify counties and/or regions? Can providers note preferences of counties to be served without penalty?

Is this negotiable once slots are awarded?



**R27. Slots are statewide and preferences should not be noted and it is not negotiable before slots are awarded.**

**Q28. Page 22, 4.2.5.3.6. Natural Disaster Evacuation/Pandemic Plans**

This section says that all plans must be SDHR approved.  
Will this RFP, if allocated slots, serve as SDHR approval?

**R28. See R9.**

**Q29. Page 24, 5.0 COST PROPOSAL**

Please note error regarding reference to Chapter 33 rather than 105 of the Provider's Manual

What portion of the daily rate will be state dollars? What portion will be Medicaid dollars?

Is the rate adjustable depending on number of slots awarded ? (This question is related to economies of scale)

Is it possible for providers to keep the all or part of the funds received for Medicaid services billed?

**R29. a. State 55%. Medicaid 45%. b. No c. No**

**Q30. Page 25, 6.0 Evaluation Criteria**

What is the relationship between scores on the RFP and slots allocated?

**R30. Vendors must score at 850 to be considered for a contract.**

**Q31.** page 10, 1.9.1 Required Copies- Copies no longer have to be blinded copies, is that correct?

**R31. Correct. "Blind" copies are not required.**

**Q32.** pg. 17, 3.2 Program Requirements, Letter N-Our agency stopped doing monthly outcomes and measures reports to SDHR, Portia Gullet, last year. It is my understanding that she would notify us when we needed to continue that process. Is that what you mean?

**R32. See R24.**

**Q33.** pg. 18, 3.2 Program Requirements, Letter P- Do you mean that our agency is responsible for ensuring that each resident has a psychologic evaluation? Is that what diagnostic testing means? If the child comes with a current psychological evaluation so we still need to provide one or we accept the one we have if it was conducted within the past 24 months?

**R33. Use the one completed within the last 24 months. See also R26.**



- Q34.** pg. 19, 4.2.1 Cover Sheet-The person legally authorized to bind services for agency is that the Executive Director for the facility or the Board President?
- R34. That is determined within each agency.**
- Q35.** pg. 20, 4.2.5.1.2 Past and Present Relationships-Does this mean to list other contracts with state agencies such as Child Nutrition Program and Medicaid?
- R35. Yes.**
- Q36.** pg. 21, 4.2.5.1.6 Background Checks-Does this mean we should include with the proposal a copy of each employee's letter of determination from the criminal background check?
- R36. No. Include a list of employees and indicate whether they have been cleared.**
- Q37.** pg. 23, 4.2.5.4.4 Charitable Choice, Do I leave this tab blank or do I include a statement saying that it does not apply?
- R37. If not application, include a statement to that effect.**
- Q38.** pg. 24, 5.0 Cost Proposal-Where and how do we certify that our agency is capable of billing Medicaid electronically?
- R38. State that you have the technology and staff to accomplish the requirements of Chapter 105 of the Medicaid Manual.**
- Q39.** Basic Residential Services #2009-100-12: 4.2.5.3.4, TLP #2009-100-11: 4.2.5.3.4; Mothers and Infants #2009-100-10: 4.2.5.3.4: & Moderate #2009-100-08: 4.2.5.3.4 – All say “vendors must identify the specific county/counties to be served” – **Does this mean we are unable to state on the RFP proposal “statewide”? If we must specify the counties does it mean we are unable to accept placement of the child not located in those counties?**
- R39. Vendors may specify “statewide” slots and no need to specify all 67 counties.**
- Q40.** Basic Residential Services #2009-100-12: 4.2.5.4.3, TLP #2009-100-11: 4.2.5.4.3; Mothers and Infants #2009-100-10: 4.2.5.4.3: & Moderate #2009-100-08: 4.2.5.4.3 – “Vendor must comply with all he terms and conditions of.....Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, etc.” – **What if we are “in process” with compliance with the Rehabilitation Act of 1973? Is this acceptable?**
- R40. Then a plan approved by the Vendor’s board should be attached with a time line that shows when compliance will be achieved. That plan will have to be approved by our EEO office before a contract can be issued.**

**2009 Moderate Residential Services For Children**



**Q41.** Basic Residential Services #2009-100-12: 4.2.5.3.6, TLP #2009-100-11: 4.2.5.3.6; Mothers and Infants #2009-100-10: 4.2.5.3.6: & Moderate #2009-100-08: 4.2.5.3.6 – states that al natural disaster evacuation/pandemic plans must be approved by State DHR. ***What happens if State DHR does not approve of what we put in this section of the proposal?***

**R41.** Since this is a new requirement we will work with the Vendor.