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

Request for Proposals
Residential Care for Children and Youth
For FY2016 Through FY2019

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.

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PROPOSAL DUE DATE: March 13, 2015, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: March 3, 2015, 3:59 PM
PROJECT PERIOD BEGINS: July 1, 2015

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Amendments

Amendment 1 Notice of Cancellation of Request for Proposals **Posted: 3/13/2015**

Explanation

This amendment serves as a Notice of Cancellation to the posted Request for Proposals. The current grantees will be continued in FY 2016. Please contact the grant administrator listed on the cover page of this RFP if you have any questions.

Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS/ Department), Division of Behavioral Health (DBH/Division), requests proposals from eligible applicants to provide Residential Care for Children and Youth (RCCY) services for the State of Alaska in FY2016 through FY2018. The purpose of the RCCY program is to provide a safe, predictable, nurturing environment for children who are in need of treatment for psychosocial, emotional, and/or behavioral disorders; and/or are in need of aid if removed from their homes. Program services are authorized under:

- AS 47.10 (Children in Need of Aid);
- AS 47.12 (Delinquent Minors);
- AS 47.14.100 (Power and Duties of Department Over Care of Child);
- AS 47.40.011-091 (Purchase of Services for Minors);
- 7 AAC 50.100 (Community Care Licensing);
- 7 AAC 78 (Grant Programs); and
- 7 AAC 81 (Grant Services for Individuals).

State of Alaska statutes and regulations may be accessed at http://www.law.state.ak.us/doclibrary/doclib.html or through the grants administrator identified on the cover page of this Request for Proposals (RFP).

RCCY grantees are responsible for their own Medicaid enrollment, and for billing BRS (Behavioral Rehabilitation Services) provided by their agency to RCCY clients through the State's Medicaid billing system. Enrollment information is available at https://enroll.medicaidalaska.com.

1.02 Program Goals and Anticipated Outcomes

Residential Care for Children and Youth (RCCY) services are defined as 24-hour basic care and treatment of one or more children\youth who are not related by blood, marriage, or legal adoption to the facility's owner or operator. Facilities include those identified as group homes and facilities staffed by the applicant agency's employees. Facilities operating under this RCCY Program MUST be in compliance with State licensing requirements under 7 AAC 50.005 - 990 (Community Care Licensing). Children/youth placed in residential facilities can be in the legal custody of the Alaska Dept. of Health and Social Services, or in the custody of a parent or other legal guardian. Recipients of RCCY services must present a demonstrated need for treatment received in a highly structured and supervised placement.

The proposal must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the Department. Proposed projects must meet or exceed anticipated minimums described in this Request for Proposals. The proposal must include a description of proposed activities that support the goals and outcomes to be employed in the project, including:

1. Increased engagement of primary family of youth served;
2. Providing individualized services for youth with complex presentations, including youth who experience a co-occurring developmental disability, Fetal Alcohol Spectrum Disorder (FASD), or who have experienced complex trauma;
3. Providing a staff training plan; and

4. Reporting on staff turnover and describing staff retention plans.

The applicant also must include timelines for activities in the attachment to their proposal:

1. A timeline that describes the sequence of events occurring when a client enters the program, from referral through the first treatment plan.

2. An agency operating a new program must provide a timeline, including milestones and a detailed start-up plan, and a narrative that describe the schedule of program implementation -- from award issuance through the program's capacity to be in full operation before the end of the first quarter of FY2015.

1.03 Program Services/Activities

Residential Services are sought at three of the five levels of care in the RCCY program:

- Level II Emergency Stabilization and Assessment
- Level III Residential Treatment
- Level IV Residential Diagnostic Treatment

These three levels operate in the context of a five-level system -- Level I and Level V do not receive funding through this program. A chart listing Residential Levels of Care is included in ***Attachment 1*** to this RFP.

The Behavioral Rehabilitation Services Handbook (available from: http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/RBRS%20Documents/BRS%20Handbook%2010-28-13.pdf and the mandatory Provider Agreement (***Attachment 2***)*),* list the guiding principles for operation of a residential care facility and for delivering Behavioral Rehabilitation Services in conjunction with the statutes and regulations related to providing care, including:

- 7 AAC 50.005 - 990 (Community Care Licensing)
- 7 AAC 53.900 - 999 (Residential Child Care Facility Grants)
- 7 AAC 110.200-210 (Early/Periodic Screening, Diagnosis, and Treatment (EPSDT) Services Provided to Recipient Under 21 Years of Age)
- 7 AAC 135 (Medicaid Coverage; Behavioral Health Services)
- 7 AAC 135.130 (Clinical Record)
- 7 AAC 135.800 (Residential Behavioral Rehabilitation Services)
- 7 AAC 160.990(88) (Child Experiencing a Severe Emotional Disturbance)
- AS 47.32 (Centralized Licensing and Related Administrative Procedures)
- AS 47.40 (Purchase of Services for Minors)

A qualified applicant organization must meet the criteria outlined in statute and regulation as well as the BRS Handbook, and with regard to the following topics addressed therein:

1. Acceptance of referrals
2. Admission requirements
3. Required approval for admitting a child or youth to a residential care facility
4. Basic care requirements
5. Required staff-to-child/youth ratios
6. Incident reporting
7. Suicide prevention
8. Discharge planning
9. Governance and administration
10. Staff qualifications, training and orientation

11. CPR qualifications
12. Medicaid enrollment
13. Medicaid services and other approved services
14. Use of the Individualized Services Agreement (ISA)
15. Daily, monthly, quarterly and other required reports

All facilities providing 24-hour residential childcare must deliver services at or above the basic care requirements of the level of care provided. Basic care for children or youth is planned, structured, and supervised by professionally trained staff. Behavioral management approaches such as level systems, teaching family models and positive peer culture are provided by staff able to understand and perform assessments and to develop and perform planned interventions. Basic care services include working with either the biological, foster, or adoptive family to aid in the transfer of the child to their home or to an alternate permanent plan.

When appropriate, services will include the child's or youth's biological, adoptive, or foster family. Treatment focuses upon the needs of the individual child or youth, but the family must be involved during the treatment process if family reunification is the desired outcome. These services may be in conjunction with, or in support of, any other professional treatment services the child/youth may be receiving as required by the diagnosed condition.

Basic services for children in residential care treatment must contain elements common to all levels of residential care regardless of size, location, program category, or treatment modality. The elements include:

1. Provide access to medical, dental, psychiatric, and psychological evaluation and therapy as needed;
2. Assess each child/youth placed in care and ensure a health examination has been performed within a year prior to placement, or arrange for completion of a health exam within 30 days of placement;
3. After 30 days in placement, provide continuing medical and dental services according to the Early & Periodic Screening, Diagnostic & Treatment Program schedule set forth in 7 AAC 110.200 - 210;
4. Assist in preservation of child's biological or foster family's ties, and promote timely reunification, when appropriate;
5. Maintain children/youth as close as possible to their families, communities, and regions when planning subsequent care;
6. Provide healthy food, including healthy meal preparation and nutritional oversight;
7. Provide clothing as needed during the time in care and work with parents and guardians to meet these needs;
8. Provide personal incidentals including resident allowances and school supplies;
9. Provide daily supervision at a minimum as prescribed in 7 AAC 50.410 (Supervision of Children);
10. Provide vocational, educational, and employment services either in the community or through service agreements (providers are strongly encouraged to work with their local community behavioral health centers (CBHC's) to obtain assessments and continued care services;
11. Provide liability insurance with respect to the child's/youth's needs;
12. Provide administrative oversight of the program of care and services for residents as well as for management;
13. Provide appropriate personnel, fiscal, and staff supervision;
14. Provide intake, individual treatment planning, case review, resident supervision, counseling and discharge planning;
15. Develop and maintain linkages with providers of ancillary services such as medical care, education, and community mental health services;
16. Ensure compliance with individual treatment plan reporting and monitoring requirements;
17. Provide group recreation and informal educational activities as well as the equipment and personnel required to conduct such activities;

18. Provide tutoring and/or supervised study and learning for school-aged residents;
19. Provide youth aged 14 and older, who are in residential care for longer than three months, the Ansell-Casey Skills Assessment, utilizing assessment results in case planning to identify services to improve life skills.

Comprehensive requirements for Level II, III and IV facilities and services are provided in the Behavioral Rehabilitation Services Handbook at:
http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/RBRS%20Documents/BRS%20Handbook%2010-28-13.pdf

The RCCY program emphasizes the importance of transitional and continued care planning as part of BRS Medicaid covered services, and is required of RCCY Program grantees. Transitional services include preparing the child/youth for transition from a residential setting to the next placement or release. Continued care includes development and delivery of individualized continued care and post-discharge plans designed to meet each resident's medical, psychological, social, behavioral, educational and developmental needs during the ninety (90) days following discharge.

Continued care plans must include all of the following:

1. Supervision of medication by a licensed professional;
2. Referral to appropriate therapeutic services;
3. Placement in an age-appropriate living situation;
4. Liaison with the child's\youth's school to continue the appropriate education program; and
5. Coordination with the child's\youth's parents, Social Worker or Juvenile Probation Officer to ensure appropriate placement supervision and other community services.

The BRS Provider is encouraged to utilize the services of the Office of Children's Services (OCS) Independent Specialist, the Infant Learning Program, Family Preservation Program, Behavioral Health Resource team, Complex Behavior Collaborative, and Behavioral Health grantees in support and coordination of services, if available in the provider's community (*see Section 2.04 for more information).* In the event of a program closure during a fiscal year, the grantee will provide 30 days' written notice and work with the Department on a closure schedule. If an incumbent program loses a future grant award, the incumbent grantee will agree to provide services through the first quarter of the subsequent fiscal year to provide for continuity of client care, if so requested by the Department. The Department will reimburse services provided during the requested time period.

1.04 Program Evaluation Requirements and Reporting

The proposal must contain an evaluation plan with stated performance measures the applicant will use to evaluate the progress of the grant project toward achieving the program goals and desired outcomes. Data results will be reported in the grantee's quarterly and final program reports.

Projects must assess services provided for effectiveness, efficiency, and customer satisfaction, and must include a plan for utilizing that information to improve service outcomes. Recipients of services will be surveyed by providers before treatment, during treatment, upon discharge, and, if possible, at regularly scheduled intervals following discharge to determine the efficacy of the treatment model used in providing BRS.

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's goals and desired outcomes.

Results-Based Accountability Framework

Grant programs will be required to align with the Department’s priorities and core services. Utilizing a results-based

management/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 and Wellness Across the Lifespan

Department Core Services

- 1.1 - Protect and Promote the Health of Alaskans

Department Objectives

- 1.2.1 - Improve the Safety of Children Receiving Department Services
- 3.2.3 - Improve Client Safety Within Department and Provider Operated Facilities

Division Core Service

- 4 - Provide accessible quality, active inpatient treatment in a safe and comfortable setting

Effectiveness Performance Measure

- Percentage of clients improving in Life Domains (decreased days of poor mental health in the last 30 days)

Efficiency Performance Measure

- Cost (grant expenditures) per client served

Grant Reporting (*please refer to BRS Handbook for specific requirements)*

BRS Providers must submit monthly and quarterly reports that provide information about services rendered and expenses incurred. Reports must be submitted in the format stipulated by the Department, the Grant Agreement and the Provider Agreement. Agency-specific forms may be used if approved by the Department as outlined in the BRS Handbook.

Required reporting for this grant will include:

1) Cumulative Fiscal Report (CFR) -- overall grant expenditures are reported quarterly by budget line item and entered into the Grants Electronic Management System (GEMS);

2) Program Report -- information relevant to program operations and changes occurring within the quarter that demonstrates the program's general status and includes reporting information requested in this RFP in the format prescribed by the grantor, and entered into GEMS;

3) Grant programs will be required to align with the Department's priorities and core services. Utilizing a results-based management/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;

Daily Utilization Report (Reported Via Email)
In addition to the required reports specified above, all facilities are required to report changes to their facility population in response to the RCCY email sent daily to facility staff. The data is used to update the RCCY website: http://dhss.alaska.gov/dbh/Pages/Residentialcare.

DataReports:

Quarterly:
a) Submission of the AKAIMS minimum data set.
b) Minimal Data Set Completeness - DBH will make available an agency self-assessment tool to evaluate completeness of Minimal Data Set submissions. Agencies must describe how they intend to monitor minimum data set throughout the course of the project.
c) Individual Child/Youth Reports for any child\youth in care during the quarter.

Monthly:
(See the BRS Handbook for specific requirements)

- As outlined in the BRS Handbook, programs are required to submit Monthly Attendance Reports to DBH within five (5) days of the close of the previous month.
- Reports will indicate whether the child/youth was present and receiving Residential Care services. Attendance Reports must clearly indicate the total number of children/youth in attendance each day and the status of each using DBH attendance codes.

1.05 Target Population and Service Area

Proposals 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 document.

Target Population: The target population for this program and services requested in this solicitation includes children/youth between the ages of 0 - 18 who are:

- In DHSS custody and Alaska Medicaid Eligible
- Not in DHSS custody and Alaska Medicaid Eligible
- Not in DHSS custody and not eligible for Alaska Medicaid

Children or youth who are not Alaska Medicaid recipients and/or not in DHSS custody must have written approval by the DBH RCCY Program Manager before the Department will pay for services associated with this grant program.

Targeted children/youth may have primary mental, emotional and behavioral disorders and/or developmental disabilities that prevent them from functioning at developmentally appropriate levels in their home, school, or community. They may exhibit symptoms such as anti-social behaviors that require close supervision, intervention and structure; mental disorders with persistent non-psychotic or psychotic symptoms; drug and alcohol abuse; or sexual behavior problems that severely or chronically impair their ability to function in typical family, work, school, or other community roles. Children/youth may be victims of severe family conflict and/or behavioral disturbances often resulting from substance abuse and/or mental illness of the parents. These children/youth may have physical and mental birth defects from prenatal maternal alcohol use or alcohol-related neurological defects. These children/youth may be medically compromised or developmentally disabled children/youth not otherwise served by DBH.

Further, the RCCY program is operated on an unconditional care model, and programs are not to discharge clients or refuse their placement unless the child has serious medical needs or presents an “imminent risk of harm to themselves or others” for which the provider is not qualified to respond under the level of care for which the program has entered into an agreement. Programs which refuse placement based on less stringent criteria, or discharge children from their program without successful completion of treatment, will be considered non-

compliant with grant requirements, which under 7 AAC 78.290 (Suspension and Termination), may jeopardize the grantee's award and future funding.

Awarded projects must maintain a minimal refusal rate of **no more than 15%** with regard to acceptance of referrals made by the Division of Behavioral Health or the Division of Juvenile Justice and the Office of Children's Services. **Refusal to accept a referral for any reason requires written notice to the Residential Care Program Manager, within five days, outlining the specific denial criteria for refusing the referral. Projects that have a minimal refusal rate higher than 15% may place their grant in jeopardy.**

Service Areas and Communities:

The intent is to fund projects statewide. ***Attachment 1,*** *Tables*, lists the numbers of beds sought in the identified levels of care in specific communities. The RCCY Program will consider funding up to the number of beds listed in the region or community requested and will make the final funding/allocation decisions based on the statewide provider response to this RFP.

LEVEL II - EMERGENCY STABILIZATION AND ASSESSMENTS CENTER (ESAC) BEDS SOUGHT*(please refer to Tables 1.04(a) and 1.06 in Attachment 1 of this RFP))*

Emergency Stabilization and Assessment Centers provide behavioral rehabilitation services and temporary residential care for children/youth who are in immediate danger in their present environment who need short-term, temporary placement, or may need stabilization and assessment of their needs.

LEVEL III – RESIDENTIAL TREATMENT BEDS SOUGHT *(please refer to Tables 1.04(b) and 1.06 in Attachment 1 of this RFP)*

Residential treatment programs provide 24-hour medium to long-term (up to 18 months, 24 months for Sex Offender program) behavioral rehabilitation and treatment for children/youth who have emotional and mental health problems and display inadequate coping skills. Level III's also may provide residential care for adjudicated and non-adjudicated sex offenders.

LEVEL IV – RESIDENTIAL DIAGNOSTIC TREATMENT (RDT) BEDS SOUGHT *(please refer to Tables 1.04(c) and 1.06 in Attachment 1 of this RFP)*

Residential Diagnostic Treatment (RDT) programs provide long-term (up to 18 months and up to 24 months for Sex Offender treatment) residential care and treatment for children/youth who have emotional and mental health problems and display inadequate coping skills. RDT's provide a structured, supervised program 24 hours per day, seven (7) days a week by professional staff. Level IVs may also provide residential care for adjudicated and non-adjudicated sex offenders.

Proposed projects must provide for a minimum of five (5) beds in any given service level within a community, unless fewer than five beds are sought. Project proposals for those communities/levels of service in which fewer than five beds are sought must propose the number of beds sought. Project proposals must be specific to the community and level of care.

1.06 Program Funding

Funds available for this program are anticipated to total $2,394,400 of General Funds per year for core services; $7,183,200 for the three-year cycle.

The Program is funded through:

1. Grant Agreements providing a core capacity daily rate of $40 for each bed /per day under RCCY services. The core capacity daily rate covers room and board costs that cannot be billed to Medicaid.
2. Provider Agreements that allow for non-Medicaid payment for Individualized Services Agreements (ISA) for children and youth in, or in need of, potential residential care; children aged five and under; additional staffing expenses, and payments for beds to maintain the placement when a child/youth is away for an allowable reason. The Provider Agreement is mandatory and applicants are required to provide a signed Provider Agreement with the proposal. The Provider Agreement will not be activated until executed by the Department.
3. Medicaid-reimbursed Behavioral Rehabilitation Services (BRS) provide stabilization, treatment, early intervention, and development of appropriate coping skills upon the recommendation of a mental health professional within the scope of their practice within the law. These services are client-centered and can be provided within the residential care system either individually or in groups.

RCCY grantees are responsible for their own Medicaid enrollment and for billing Behavioral Rehabilitation Services provided by their agency to RCCY clients through the State's Medicaid billing system. Enrollment information may be accessed at: https://enroll.medicaidalaska.com/.

Proposed Budget: The proposal must contain both a detailed and narrative budget for the first fiscal year of the grant, which is fully compliant with the limitations described in 7 AAC 78.160 (Costs), and which supports program staffing and service delivery requirements stated in this RFP. There is no required match. The GEMS portal provides applicants with 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.

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 apply to obtain one, 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.

Grant Award Budget/Core Capacity

Project award amounts are calculated by taking the total number of beds for the project, multiplied by $40 per day, multiplied by 365 days in the FY16 period of award. For example, a proposal for a five-bed project would include an award budget of 5 x $40 x 365, or $73,000. Core capacity funding may support hired or contracted personal services staff, but only with prior written approval from the RCCY Program Manager. Core capacity funds cannot be utilized to fulfill contracts above $3,000 without prior written approval from the RCCY Program Manager.

Grant Income Budget / Behavioral Rehabilitation Services

All anticipated BRS funds will be detailed as Grant Income in the project's budget detail and narrative in the Additional Match / Project Support column. Proposed Grant Income budgets should be based on 100% utilization. The Grant Income figure, for budgeting purposes, is the number of beds multiplied by the level of service fee per day multiplied by 365 (the number of days in the FY16 period of award). For example, a proposal for a five-bed, Level III project would include a Grant Income budget of 5 x $202 x $365, or $368,650.

Providers may seek Behavioral Rehabilitation Services reimbursements at the following rates:

- $155/day for Level II facilities
- $202/day for Level III facilities
- $275/day for Level IV facilities

A geographic cost differential will apply in the following areas:

Nome $202/day for Level II facilities
Kotzebue $225/day for Level II facilities
Barrow $228/day for Level II facilities
Bethel $227/day for Level II facilities
Bethel $295/day for Level III facilities

There is no additional funding available for capital construction, renovation or equipment purchases and/or other start-up 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 having current grant agreements with DHSS can review, in GEMS, the Indirect Cost Rate Agreement information on file. Agencies which do not have current grant agreements with the Department must provide a copy of the Indirect Cost Rate Agreement as an attachment to the proposal.

Grant Income: Applicants **must** have a Medicaid Provider Number, or apply to obtain one, and seek Medicaid reimbursement for all eligible services. The Medicaid Provider Enrollment portal may be accessed at https://enroll.medicaidalaska.com/.

Section 2 Applicant Qualifications

2.01 Required Experience

Proposal evaluation must include consideration of the applicant's history of compliance with grant requirements and brief overview of previous experience in providing the same or similar services to the target population. The history of compliance must include a summary of audits and the successful resolution of any findings.

The description must clearly identify the time period over which services were provided and the target population that was served. If the applicant is not a current or prior year grantee of DHSS or this program, the proposal must include references and documentation of the successful delivery of same or similar services to the target population, and must include a copy of the applicant's most recent audit.

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.

As an attachment to the proposal, a one-page document must be included listing all staff members of a facility funded by BRS revenues acquired through the RCCY program, the position held by that person, the qualifications of that person, and, the facility administrator's signature attesting to the fact that staff members of the facility to be funded by BRS funds meet all statutory and regulatory requirements.
Also as an attachment to the proposal, applicants must provide job descriptions for each position funded through BRS revenue, as well as one-page resumes for all supervisory staff. Personal services expenses are not to be included in the core award budget. Individual agencies may request to budget personal services from the core award with the case-by-case approval of the DBH RCCY Program Manager.

All levels of BRS in conjunction with the RCCY core capacity grant program must employ or must otherwise include the services of a Mental Health Professional to provide consultations and training to staff, client assessment, and treatment planning. Service activities and supervision for each child are based on an assessment and individual treatment plan that is monitored for beneficial behavioral changes in the child's life and effectiveness in reducing the need for supervision, rehabilitation services, and residential care. All staff having contact with children or youth in residential care must meet all statutory, regulatory and licensing requirements for staff. The general staff qualifications for residential child/youth care BRS Providers are described in:

- 7 AAC 50.210, Qualifications and Responsibilities of Persons Having Regular Contact with Children in a Facility;
- 7 AAC 50.220-250, Caregiver Age Requirements and Additional Staff Qualifications in Residential Childcare Facilities and Additional Qualifications for Adolescent Caregivers;
- 7 AAC 10.900 - 7 AAC 10.990, Barrier Crimes, Criminal History, Checks, and Centralized Registry; and
- AS 47.05.300 - 47.05.390, Criminal History Registry.

In addition to these general staff qualifications, the Medicaid BRS requirements for staff minimum qualifications are as follows:

Social Services Staff: Master's Degree with major study in social work or a closely related field and one year experience in the care and treatment of children, or a bachelor's degree with a major study in social work, psychology, sociology or a closely related field and two years' experience in the care and treatment of children.

Program Coordinator: Bachelor's Degree, preferably with major study in psychology, sociology, social work, social sciences or a closely related field, and two years' experience in the supervision and management of a residential facility for care and treatment of children. Six years' experience serving children in a residential setting may be substituted for the Bachelor's Degree.

Childcare Staff: There is a preference that no less than 50% of the childcare staff in a Residential Care facility will have earned a Bachelor's Degree; or, a combination of four years of formal education and experience working with children may be substituted for the Bachelor's Degree.

Unless otherwise specified, **awake night staff ratios shall be 12:1**. A child of a staff member will be counted in any staff-to-child ratio required by this RFP if the child resides in the facility.

Applicants must include a description of the agency's employee orientation process, the staff training plan (including training for special populations served), and how both orientation and training are accomplished for staff in outlying service areas. Applicants receiving awards can receive training through the RCCY Training Grant at no

cost to the RCCY/BRS grantee.

2.03 Administrative, Management and Facility Requirements

The proposal must demonstrate applicant's ability to responsibly administer the grant, including both sustainable fiscal and administrative capabilities necessary to support the project, as well as a description of the resolution of any prior year audit exceptions.

The applicant is required to demonstrate that the administrative infrastructure necessary to support the project exists within the agency or through collaborations that support efficiencies. Executive and administrative staff must be qualified, as indicated by their professional and educational experience detailed in the attached resume(s).

The applicant must include a current organizational chart showing the relationship of this project to the other functions within the organization.

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, and defined in OMB Circular A-133.

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. Box 110204
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. Box 110602
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 must describe how access is provided to clients and how that will enhance the success of the project.

3) Facilities must be licensed at the time of award. New programs must be licensed and operational no later than 90 days from the date of award and are required to be in compliance with State licensing requirements under 7 AAC 50.005 – 7 AAC 50.990 (Community Care Licensing). All applicants must have an emergency response and recovery plan for the safe evacuation of clients and staff that provides for other potential safety concerns.

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.

Applicants must coordinate with partners necessary to provide adequate supports to the clients served through their proposed project. The proposal must include a list of agencies and identify the relevant contact persons within those agencies who will be providing resources necessary to the effective delivery of proposed services. Level II Emergency Stabilization and Assessment Centers serving children ages 0 to 4 are required to establish a letter of agreement with their local Infant Learning Program to establish a protocol for referral and assessment.

The proposal must include tangible demonstration of necessary partnerships and cooperative agreements as attachments to the proposal. Memoranda of Agreement, which must be current and specifically address the services to be provided in this program, must be included in the as an attachments in GEMS under subsection 3 of criterion 4.06. Applicants also are encouraged to document coordination with the DHSS Office of Children's Services' Independent Living Specialist, the Family Preservation Program, the Infant Learning Program, Behavioral Health Resource Team, Complex Behavior Collaborative, and Behavioral Health grantees. Applicants are encouraged to provide evidence of strong collaboration in these areas. These programs provide additional services and support and should be sought when appropriate for children and youth in care.

The proposal must address the following:

1. Community support where services are being proposed;
2. Involvement of potential recipients and the public in the planning process;
3. Partnerships and collaborations specific to the proposed project; and
4. Necessary referral agencies and a description of their roles.

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. See subsection 1.05 of this RFP for additional eligibility information specific to the program and this solicitation. 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 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 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 in this RFP, 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 identified on the cover page of this RFP. 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 (also on the cover page). This will allow issuance of any necessary amendments to all prospective applicants. Please note: Technical assistance with GEMS will not be available after 4:00 PM AKST on the Propsoal Due Date.

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. See the Deadline for Written Inquiries on the cover page of this RFP.

3.05 Duration of Grant

This RFP is for a three-year period, beginning 7/1/2015 , through 6/30/2018 . 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 three-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 services.

Proposals submitted in response to this RFP must contain a detailed plan for services in the first year of the grant, and must include a brief outline of services planned 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. Grantees will be notified by Grants and Contracts of specific submission requirements necessary to qualify for consideration of continued funding.

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:

i. Proposals will be evaluated in a manner that will **avoid disclosure of contents to competing offerors** before notice of grant award has been issued.
ii. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate non-responsive proposals from consideration by a PEC.
iii. 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 contents of the proposal as well as 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:
    a. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    b. priorities in applicable State health and social services plans;
    c. requirements of applicable State and federal statutes; and
    d. 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. 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(s), 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. Box 110601
Juneau, AK 99811-0601

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

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. The Department 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. If applicable, fill out the attached Waiver of Sovereign Immunity, scan it, and upload it to this criterion.

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.bia.gov/cs/groups/public/documents/text/idc006989.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 http://commerce.alaska.gov/dnn/dcra/Home.aspx); 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 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.	☑	

6 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 and prior year audit exceptions, if any, are resolved (verify at http://doa.alaska.gov/dof/ssa/ssainfo.html).	☑	
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 Describe the goals and expected outcomes of the proposal.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposal demonstrates a thorough understanding of grant program goals, and desired outcomes.	☐	20
b	Proposed goals and anticipated outcomes are achievable and compatible with program goals and planning documents.	☐	15
c	The facility is in compliance with Community Care Licensing requirements under 7 AAC 50.005-990.	☑	

2 Describe the proposed activities that will be performed as a part of this program.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposed activities are well developed, reasonable & support program intent.	☐	20

3 Attach a timeline and evaluation plan (scan together as one pdf document) for the program to include performance measures, which are in alignment with DHSS priorities and core services, and when they will be implemented.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposed timeline for project implementation is both reasonable and compliant with grant program timelines and assures capacity to fully operate before the end of the first quarter of FY15.	☐	20
b	Proposed evaluation plan contains performance and process measures that are compliant with program requirements.	☐	35
c	The attached evaluation plan includes assessment of services for effectiveness, efficiency and customer satisfaction, and has a plan for utilizing that information to improve their service outcomes.	☐	20

4 Describe the target population 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 program, including narrative, and details. 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	If there are Equipment or Subcontract costs, ensure they are allowed by the program and are consistent with 7 AAC 78.280.	☑	
e	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.	☑	
f	Proposed budget is supportive of program intent and costs are reasonable.	☐	10
g	Budget Detail(s) & Narrative are achievable with demonstrated resources.	☐	5
h	Budget Detail(s) and Narrative support any necessary allocation of resources among target populations or service locations.	☐	5

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

1 Describe the previous experience that your agency has in providing services similar to those being proposed. If necessary, the applicant may attach supporting documents to this criterion.

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. The applicant's history of compliance includes a summary of audits and the successful resolution of any findings. The applicant has provided supporting documentation.	☐	15

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 supervisory and administrative staff. Describe the agency's employee orientation process and the staff training plan.

Evaluation/Review Criteria		**Review**	**Points**
a	Staff providing services are qualified and competent as demonstrated by the necessary attached professional credential(s) and resume(s).	☐	30
b	Staffing levels are compliant with the program mandates.	☐	20
c	Job descriptions support the intent of the RFP and the applicant's proposed project.	☐	15
d	Administrative staff are qualified as demonstrated by attached resume(s).	☐	20
e	Administrative capacity demonstrates capability to meet reporting and management needs.	☐	20
f	The agency's employee orientation process and staff training plan are described.	☐	15
g	A current organizational chart has been submitted demonstrating the relationship of the project to the other organizational functions.	☐	15

3 Describe the procedures that will be used to protect client confidentiality.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposal adequately addresses necessary procedures to protect client confidentiality and meets State and Federal standards.	☐	25

4 Describe the facilities that will be used as a part of this proposal.

Evaluation/Review Criteria		Review	Points
a	Facilities proposed for services are safe and appropriate to the purpose of the program; and provide adequate physical access for the proposed target population. Potential safety concerns for both clients and staff have been addressed in the management of proposed services.	☐	30

4.06 Demonstration of Support/Involvement of Service

1 Provide documentation of community support for your agency. Include a list of agencies and identify the relevant contact persons within those agencies who will be providing resources necessary to the effective delivery of proposed services.

Evaluation/Review Criteria		Review	Points
a	Appropriate documentation of support is provided from each community in which the applicant proposes to provide services.	☐	15

2 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	Proposal provides a demonstration of the applicant's successful efforts to involve potential recipients of services and the public in planning for and providing services.	☐	10

3 Describe any partnerships or collaborations necessary for the proposed project. Attach as a single document tangible evidence of these partnerships or collaborations.

Evaluation/Review Criteria		Review	Points
a	Proposal adequately describes the partnerships or collaborations necessary for the effective delivery of services. Tangible evidence of these partnerships or collaborations are specific to the proposed project.	☐	15

4 Describe any state or other referral agencies necessary for the proposed project.

Evaluation/Review Criteria		Review	Points
a	Proposal adequately describes the role of state or other referral agencies necessary for the effective delivery of services.	☐	15