**State of Alaska**
**Department of Health and Social Services**
**Division of Behavioral Health**

# Request for Proposals
# Medication Assisted Treatment Expansion Grant
# For FY2017 Through FY2021

Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx, to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

CONTACT PERSON: Alyssa Hobbs, Grants Administrator
PHONE: 907-465-3469
E-MAIL: alyssa.hobbs@alaska.gov

PROPOSAL DUE DATE: October 26, 2016, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: October 17, 2016, 3:59 PM
PROJECT PERIOD BEGINS: January 1, 2017

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## Amendments

**Amendment 1 Revised Deadline for Response Submission** **Posted: 10/7/2016**

***Explanation***

This amendment serves to inform all applicants of a change in the exact deadline for response submission. Applications will now be due by 3:59 PM of the proposal due date.

**Amendment 2 Answers to Written Inquiries** **Posted: 10/12/2016**

***Explanation***

This Amendment serves to:
1. Revise the requirement to limit Administrative Costs to 15%.
2. Provide answers to written inquiries.
3. To attach the WOSI.

***Additional Information***

Amendment #2, issued on 10/12/16 serves to;
1. Revise the requirement to limit Administrative Costs to 15%. All applicants are required to limit Administrative Costs to 15% EXCEPT for those that have a federally negotiated indirect rate. Agencies that have a federally negotiated indirect rate will be able to use it in full.
2. Provide answers to written inquiries in the attachment titled "Amendment 2 written inquiries".
3. Attach the Waiver of Sovereign Immunity to criterion 4.01.2(a).

**Amendment 3 Answer to Written Inquiries** **Posted: 10/19/2016**

***Explanation***

This Amendment serves to provide answers to written inquiries.

***Additional Information***

Amendment #3, issued on 10/19/16 serves to provide answers to written inquiries. Please see the attachment titled "Amendment 3 written inquiries".

## Section 1 Grant Program Information

### 1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS/Department), Division of Behavioral Health, is requesting proposals from eligible applicants to provide Medication Assisted Treatment Expansion Grant services for the State of Alaska in FY2017 thru FY2019. Program Services are authorized under 7 AAC 78 Grant Programs and AS 47.30.520-.620, AS 47.30.655-.915 and AS 47.30.011-.061 Access State of Alaska statutes and regulations at http://www.law.state.ak.us/doclibrary/doclib.htmlor through the contact person listed on the cover page of this RFP.

The Alaska Medication Assistance Treatment Expansion Capacity Project will address Alaska's opioid epidemic by using the most effective FDA approved medications alongside evidence-based practices. The two communities targeted to receive an award will be Anchorage and Juneau due to their high Opioid Use Dependence (OUD) rates and lack of MAT services. This project expects to increase unduplicated individuals receiving MAT services in Anchorage by approximately 60 for the first year of the project and then 130-150 unduplicated individuals in years' two and three. Unduplicated individuals receiving MAT services in Juneau will be increased by approximately 45 for the first year of the project and then 75-100 unduplicated individuals in years' two and three. This increases Alaska's overall MAT capacity by 250 individuals.

There are three attachments included with this solicitation:

- **Program Service Types, specifically Program Service Type 8**- All successful grantees will be required to adhere to the requirements laid out in Program Service Type # 8.
- **Timeline of Targeted Capacity Expansion-** All successful grantees will be required to meet the timeline outlined in the attached Timeline Capacity Expansion document.
- **Culturally and Linguistically Appropriate Services (CLAS)-** All successful grantees will be required to develop a CLAS plan as a part of the SAMHSA grant requirements. This will be due within the first 45 days of award.

### 1.02 Program Goals and Anticipated Outcomes

The Division of Behavioral Health (DBH) is offering new grant funding to establish or expand Medication Assisted Treatment (MAT) in two communities, which have been identified as high risk due to high incidences of opioid dependency and/or lack of MAT services. MAT Expansion Grants will be funded in Anchorage and Juneau.

The proposed projects must demonstrate a thorough understanding and must be clearly supportive of the grant program goals and outcomes anticipated by the Department. The purpose of this project is outlined in the goals and objectives listed below.

**Goal 1:** Projects must increase the number of admissions for MAT integrated care/treatment.

**Objective 1:** Successful applicants will be required to demonstrate an increase in individuals being admitted for MAT services as verified in the AKAIMS electronic record.

**Goal 2:** Projects must demonstrate a decrease in illicit opioid drug use at 6-month follow-up with the enrolled patients. Projects will participate in the biannual data collection required.

**Objective 1:** Successful applicants will be required to complete a Client Status Review (CSR) form for each MAT client in AKAIMS electronic record every 90-135 days. This CSR form will collect data demonstrating the decrease in illicit opioid drug use.

**Goal 3:** Projects must decrease the use of prescription opioids in a non-prescribed manner at 6-month follow-up with the enrolled patients.

**Objective 1:** Successful applicants will be required to complete a CSR form for each MAT client in AKAIMS electronic record every 90-135 days. This CSR form will collect data demonstrating the decrease in the use of prescription opioids in a non-prescribed manner.

**Goal 4:** Projects must prioritize a Diversion Control Plan (DCP) in their treatment regimen that will minimize the possibility of the diversion of methadone and buprenorphine.

**Objective 1:** Projects must provide a DCP that addresses each of the following diversion issues: Staff diversion, Community relations planning, MAT agency security, Medication purchasing, Inventory accountability, Program admission, Observed dosing, Take-home medications, Take-home call back and Urine drug screening.

Anchorage applicants must explain how they will meet the target of 60 unduplicated individuals enrolled and receiving MAT services by the end of the first year and 130-150 in the subsequent years. Juneau applicants must explain how they will meet the target of 45 unduplicated individuals enrolled and receiving MAT services by the end of the first year and 75-100 in subsequent years.

This grant requires the following on-going coaching and mentoring to support newly trained individuals and to embed the chosen Evidence Based Practices (EBP) philosophy more deeply into the culture of the provider's program:

- Participate in annual two day training conference with the Opioid Treatment Work Group with all treatment and clinical staff.
- Participate in all behavioral health and primary care system related groups and the learning community associated with program improvement of these services.
- Participate in development of the bi-annual Performance Assessment of the MAT Prescription Drug and Opioid Addition grant program.
- Participate in Monthly/Quarterly teleconferences with other MAT programs. These teleconferences are a requirement of all Opioid Treatment Programs (OTP) and state funded MAT programs.

**1.03 Program Services/Activities**

Applicants must upload a detailed plan for services in the first year of the grant, and should include a brief outline of services in subsequent years. This includes a budget for year one of the grant only. Funding in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets, and is dependent upon availability of funding.

The applicant must also submit a description of proposed activities that support the goals and outcomes to be employed in the project, and upload a detailed timeline for initiating services and project activities as an attachment to their proposal.

Applicants agree to comply with all of the following program requirements and service standards.

**A) Service Delivery:** Applicants must develop a treatment program and protocols for MAT which includes the use of medications in combination with counseling and behavioral therapies, providing a whole-patient approach to the treatment of substance use disorders. Applicants must describe their treatment program and protocols including:

1. Outreach and engagement strategies for MAT with diverse population at risk of OUD
2. Assessment crafted specific to OUD (including OUD diagnosis, history of OUD, or high risk relapse)
3. Identify screening and assessment protocols for co-occurring disorders
4. Identify service delivery sources to meet identified co-occurring treatment needs
5. Peer and other recovery support services will be implemented to improve access and retention in MAT
6. Tobacco cessation integration program for MAT participants

**B) Diversion Control Plan (DCP):** Applicants must describe in detail their DCP including how they will identify and prioritize treatment regimens that are less susceptible to diversion by:

1. A plan to mitigate risk of diversion and ensure appropriate use/dose of medication
2. Develop protocol for using Prescription Drug Monitoring Program (PDMP) for each new patient

**C) Evidence-Based Practices:**

1. Applicants must explain in detail how they will utilize EBPs. Applicants will use the SAMHSA National Registry of Evidence-Based Programs and practices and the SAMHSA Evidence-Based Practices Web Guide as the foundation of opioid medication and treatment. Evidence-Based Program and Practices include methadone maintenance, other MAT medications such as buprenorphine and naltrexone, integrated mental health and substance use disorder treatment delivered via Dual Recovery Therapy, Critical Time Intervention (CTI) case management, peer support, vocational support, Trauma Informed Care, relapse prevention, motivational interviewing, cognitive behavioral therapy (CBT) among others.

2. Detoxification followed by abstinence has shown little success in reducing illicit opioid use. Applicants must utilize FDA approved medications for OUD. For opioid use disorders, three medications are currently approved by the FDA- Methadone, Buprenorphine/Naloxone (Suboxone), and injectable Naltrexone (Vivitrol). Applicants must describe their medication protocol and must include all of the following:

    a. The benefits and risks of each medication their program has chosen to utilize
    b. How the medication will be utilized
    c. Reasons the particular medication was chosen over another
    d. Cost benefits of chosen medication
    e. How the medication chosen fits into the overall sustainability of the MAT program

**D) Travel:** Each successful applicant will be required to attend and participate in all of the following. All applicants must include items 1-3 in their budget:

1. One yearly face to face meeting
2. Yearly onsite review
3. One yearly State of Alaska Opioid Treatment Conference (TBA)
4. Monthly teleconference meetings with Project Manager and other MAT and Opioid Treatment Programs (OTP)

**E) Behavioral Health Disparities Impact:** Each applicant must develop and submit in their plan for services, a behavioral health disparities impact statement to include the following:

1. Number of individuals to be served during the grant period, and subpopulations (i.e., racial, ethnic, sexual, and gender minority groups)

2. Quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use, and outcomes of service activities

3. Methods for the development of policies and procedures to ensure adherence to their Culturally and Linguistically Appropriate Services (CLAS) plan in Health and Health Care

**F) Patient-to-Counselor Ratio:** Each applicant must agree in their plan for services to maintain a minimum of 35:1 patient to counselor ratio for all behavioral psychosocial counseling services.

**G) Target Opioid Use Dependence (OUD) populations:** Each applicant must identify in their plan for services, how they will engage and retain the target OUD populations in the first year of the grant and a brief outline for subsequent years through the following:

1. Outreach information about the MAT programs to referral sources such as: Homeless Shelters, Behavioral Health Facilities, other social services organizations, hospitals.
2. Use the most highly effective and evidence-based medication assisted treatment.
3. Motivational interviewing.
4. Evaluate individuals' needs for transportation, food, housing, and connecting with the appropriate resources.
5. Using Peer Support.
6. Understanding the likelihood of relapse as a part of recovery and being a welcoming environment for individuals to return for services.
7. Engaging family members in the individuals' treatment.
8. Incorporate culturally appropriate interactions.

**1.04 Program Evaluation Requirements and Reporting**

The applicant must provide an evaluation plan with that addresses the performance measures listed below in the description of Results Based Budgeting, and that the applicant will use to evaluate the progress of the grant project. The applicant's evaluation plan must include indicators and data gathering strategies that will be used to evaluate the progress of the grant project toward achieving the program goals and outcomes.

**Results Based Accountability Framework**

Grant programs will be required to align with the department's priorities and core services. Utilizing a results-based budgeting framework, grantees will use performance measures to evaluate progress in order to meet meaningful outcomes and initiate data collection and reporting consistent with department priorities. Below are the Department Priorities, Core Services, Objectives, and Effective and Efficiency Performance Measures for this program.

Department Priorities

- 1 Health & Wellness Across the Life Span

Department Core Services

- 1.1 Protect and Promote the Health of Alaskans

Department Objectives

- 1.1.3 Decrease substance abuse and dependency

Performance Measures

- Percent of individuals with reduced illicit drug use, enrolled at the six month Government Performance and Results ACT (GPRA) follow-up
- Cost (Grant Expenditures) per client served

**Grant Reporting**

Required reporting for this grant will include:

1) Cumulative Fiscal Report (overall grant and match expenditures are reported quarterly by budget line item);

2) Program Reports in the format prescribed by the grantor, which will require information such as:

- The increase in individuals being admitted for MAT services as verified in the AKAIMS electronic record
- The decrease in the use of prescription opioids in a non-prescribed manner at 6-month follow-up.
- Diversion Control Plan (DCP) that addresses each of the following diversion issues: Staff diversion, Community relations planning, MAT agency security, Medication purchasing, Inventory accountability, Program admission, Observed dosing, Take-home medications, Take-home call back and Urine drug screening
- Client Status Review (CSR) form for each MAT client in AKAIMS electronic record every 90-135 days. This CSR form will collect data demonstrating the decrease in illicit opioid drug use.

3) FFATA:If funding for this program includes federal funds with reporting requirements that include those imposed under the Federal Funding Accountability and Transparency Act (FFATA), an agency power user must complete a FFATA form in the GEMS Agency Administration tab. Federal reporting requirements are not limited to prime awardees (such as the State) but include awards with federal funds that the State grants out (sub awardee).

4) AKAIMS minimal data set reporting Treatment Episode Data Set (TEDS) and Government Performance and Results Act (GPRA)

**1.05 Target Population and Service Area**

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the intended target population identified in this solicitation.

**Target Population:** The target population for this program and services requested in this solicitation includes individuals who are struggling with Opioid Use Disorder (OUD) and can establish at least one year of physical dependency and withdrawal symptoms.

**Service Areas and Communities:** The service areas and communities requested in this solicitation include Juneau and Anchorage.

**1.06 Program Funding**

Funds available for this program are anticipated to total $800,000 per year. Anchorage funding is set at $450,000, with 30% for first year startup costs. Juneau funding is set at $350,000, with 30% for first year startup costs.

**Match Requirements:** The budget must include matching funds to equal no less than 25% of the proposed project. To calculate proper match use the following formula.

Total Grant Award Amount x Percentage of Match = Total Proposed Match

Restrictions to allowable matching funds are as follows:

1) Federal grant funds may not be used to match federal funds awarded through this grant program.

2) State grant funds may not be used to match funds awarded through this grant program.

3) Grant Income, Medicaid, and other third party receipts may be used as a match.

4) Local match may include in-kind contributions from volunteers, as well as donations of supplies, equipment, and space, and other items of value for which the applicant does not incur a cost.

5) Local cash match may include local tax receipts, municipal revenue sharing, cash donations, and other local sources of cash receipts.)

**Proposed Budget:** The applicant must submit both a detailed and narrative budget for the first fiscal year of the grant, including any required match, which is fully compliant with the limitations described in 7 AAC 78.160 (Costs), and supports program staffing and service delivery requirements stated in this RFP. The GEMS portal provides applicants instructions and the ability to enter budget details and narrative for the project budget. More detailed instructions can be accessed in the DHSS Budget Guidelines available online at https://gems.dhss.alaska.gov/Home/Documents.

***Administrative Costs:*** *In accordance with federal grant restrictions (or program statute or regulation), proposed budgets must limit the total administrative costs to no more than 15% of the total grant award.*

**Indirect Costs:** If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. Agencies with current DHSS grant agreements can review the Indirect Cost rate Agreement information in GEMS. Agencies without current grant agreements with the Department must upload a copy of the Indirect Cost Rate Agreement in the "Agency Administration" tab of the GEMS portal. Help instructions are available in the portal to upload and review such documents.

**Grant Income:** Applicants providing Medicaid reimbursable services must also have a Medicaid Provider Number, or enroll as a Medicaid Provider for Behavioral Health Services, and seek Medicaid reimbursement for all eligible services.

In the applicant's proposed budget, both anticipated receipts and expenditures for all grant income must be clearly evident in both the detailed and narrative budgets and actual receipts and expenditures must be reported on a quarterly basis.

**Infrastructure:**
Each applicant may use up to 15% of its awarded funds for infrastructure expense necessary for the expansion of MAT services.

## Section 2 Applicant Qualifications

### 2.01 Required Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services, which may include evaluation of site reviews/program audits and the successful resolution of any findings.

The applicant must describe previous experience providing same or similar services to those being proposed. The description must clearly identify the time period over which services were provided and the target population that was served.

Applicants must be a private non-profit opioid treatment program, substance use disorder treatment facility; mental Health disorder treatment provider, health centers, rural health center, community mental health center or Federally Qualified Health Centers (FQHCs) and all awarded applicants must use evidence-based practices for all screening, assessment and interventions.

Applicants must have at least 2 years' experience (as of the due date of the application) in providing relevant services in the geographic areas in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years).

**2.02 Program Staffing Experience**

Program staffing levels must be commensurate with meeting the program goals, anticipated outcomes, and activities/strategies for service delivery appropriate to the proposed project.

Resumes, job descriptions and professional credentials must be uploaded for key project personnel including Program Director, Clinical Director, Medical Director/Medical Provider, nursing personnel, and treatment staff.

**2.03 Administrative, Management and Facility Requirements**

The applicant must demonstrate the agency's ability to responsibly administer the grant, including both sustainable fiscal and administrative capability necessary to support the project.

1) The applicant will ensure procedures are in place to protect client confidentiality. These procedures must meet State and Federal standards.

2) The applicant will ensure their most recent financial audit has been submitted to the appropriate state office (see audit section below) and any audit findings identified in that audit have been resolved.

3) Executive administrative and financial staff must be qualified, as indicated by their professional and educational experience detailed in attached resumes.

Successful grant applicants will be required to submit additional agency information with submission of their signed grant agreement, if that information is not current and already on file with DHSS, Grants and Contracts.

**Audit Requirements:**

Federal Requirements**:** Effective immediately, if you expend $750,000 or more total Federal Financial Assistance in your fiscal year, you may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156.

State Requirements Chapter 045 Grant Administration**:** For audit periods that begin or continue on after March 31, 2008, if you expend $500,000 or more total State Financial Assistance in your agency's fiscal year, you are required to comply with the conditions of Alaska Administrative Code, 2 AAC 45.010-090. The current regulations may be

viewed at the State of Alaska, Department of Law website, http://www.law.state.ak.us/doclibrary/doclib.html, or copies may be obtained from the State agency issuing the solicitation to which this statement is attached.

Information on compliance with the State and Federal Single Audit Acts may be obtained from, and audits completed in compliance with the Acts must be submitted to:

State Single Audit Coordinator
Department of Administration
Division of Finance
P.O. Box110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

DHSS Program Audit Requirements: All DHSS grantees are subject to the requirements of 7 AAC 78.230, and if an audit under 7 AAC 45.010 has not been conducted and submitted to the State Single Audit Coordinator, the grantee must ensure that a fiscal audit of the grantee's operations under the grant program is performed by an independent certified public accountant at least once every two years and submitted to:

State of Alaska
Department of Health and Social Services
Finance and Management Services
Audit Section
P.O. Box110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

**Facility(ies)/Safety and Service Access:**

1) The applicant must address potential safety concerns for both clients and staff in the management of services proposed in response to this RFP.

2) The applicant should describe how access is provided to clients and how that will enhance the success of the project.

3) All applicants for DHSS grants should have an emergency response and recovery plan for the safe evacuation of clients and staff, and that provides for other potential safety concerns. This plan is mandatory for grantees providing residential and/or critical care services (see DHSS Grant Assurances).

**2.04 Support/Coordination of Services**

Applicants must be able to demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are being proposed;
2. Peer and other recovery support services involvement;
3. Involvement of potential recipients and the public in the planning process;
4. Partnerships and collaborations specific to the proposed project;

5. Partnership with primary care,
6. Necessary referral agencies and a description of their roles, and
7. Participation in and utilization of the PDMP.

## Section 3 General Instructions for Proposal Submission

### 3.01 Eligibility (Who May Apply)

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). They include nonprofit organizations; municipalities and Regional Educational Attendance Areas or other political subdivisions of the state; other State agencies; and Alaska Native Tribes. The following documentation of eligibility is required for Nonprofit Corporations or Alaska Native Tribal applicants:

1. **A Nonprofit Corporation or a Nonprofit Subsidiary of a Nonprofit Corporation.** The agency must be listed on the United States Internal Revenue Service's most recent register of Tax-exempt organizations, or provide a copy of the organization's current State of Alaska Certificate of Incorporation clearly establishing nonprofit status. Nonprofit subsidiaries must also submit a letter from the parent organization confirming nonprofit status;
2. **An Alaska Native entity as defined in 7 AAC 78.950(1).** The entity must submit with their application a legally binding resolution waiving the entity's sovereign immunity to suit, using the template provided. This form is designed to encompass the multi-year grant duration period identified in subsection 3.05. To be eligible for consideration, the resolution must include authorization compliant with the tribe's constitution:
    i. Federally recognized tribes for which the tribal constitution grants authority to the tribal council to waive sovereign immunity and enter into a grant agreement on behalf of the tribe.
    ii. Federally recognized tribes for which the tribal constitution requires a majority vote of the tribal membership to waive sovereign immunity and enter into a grant agreement.

Applicants must also submit in GEMS, or have on file with DHSS, a valid State of Alaska business license and a current governing board member list with titles, contact information, and terms of office. The list must include emergency contact information outside the applicant agency for one or more responsible officers of the governing board.

Applicants who have a previous contract or grant to help write this current RFP will be precluded from submitting a proposal unless a written statement of refusal of the contract or grant funds is attached. Proposals submitted without this statement shall be deemed non-responsive.

### 3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this Request for Proposals including all attachments and guidelines identified herein; 7 AAC 78 and any other applicable statutes and regulations. Copies of these may be accessed through the contact person listed on the cover page, or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in their proposal, unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after

grants have been awarded.

**3.03 Inquiries**

Applicants should immediately review this Request for Proposals for defects and questionable or confusing content. Questions about the RFP that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the Contact Person in the cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared to be of a substantive nature. The applicant will be directed to state the question in writing. Questions of a substantive nature must be received, in writing, at the email address listed on the cover page of this RFP, no less than ten days before the deadline for receipt of proposals (see the Deadline for Written Inquiries on the cover page of this RFP). This will allow issuance of any necessary amendments to all prospective applicants. **(Please note: Technical assistance will not be available after 4:00 PM AKST the day of the proposal deadline.)**

Applicants are responsible for monitoring the State's Online Public Notice website located at: http://aws.state.ak.us/OnlinePublicNotices/ for any subsequent clarifications or amendments that may be issued regarding this solicitation.

**3.04 Proposal Costs and Content**

The Department will not be responsible for any expenses incurred by the grantee prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

**3.05 Duration of Grant**

This RFP is for a 3-year period, beginning 1/1/2017 , through 6/30/2019 . At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The decision to continue funding for the subsequent year(s) of the 3-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Applicants will submit a budget for year one of the grant only. Funding in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets. Grantees will be notified by Grants and Contracts of specific submission requirements necessary to qualify for consideration of continued funding.

This RFP is for fiscal year FY2017, 1/1/2017 through 6/30/2019.

**3.06 Proposal Review**

Following the deadline for receipt of proposals, DHSS staff will verify all submission requirements have been met. No amendments or corrections will be accepted after the deadline unless they are in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will **avoid disclosure of contents to competing offerors** before notice of grant award has been issued.
2. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), DHSS staff will evaluate each responsive proposal based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP.** DHSS staff will also review relevant documentation and information regarding the applicant that is available to the Department. Recommendations regarding whether each proposal should be financed, and at what level, will include consideration of the following:
    i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    ii. priorities in applicable State health and social services plans;
    iii. requirements of applicable State and federal statutes; and
    iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. Then as a committee, they will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP.** The PEC will include in their review discussion of each proposal's merits. Recommendations will include approval or disapproval for award, modifications to the proposed project, special compliance conditions, and ranking proposals in priority order.

All advisory recommendations, including staff recommendations, and if applicable the recommendations of the Proposal Evaluation Committee, as well as all other review materials will be submitted for consideration by the Director of the Division, who will make recommendations to the Commissioner of the Department of Health and Social Services or the Commissioner's designee.

### 3.07 Final Decision Authority

Recommendations, including those from any PEC that may be held, are advisory only, the final decision whether to approve or disapprove grant award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

**PLEASE NOTE:** The final decision may include additional considerations, such as the lack of or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. *The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.*

### 3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, the applicant will be notified of the final funding decision, and any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner, and received in writing at the address below, within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

**Send appeal to:**

Valerie Davidson, Commissioner
Department of Health & Social Services
P.O. Box110601
Juneau, AK 99811-0601

with a **copy** to the Grants Administrator named on the cover page.

### 3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. DHSS may withdraw this competitive Request for Proposals at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the grantor to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed by the grantor to be in the best interest of the State.

## Section 4 Submission Requirements/Criteria for Proposal

### 4.01 Minimum Responsiveness Criteria per 78.100(2)(a)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

***1 Applicant is eligible per 7 AAC 78.030.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Applicant is eligible per 7 AAC 78.030. | ☑ | |

### 4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

***1 If applying as a non-profit organization, please verify the following criteria pertaining to non-profit status.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The agency must be listed on the State's non-profit corporation database "in good standing." The link to the database is http://commerce.alaska.gov/CBP/Main/CBPLSearch.aspx?mode=Corp; **and/or** | ☑ | |
| **b** | The agency is listed on the federal tax exempt site indicating current 501(c)3 status. The link to the database is http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check. | ☑ | |
| **c** | If the agency is a non-profit subsidiary, a verifying letter from the parent non-profit agency must be uploaded to the applicant's agency record in GEMS. The parent corporation must meet criteria a and/or b. | ☑ | |

***2 If applying as a Federally recognized tribal entity, please verify the following criteria.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | A correct Waiver of Sovereign Immunity is included as an attachment to the proposal and indicates the correct fiscal years and duration of the solicitation. | ☑ | |
| **b** | The tribe is listed on the Federal Register as an Alaska Native entity recognized & eligible to receive services from the U.S. BIA http://www.gpo.gov/fdsys/pkg/FR-2015-01-14/pdf/2015-00509.pdf. | ☑ | |

***3 If applying as a government entity, please ensure the following criterion is met.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The agency is either another State Agency, such as the University; an incorporated municipality (verify at https://www.commerce.alaska.gov/dcra/DCRAExternal/community); or an REAA under AS 14.08.031 (verify at http://education.alaska.gov/facilities/pdf/doe2013map.pdf). | ☑ | |

***4 Please sign the DHSS State Assurance form.***

| *Evaluation/Review Criteria* | Review | Points |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** | DHSS State Assurance form is completed, signed and dated by a person authorized to enter into legal agreements on behalf of the applicant. | ☑ | |

***5 Verify the applicable criteria below are met if the program is federally funded.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The Federal Assurance and Certification form is completed, signed, and dated by a person authorized to enter into legal agreements on behalf of the applicant. | ☑ | |
| **b** | The applicant's agency record in GEMS contains the required Federal Funding Accountability and Transparency Act (FFATA) information and is complete. | ☑ | |

***6 Please ensure the following information is uploaded to the applicant's agency record in GEMS.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's agency record in GEMS contains a current governing board member list with contact information. | ☑ | |
| **b** | The applicant's agency record in GEMS contains other agency funding information. | ☑ | |
| **c** | The applicant's agency record in GEMS contains a current State of Alaska business license number (verify at http://commerce.state.ak.us/CBP/Main/SearchInfo.aspx). | ☑ | |

***7 Please ensure the current approved Federally Negotiated Indirect Cost Rate Agreement is attached to the applicant's agency record in GEMS, if applicable.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's agency record in GEMS contains a current approved Federally Negotiated Indirect Cost Rate Agreement. | ☑ | |
| **b** | If the Federally Negotiated Indirect Cost Rate Agreement is expired, verify there is written confirmation from the cognizant federal agency they are accepting the most recent rate until a new agreement is approved. | ☑ | |

**4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)**

***1 Verify the following criteria pertaining to past performance and history of compliance are met.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Prior year(s) reporting is complete and timely (includes fiscal, narrative and data reporting). | ☑ | |
| **b** | Required audits have been submitted (verify at http://doa.alaska.gov/dof/ssa/ssainfo.html). Prior year audit exceptions, if any, are resolved (verify by contacting the Finance Management Services audit section at http://dhss.alaska.gov/fms/Pages/Audit.aspx). | ☑ | |
| **c** | Prior year(s) activities demonstrate effective delivery of services. Review could include tangible documentation such as prior year performance reports, audit reports, site visits, etc. | ☑ | |
| **d** | Program historically maintains required standards as demonstrated in quality assurance reviews, licensing or certification standards, etc. | ☑ | |

**4.04 Questions and Criteria related to Program Policy, Goals, Outcomes, and Activities**

***1 In the text box below, describe your project and how the program goals and anticipated outcomes stated in this RFP will be achieved by the proposed project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's description demonstrates a thorough understanding of program goals and outcomes, and it is clear how the proposed project will achieve that intent. | ☐ | 20 |
| **b** | Proposed goals and anticipated outcomes are achievable and compatible with program goals and planning documents. | ☐ | 20 |
| **c** | Applicant clearly explains their plan for meeting the target number of MAT patients at the first and second year. | ☐ | 20 |
| **d** | Applicant clearly explains their plan for decreasing illicit opioid drug use in enrolled patients by their 6-month follow-up. | ☐ | 10 |

| | | | |
|---|---|---|---|
| **e** | Applicant has clearly addressed each of the diversion issues in section 1.02 of the RFP under goal 4, objective 1. | ☐ | 30 |

***2 In the text box below, describe the proposed activities that will be performed as a part of this program. In the document upload field below, scan and attach as a single document a detailed plan for services in the first year and a timeline for initiating services and project activities.***

| ***Evaluation/Review Criteria*** | | **Review** | **Points** |
|---|---|---|---|
| **a** | Proposed activities are well developed, reasonable & support program intent. | ☐ | 20 |
| **b** | The proposed treatment program includes the use of medication in combination with counseling and behavioral therapies and an adequate explanation of EBP in utilizing this medication. | ☐ | 30 |
| **c** | The proposed treatment protocols are clearly described and include items 1-6 of section 1.03 A of the RFP. | ☐ | 20 |
| **d** | Applicant's Diversion Control Plan clearly describes their protocol for using Prescription Drug Monitoring Program for each new patient, and how they plan to mitigate risk of diversion and ensure appropriate use of medication. | ☐ | 20 |
| **e** | Applicant adequately addresses the medication protocols a-e in section 1.03 C)Evidence-Based Practices, number 2, of the RFP. | ☐ | 20 |
| **f** | Applicant has clearly explained their behavioral health desparities impact statement, which includes items 1-3 in Section 1.03 E)Behavioral Health Disparities Impact of the RFP. | ☐ | 20 |
| **g** | Applicant clearly describes how their program will maintain the minimum patient to counselor ratio of 35:1. | ☐ | 20 |
| **h** | Applicant has clearly identified how they will engage and retain the target OUD populations by using tiems 1-8 in section 1.03 H)Target Opioid Use Dependence (OUD) populations of the RFP. | ☐ | 20 |
| **i** | Applicant explains in detail how they will utilize Evidence Based Practices's as they pertain to Opioid Use Dependence. | ☐ | 20 |

| | | | |
|---|---|---|---|
| **j** | Proposed timeline for project implementation is both reasonable and compliant with grant program timelines. | ☐ | 20 |

***3 In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the Department's performance measures for Results Based Budgeting.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Proposed evaluation plan contains performance and process measures that are compliant with program requirements. | ☐ | 30 |

***4 In the text box below, describe the target population and service location(s) of the proposed project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The target population, and service area are clearly identified, and meet the intent of the RFP. | ☐ | 20 |

***5 Provide the proposed budget for the project, including narrative, details, and matching funds availability. Verify the following criteria are met.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The narrative and detail are mutually consistent. | ☑ | |
| **b** | Cost line items are for allowable costs under 7 AAC 78.160, and are in compliance with program cost restrictions (if any). | ☑ | |
| **c** | If there are Travel costs, ensure they are consistent with 7 AAC 78.160(h) & (i), and with any requirements or limitations imposed by the program. | ☑ | |
| **d** | Applicant has applied 15% or less to infrastructure expenses | ☑ | |
| **e** | If there are Equipment or Subcontract costs, ensure they are allowed by the program and are consistent with 7 AAC 78.280. | ☑ | |
| **f** | The Indirect cost line item in the budget is compliant with the Federally Negotiated Indirect Cost Rate Agreement "specific" rates and exemptions applicable to the cost. | ☑ | |

| | | | |
|---|---|---|---|
| **g** | Proposed budget is supportive of program intent and costs are reasonable. | ☐ | 10 |
| **h** | Budget Detail(s) & Narrative are achievable with demonstrated resources. | ☐ | 10 |
| **i** | Budget Detail(s) and Narrative support any necessary allocation of resources among target populations or service locations. | ☐ | 10 |
| **j** | Required match is met and fully described in the detail and narrative. If applicable, a project funded by multiple sources has disclosed the overall resources in the appropriate field(s). | ☐ | 10 |
| **k** | Applicant has included one yearly face to face meeting, one yearly State of Alaska Opioid Treatment Conference and yearly onsite reviews in their budget. | ☐ | 10 |

**4.05 Applicant Qualifications - Criteria Relating to Personnel, Management and Facilities**

***1 In the text box below, describe the previous experience that your agency has in providing services similar to those being proposed. Clearly identify the time period over which services were provided and the target population that was served.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's description of previous experience in providing the same or similar services meets the intent of the program. Note: In addition to this criteria, DHSS staff will have access to tangible documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03. | ☐ | 20 |

***2 Describe the staff available for the proposed project. Scan and attach as a single document resumes, job descriptions and professional credentials for key project personnel as well as resumes for administrative staff.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Resumes, job descriptions and professional credentials have been submitted for key project personnel including Program Director, Clinical Director, Medical Director/Provider, nursing personnel and treatment staff. | ☑ | |
| **b** | Staff providing services are qualified and competent as demonstrated by the necessary attached professional credential(s) and resume(s). | ☐ | 30 |

| | | | |
|---|---|---|---|
| **c** | Staffing levels are compliant with the program mandates and sufficient to support the requirements of the proposed project. | ☐ | 20 |
| **d** | Job descriptions support the intent of the RFP and the applicant's proposed project. | ☐ | 20 |
| **e** | Administrative staff are qualified as demonstrated by attached resume(s). | ☐ | 20 |
| **f** | Administrative capacity demonstrates capability to meet reporting and management needs. | ☐ | 20 |

***3 In the text box below, describe the procedures that will be used to protect client confidentiality.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's description adequately addresses the necessary procedures to protect client confidentiality and meet State and Federal standards. | ☐ | 20 |

***4 In the text box below, describe the facilities and location(s) where services will be provided and how that will enhance the success of the project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The facilities described are safe and appropriate to the purpose of the program; and the location(s) will enhance the success of the project. | ☐ | 30 |

**4.06 Demonstration of Support/Involvement of Service**

***1 In the document upload field below, scan and attach documentation of community support for your agency.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Appropriate documentation of support is provided from each community in which the applicant proposes to provide services. | ☐ | 10 |

***2 In the text box below, describe how you have involved potential service recipients and the public in planning for services provided in the past.***

| *Evaluation/Review Criteria* | Review | Points |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** | The applicant's description demonstrates their successful efforts to involve potential recipients of services and the public in planning for and providing services. | ☐ | 10 |

***3 In the text box below, describe any partnerships or collaborations necessary for the proposed project. In the document field below, scan and attach as a single document, tangible evidence of these partnerships or collaborations specific to this project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Partnerships or collaborations necessary for the effective delivery of services are well described. Tangible evidence specific to the proposed project are attached. | ☐ | 10 |
| **b** | Applicant's description of support and coordination of services clearly addresses items 1-7 in section 2.04 of the RFP. | ☐ | 10 |

***4 In the text box below, describe the roles that will be performed to implement referral plans with state or other agencies necessary to accomplish the proposed project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's description demonstrates a clear understanding of the roles that must be performed by state or other agencies necessary for the effective delivery of services. | ☐ | 10 |