ADDENDUM # 1

RFP: # 7584497

Title: Seven Challenges – Youth and Young Adult Treatment

Bid Closing Date & Time: February 16, 2018 at 10:30 AM (ET).

Note Change

Notice to Vendors

- The original RFP #7584497 Seven Challenges – Youth and Young Adult Treatment closing date has been changed from February 1, 2018 at 10:00 AM Eastern Time (ET) to February 16, 2018 at 10:30 AM (ET).

- ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES. NO FURTHER QUESTIONS WILL BE ANSWERED.

David J. Francis
Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.
Vendor Questions with State Responses for RFP 7584497 Seven Challenges – Youth and Young Adult Treatment

Question 1:
Will the vendor need to pay the Seven Challenges trainer for training and ongoing monitoring/consultation e.g. their time and travel expense? For example, if training is needed for new staff that may be hired months into the project, will the state cover the cost, or should this be included in the budget the vendor submits?

Answer to question 1:
RI is implementing is a Train the Trainer model for the Seven Challenges and all costs associated with the initial training of staff will be absorbed by the state including those hired after initial award. These costs do NOT need to be included in the Year 1 budget.

Question 2:
Page 20 of the RFP (d.). “The technical proposal is limited to ten (15) pages…” Which is it—10 or 15 pages?

Answer to question 2:
The technical proposal may be up to 15 pages in length.

Question 3:
Page 21 of the RFP (8.b) states “All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents)…. Question: What exactly do you mean by cover page? Are the “cover page” and “table of contents” included in the 10 or 15-page limit (see our question 2).

Answer to question 3:
Page one (1) of the RFP.

Question 4:
Page 20 of the RFP requires a CDR marked “Technical Proposal—Original.” The next line in the RFP talks about a printed paper technical proposal that must be signed. Can the one on the CDR and the 5 copies have this signature? Same question relative to the
cost proposal. Isn’t all this signing unnecessary since the Bidder Certification Cover Form is already signed?

Answer to question 4:
The original technical and cost proposals require signatures. Please make your copies from these “originals” and submit accordingly.

Question 5:
How much funding is available? What is the amount of the expected award? How many awards are expected?

Answer to question 5:
The budget is not available as per the evaluation design to encourage competitive bids based on actual cost to deliver the services covered by this procurement. Please present your company’s best price when crafting your Cost Proposal. RI BHDDH proposed a minimum of four provider sites to SAMHSA but will award as many as available funds permit. Please see response to question 7 to inform the development of your technical and cost proposal.

Question 6: The RFP was posted January 3, 2018 and is due 20 business days later, February 1, 2018. Would it be possible to extend this to a full 30 business days to respond, moving the deadline to approximately February 15?

Answer to question 6:
The revised proposal submission deadline is February 16, 2018 at 10:30 AM ET.

Question 7: What is the available funding for this initiative? You note that 1,160 total clients will be serviced over a four-year period but there is no funding amount listed.

Answer to question 7:
See response to Question #5. Also see Expected Service Outcomes on page 9 regarding annual service targets and pages 11 & 12 under General Scope of Work for further information on priority populations, locations and supports. The service targets represent number to be served state wide. The vendor’s technical and cost proposals should address how many individuals and families they would expect to serve. If the proposal includes serving individuals and families across multiple sites, please indicate how many to be served at each site.
Question 8:

Can you expand on the expected reimbursement plan? The agency/center would bill insurance but we’d craft a budget to BHDDH that would cover training time, travel, documentation, and all the other things that insurance won’t cover? Is that accurate?

Answer to question 8:

The budget should include any costs that are not reimbursed by insurers but are necessary to implement the CRAFFT, AUDIT and Seven Challenges with fidelity. SAMHSA/CSAT is the payer of last resort. A detailed description of the Seven Challenges is contained on pages 10 and 11. It is strongly recommended that any applicant download the materials described on page 11 by accessing http://www.sevenchallenges.com/materials/. A thorough review of the materials should provide guidance as to how the intervention is implemented. The training costs described are limited to those associated with the specific trainings described on page 15 and potential attendees would include clinicians and clinical supervisors. Pages 15 and 16 provide some examples of activities or services associated with the implementation of the Seven Challenges which may not be reimbursed by insurance and should be considered in the development of a cost proposal. Of course, the services and activities listed do not represent a comprehensive or exhaustive list.

Question 9:

If the above question is accurately perceived, what percentage of the clinician’s time do you expect to not be covered by insurance? If we are to facilitate home based treatment in rural southern/central RI communities, travel time will be fairly substantial. (e.g. it could take an hour to travel to a home for an hour billable visit) Do you have an expectation regarding this?

Answer to question 9:

If travel is not reimbursed by insurers, it should be incorporated into the cost proposal. Please provide a detailed justification for the travel required in the budget narrative component of the cost proposal. The state will consider the cost effective of the delivery model proposed. Consider, for example, the potential to combine home visits for multiple clients in southern/central RI communities on the same day to spread the travel across clients.

Question 10: Would you consider towns/cities without a treatment facility ton be underserved (looked upon favorably) regardless of whether it was mentioned in the RFP as a high need (ex: North Kingstown) community? Please clarify how you are deciding this.
Answer to question 10:

See Appendix B from the RFP for a geo-map of treatment facilities. Even though a municipality may have a treatment facility represented on the map, there may still be gaps in treatment service for the service population identified in this RFP. Please address this gap as part of your technical proposal response in Section 3 Proposed Approach as part of the Service methodology description.

Question 11:
How many sites is BHDDH seeking to fund?

Answer to question 11:

RI BHDDH proposed a minimum of four provider sites to SAMHSA but will award as many as available funds permit.

Question 12:
Page 12 and page 15 of the RFP describe how the delivery of Seven Challenges will be funded by insurance reimbursement. Has BHDDH had conversations with insurers to confirm that they will reimburse for Seven Challenges? It appears to us that Seven Challenges may be considered a psycho-educational intervention. These, in general, are not covered by insurance.

Answer to question 12:

See response to question 8, regarding the numerous resource materials describing the implementation of Seven Challenges. The developers describe the intervention as implemented within the context of individual and group counseling sessions offered in outpatient settings, which would be covered by insurance. It is possible that the time increments chargeable to insurance may be insufficient to implement the intervention with fidelity. If this is the case, this should be addressed in detail as part of the technical and cost proposals.

Question 13:
Please provide information on the percentage of GPRA Client Outcome Interviews that will be required. This information is required to estimate the expenses to be included in the Cost Proposal.

Answer to question 13:

SAMHSA/CSAT requires that 100% percent of clients served receive the GPRA baseline interview and require a minimum target of 80% at follow up (6 months and discharge). GPRA costs should be estimated using this guidance.
Question 14:
Please provide information on the time that will be required to be devoted to attendance at CRAFFT, AUDIT, and Seven Challenges trainings.

Answer to question 14:

The Seven Challenges initial training is a full, day long training. CRAFFT and AUDIT trainings are approximately 1-1.5 hours in length. Travel time and hourly rates for attendees (clinicians and clinical supervisors as appropriate) may be included in the cost proposal.

Question 15: Can the Seven Challenges model be implemented by LCDPs as well as independently licensed clinicians?

Answer to question 15:

Yes. Please note the specific tasks/activities detailed on page 12 are required as part of the technical proposal addresses to ensure that proposed staff and staffing patterns can perform them.

Question 16:
How many providers will be chosen?

Answer to question 16:

RI BHDDH proposed a minimum of four provider sites to SAMHSA but will award as many as available funds permit.

Question 17: Will there be service regions (ie. South County, N. RI, East Bay)?

Answer to question 17:

There are not specific service regions identified. See also response to question 10.