



Q1. Page 7, Section 1, Project Overview - Does DHR have preferred “nationally recognized evidence-based treatment model(s)” that they would like offered to families receiving in-home prevention services?

R1. DHR does not have a preference, this will be determined by the vendor.

Q2. Page 7, Section 1, Project Overview provides that Vendors must provide “assurances that they will have a physical presence in each region.” How is “physical presence” defined? For example, we relocated our office to the Northwest region of Huntsville, AL, and provide services to other regions. Would an office located in a region different from the one being served meet the physical presence requirement in the region being served? Given the move to remote work, if Vendors have staff residing in a region is that adequate?

R2. Physical presence in the region may be addressed by the vendor’s plan to serve all counties in the region in a fair and equitable manner. It might entail having staff based in a given county, or within a reasonable commute so that families may be served in a timely manner and at the frequency warranted. For example, if the vendor had bid for slots in the Southwest Alabama cluster and had their primary physical location in Gulf Shores, it would be expected vendor describe their plan for serving referrals from Choctaw County effectively. If the plan for serving a region is accepted, it must be fully operational by 10-01-21.

Q3. Page 7, Section 1, Project Overview - Vendor currently provides services in both Northeast Alabama and Northwest Alabama, but we recently moved offices and no longer have an office located in Northeast. This has not impacted our referral acceptance rate or service delivery. Does in-home service delivery satisfy the requirement for a “physical presence” in the region?

R3. See R2.

Q4. Page 10, Section 1.8.1, Required Copies and Deadlines says to submit “one (1) electronic (PDF preferred) copy on CD or DVD.” Would DHR consider including a USB flash drive as an electronic option?

R4. Yes.

Q5. Page 11, Section 1.8.3, Cost Proposal Forms asks Vendors to provide additional information to explain in detail our costs. Would you like a formatted budget? If so, do you have a format you would like it submitted?

R5. Vendor should utilize the form in Appendix F to determine budget, Review Amendment 2.

Q6. Page 16, Section 3.1, Staff Requirements/Qualifications – The IIHS contract has required providers to have therapists as a part of the staffing model. Overwhelmingly when



receiving referrals for reunification, families are already engaged in therapy services with an outside provider. This has caused difficulty for the contracting provider to render therapy services to the family and bill for those services (should the agency select the Medicaid option). How can the Department assist with preventing the duplication of services so that the provider's teams can be utilized for service delivery?

R6. Services should be detailed at the ISP meeting to avoid duplication of services.

Q7. Page 25, Section 4.2.5.2, Vendor Financial Stability states "vendors must submit an audited financial statement for year 2020 and letters from the auditor(s) who performed the 2019 and 2018 financial audits." Our financial statements for 2020 are not likely to be ready until 6/30. Can we submit audits for 2018 and 2019, and provide the 2020 audit later?

R7. Vendor may submit audit letters for 2018 and 2019 and send the 2020 audit information once it has been completed.

Q8. Regarding Section 4.2 Proposal Format on page 23: Does the one hundred (100) page limit include all required documents and attachments referred to in the RFP, including audited financial statements, or just the attachments listed in section 4.2.5.5 Attachments on page 27?

R8. Yes.

Q9. Regarding Section 4.2 Proposal Format on page 23: Do the formatting requirements, including double-spaced paragraphs and 12 point black font, apply to tables and charts inserted into the Vendor Qualifying Information (4.2.5.1) narrative sections?

R9. No.

Q10. Regarding Section 4.2.5.4 E-verify Memorandum of Understanding (MOU) on page 24: Are vendors required to include the identifier page only of the E-verify MOU or should the entire document be submitted with the proposal?

R10. The vendor should include the entire Everify MOU document with the proposal.

Q11. On page 21 of the RFP; Section 3.11 Outcomes; the last sentence of both the page and the section says:

"Vendors accomplishing a higher rate of stabilization may receive additional slots, if needed; and Vendors not meeting this threshold may receive a reduction in the contracted slots that they may provide."

The highlighted portion of the statement above is in reference to an 82% or better "percentage of children reunified with family or placed in their permanent placement



will remain stable at the one year anniversary of their discharge from the program” (page 21; section 3.11; first bullet point) AND an 82% or better “percentage of children being served by the in-home prevention teams that remain in their own homes will remain stable at the one year anniversary of their discharge from the program” (page 21; section 3.11; second bullet point).

We believe we have both met and exceeded this expectation throughout our tenure in providing IIHS/FOCUS services. Is it possible for us to be allowed more slots in the area we serve? In the last service period, we were allotted 46 slots for the Southeast Alabama region. At certain times during the year, we have a waiting list of 10 or more families. Is there a way to gain slots during these times to be able to serve more families?

In relation to that, we are well equipped to serve the areas of Pike, Butler, and Crenshaw counties. I see that these counties are part of the Central Alabama service area, but that area is only allowed 29 slots. Would it be possible for us to serve those three counties without applying for the entire region?

R11. Additional slots can be given based on approval by the Department. The Department has to ensure that the entire region is covered, consideration maybe given if all of the slots are not filled.

Q12. When you say “Physical Presence” does that mean a physical office

R12. See R 2.

Q13. Are there any other Budget Forms other than Appendix F: Cost Proposal?

R13. No, but See Amendment 2.

**Q14. Section 1, page 7, 1.0 Project Overview, Tuscaloosa Hub
Currently The Tuscaloosa Hub currently has 24 slots per month. The RFP lists 18 slots. This is a decrease. Is the Tuscaloosa Hub allotted 18 slots or 24 slots for October 2021-September 2024?
If the answer is 18 slots what is the reason for the decrease?**

R14. 18 slots, there was not a decrease in slots this was the same amount of slots that were available in the last RFP in year 2016.

**Q15. Section 4, pages 33-37, Appendix B-F
Can you please provide the Appendix forms in a fillable pdf format or in a word document?**

R15. The forms will be available in word format, review the website under request for proposals and click on the RFP.



Q16. Section 1.0, pg.7 – Will DHR consider any increases in the allocation of slots in any or all of the regions during the contract period, especially considering newly available IV-E funding available for prevention services through the Family First Prevention Services Act?

R16. Slot allocations can increase based on need.

Q17. Section 1.0, pg.7 – Can you clarify if the requirement for vendors to have “a physical presence in each region to serve children within the county or region” equates for a physical office space located in that region? If a model allows for staff to live in a region and operate remotely (i.e. without a physical office space in that region), would this approach be allowable under the contract?

R17. See R2.

Q18. Appendix F: Cost Proposal, pg. 37- Can you provide any data to help inform the projected percentage breakdown of Medicaid vs. non-Medicaid slots? Alternatively, if a provider can serve both reunification and preservation cases, is it acceptable for providers to include a total number of proposed slots for a region?

R18. This information is not available.