State of Alaska
Department of Health and Social Services
Division of Grants and Contracts

Request for Proposals
Chronic Inebriate Anti-Recidivism Treatment Program- Permanent Supportive Housing Program
For FY2015 Through FY2021

Facilities Section

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: November 26, 2014, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: November 17, 2014, 3:59 PM
PROJECT PERIOD BEGINS: January 1, 2015

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Amendments

Amendment 1 Amended Request for Proposals- Chronic Inebriate Anti-Recidivism Treatment Program- Permanent Supportive Housing Program **Posted: 11/21/2014**

Explanation

This Amendment #1 serves to add questions and answers from the Pre-proposal Teleconference and written inquires received thus far.

Additional Information

Amendment #1, issued on November 10, 2014 serves to add questions and answers from Pre-proposal Teleconference and written inquires received thus far. Please see list of attachments to locate the Amendment document. To view the amended solicitation in GEMS, follow the link provided below and click on the solicitations tab located in the upper left corner under the State of Alaska seal.

Amendment 2 Amended #2 Request for Proposals-Chronic Inebriate Anti-Recidivism Treatment Program- PSH Program **Posted: 11/21/2014**

Explanation

This Amendment #2 serves to provide answers to the written inquires.

Additional Information

Amendment #2, issued on 11/19/2014 serves to provide answers to the written inquires. To view the amended solicitation in GEMS, follow the link provided below and click on the solicitations tab located in the upper left corner under the State of Alaska seal. Please see list of attachments within the RFP to locate Amendment #2.

Amendment 4 EXTENDING DEADLINE FOR SUBMISSION and providing clarification regarding submission of Responses **Posted: 11/25/2014**

Explanation

This amendment serves to extend the deadline to 11:59 PM of 11/26/2014. This solicitation has also been amended to provide clarification regarding the submission of responses. Please see the Amendment Text below.

Additional Information

The deadline has been extended until 11:59 PM of 11/26/2014.

In Section 4 of the Request for Proposals, for questions related to the category your agency is **NOT** applying for, please enter NA for the text response and mark the question "complete". During validation, you should not be prompted to upload a document to those questions. However, if you are prompted to upload a document, upload a blank document then mark the question complete. Run the 'Validation' once more before submitting.

For those responses that have already been submitted by an agency, please note that the agency is able to withdraw their response for further revisions, but are responsible for ensuring that their response is re-submitted by the new deadline indicated on this amendment.

Section 1 Grant Program Information

1.01 Introduction and Program Description

The Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH) and Finance and Management Services, Facilities Section is requesting proposals from eligible applicants to provide Chronic Inebriate Anti-Recidivism Treatment Program -Permanent Supportive Housing Program (PSH) services for the State of Alaska in FY2015 through FY2017. Services are sought for the Municipality of Anchorage. Program Services are authorized under 7 AAC 78 Grant Programs, AS 47.30.520-620 Community Mental Health Services act, AS 47.376 Uniform Alcoholism and Intoxication Treatment Act, AS 47.30.655-915 Alaska Civil Commitment Statutes, and AS 47.30.011-061 Alaska Mental Health Trust Authority and Chapter 18, SLA 14, Page, 53, Line 27. Access State of Alaska statutes and regulations at http://www.law.state.ak.us/doclibrary/doclib.html or through the contact person listed on the cover page of this Request for Proposals.

Structure of this RFP

In this Request for Proposals (RFP), the DBH Treatment & Recovery Section is splitting funds into two categories, Category A and Category B. It is DBH's intention to fund one program in each Category. These two programs will serve distinct populations in order to meet the varying intensity of behavioral health needs of the chronically homeless population in the Anchorage area. Applicants will submit a proposal to one of the following categories of Permanent Supportive Housing (PSH): Category A. Assertive Community Treatment (ACT) for chronically homeless individuals with severe and persistent mental illness, OR Category B. Intensive Case Management (ICM) for chronically homeless individuals with primary diagnosis of substance abuse

Please review the Category listed on the solicitation carefully, as responding to the incorrect Category may result in not being funded. It is up to the applicant to submit a proposal to the correct Category solicitation as described below. **Applicants can only apply for ONE funding Category**:

This solicitation is currently making a total of $3,760,000 in capital funds available for Chronic Inebriate Anti-Recidivism Treatment Program – Permanent Supportive Housing Program; $1,885,000 for Category A-ACT, and $1,875,000 for Category B-ICM. *(Successful Category A- ACT applicants may be eligible to receive additional FY16-17 non-competitive operating grant awards in the amount of $2,215,000. Therefore, through the two fund sources, the total amount available for 2.5 years of program operations total $4,100,000 in grant funds.)*

Introduction

The Department of Health and Social Services has identified several challenges including the development of quality local Psychiatric Emergency Services throughout the state and alternatives to hospitalization. Alaska Psychiatric Institute (API), the only state-owned psychiatric hospital, has only 50 acute adult beds and often operates at capacity. In addition, there is a statewide shortage of residential supportive housing that can accommodate people with behavioral health issues too severe to be managed in a standard assisted living home but who do not require hospitalization. Individuals exiting correctional facilities or involved with the Court System lack housing with support services to prevent repeated episodes of homelessness and institutionalization. In addition, those experiencing chronic homelessness often do not have access to the appropriate services and supports necessary to aid in their recovery.

The Division of Behavioral Health is committed to building a behavioral health system that treats clients through traditional clinic-based services as well as other service delivery models. This solicitation will fund increased availability of intensive community-based services that use multi-disciplinary and person-centered teams for homeless individuals. Stable housing is a critical component in the recovery process for individuals with serious

mental illness and co-occurring substance abuse disorders. Without having access to the right housing and support services, many of those in the behavioral health population will experience severe health outcomes and high mortality rates. Supportive housing integrates individuals into the community in the least restrictive setting possible and promotes self-sufficiency. Types of supportive housing can range on a continuum that includes intensive models with a medical component (i.e. Assertive Community Treatment), high intensity community based services (i.e. Intensive Case Management), or low intensity community based services (i.e. standard outpatient). The programs funded through this solicitation will serve to re-balance the housing and services continuum toward less acute care. Access to integrated community-based services paired with housing will decrease the impact of homelessness on the community and individuals.

Program Description

Permanent Supportive Housing (PSH) is an Evidence-Based Practice (EBP) characterized by availability of recovery-oriented services in integrated community settings coupled with safe and affordable housing. In line with federal efforts to re-structure services to better meet the housing and related needs of consumers, the Division of Behavioral Health is supporting the creation of additional Permanent Supportive Housing in Alaska targeted at individuals who are chronically homeless with behavioral health needs.

- PSH is not time-limited and is a crucial resource for many people with psychiatric disabilities, experiencing homelessness, living in unnecessary restricted and segregated settings, at risk of losing housing, or re-entering the community from institutional settings.
- Research around supportive housing indicates this intervention is a solution for a subset of the homeless population with significant healthcare needs.
- Supportive housing has been used as a tool to increase access to care, improve health, and lower health care costs for people who face some of the most significant barriers to housing and health care.
- Stably housed individuals are less likely to draw on expensive public services; they are less likely to end up in homeless shelters, emergency rooms, or jails.
- In recovery, individuals have the opportunity to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life.

In an effort to blend and braid state funding, Category A- ACT program funded through this solicitation may receive both state capital and operating funding to finance treatment services. *(Successful Category A- ACT applicants may be eligible to receive additional FY16-17 non-competitive operating grant awards to further leverage the capital grant fund offered in this RFP. Through the blending of funding and targeted Evidence-Based Practices for services, DBH anticipates a strategic impact on the most vulnerable of the homeless population.)* Successful applicants will provide coordinated care through brokered and non-brokered access to a full range of wrap-around services. Successful applicants will be required to perform a vulnerability assessment to determine the highest needs individuals to be served through this grant and ensure these individuals are receiving the appropriate housing model.

RFP At-A-Glance

Applicant Requirements

The applicant must be an Alaskan non-profit organization, a municipality, or a Federally recognized tribal entity.

Total Funding Available

$3,760,000 capital funding (FY15-FY17)

Service Area

Services are sought for the Municipality of Anchorage.

Required Target Populations

Category A- Assertive Community Treatment: chronically homeless individuals with severe and persistent mental illness, high rate of functional impairment, recent history of interaction with criminal justice system or high use of psychiatric emergency services

Category B- Intensive Case Management: chronically homeless individuals with primary diagnosis of substance abuse, chronic public inebriate, high use of Anchorage Safety Center

Service Requirements

The applicant must assist clients to access the essential services described below:

Affordable housing

Employment support services/job skills training

Substance abuse treatment and coordination

Mental health treatment and coordination

Housing stability services

Intervention with support networks

Referral to primary care services

Activities of daily living services and training

Medication management and monitoring

Detoxification services; relapse prevention and recovery planning

Illness management and recovery skills

The applicant must work with DBH to obtain data described in the RFP

The applicant must provide a plan that reflects understanding of the program goals and service standards

The applicant must form a community stakeholder group involving critical community members to guide development of the project

1.02 Program Goals and Anticipated Outcomes

The proposals and required logic model must demonstrate a thorough understanding of the grant program goals and outcomes anticipated by the DBH. Proposed projects must meet or exceed anticipated minimums described in this RFP. Proposals must include a description of proposed activities that support the goals and outcomes which

will be accomplished using a Housing First philosophy and the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Permanent Supportive Housing Evidence Based Practice.

Program Model and Philosophy:

Permanent Supportive Housing Program Model: Supportive housing combines affordable housing with support services to promote recovery and self-sufficiency. Support services include a focus on how to assist the individual to maintain long-term independent housing and to use stable housing as a platform for individual health, recovery, and personal growth. Lease agreements comply with landlord-tenant act and do not contain any clauses that are not present in lease agreements for individuals without a disability. Rent is affordable; the tenant pays no more than 30% of their income towards rent. Key principles include choice of housing, separation of housing and services, and community integration. Services are voluntary, individualized, and flexible.

Housing First Program Philosophy: In the Housing First philosophy pioneered by Dr. Tsemberis, consumers have a choice in the housing and services they receive and are served in a consumer-directed service approach that supports clients in pursuing their own goals by providing them housing first. There are no pre-tenancy conditions of sobriety or engagement in treatment before a person is placed in permanent housing. Housing First follows a harm reduction model with respect and compassion shown to each client in support of their recovery, and a commitment to serving the client long-term. An important element of this model is housing choice, where client's preferences are honored as to which neighborhood they would like to reside in. Services and housing are separated, therefore the housing unit is not owned by the service provider and engagement in services is not a requirement of tenancy. Clients must agree to two program requirements: payment of rent and agree to at least weekly visits.

Service Categories for This Solicitation:

Supportive housing services under the Permanent Supportive Housing program model fall into two Service Categories based on level of service intensity: Assertive Community Treatment or Intensive Case Management.

Permanent Supportive Housing
/ \
Assertive Community Treatment Intensive Case Management

Category A- Assertive Community Treatment: Assertive Community Treatment (ACT) is a service delivery model that has been identified by the Substance Abuse and Mental Health Services Administration as an evidence-based practice that consistently demonstrates positive outcomes and is considered by experts as an essential treatment option.

- ACT consists of a multidisciplinary team who work together to provide the majority of treatment, rehabilitation, and support services participants need to achieve their goals.
- ACT services are individually tailored through relationship building, individualized assessment and planning, and active involvement with participants to enable each to find and live in their own residence, to find and maintain work in community jobs, to better manage symptoms, to achieve individual goals, and to maintain optimism and recover.
- The ACT team is mobile, 24/7, and delivers services in community locations rather than expecting the participant to come to the program. Seventy-five percent (75%) or more of the services are provided outside of program offices in locations that are comfortable and convenient for participants.
- Caseloads do not exceed 1:10 and the entire team will serve 100 clients.
- The individuals served have severe and persistent mental illness that are complex, have devastating effects

on functioning, and, because of the limitations of traditional mental health services, may have gone without appropriate services.

Category B- Intensive Case Management: Intensive Case Management (ICM) is a service-delivery model in which case managers, working in teams, provide intensive outreach and engagement, coordinate with other service providers, and develop strong therapeutic relationships to assist recipients get access to needed services.

- ICM supports recipients through the use of a team for the coordination of services to meet a recipient's behavioral health treatment, occupational, housing and other needs, thereby enabling them to live in the least restrictive environment possible and increasing adaptive capabilities.
- Case managers fulfill a vital function for recipients by working with them to realize personal recovery goals.
- ICM is more than a brokerage function. It is an intensive service model that is flexible as recipient needs change and cross service settings.
- The intensive case management team composition must include staff with competencies specifically needed to assist with the special needs of the population.
- Caseloads do not exceed 1:15-20 and the entire team will serve 50 clients.
- For the purposes of this RFP, individuals served by this model are those with primary substance abuse diagnoses and are chronic users of the Anchorage Safety Center for public intoxication.

Community Stakeholders:

The program goals in this solicitation include a focus on community input and alleviating neighborhood impact through decreased homelessness and emergency service usage. To ensure community involvement, a stakeholder group will be formed for each Category to ensure responsive services are prioritized to the target population. Grantees will be required to form a community stakeholder group to guide development of the project.

- Category A- ACT: the stakeholder group will function as a referral committee and will include representation from state and local government, the criminal justice and courts system, and local consumer and emergency response groups. This referral committee will serve to prioritize services to high risk individuals identified as frequent users of the emergency services system (and meet eligibility criteria for ACT services).
- Category B- ICM: the stakeholder group will function as a steering committee will include leadership representation from the local homeless coalition, Municipality of Anchorage Department of Health & Human Services, local interested community council(s), representatives from the business community, and consumer and emergency response provider groups. This steering committee will allow for community input into program implementation, responsiveness, and feedback on neighborhood impact of the services.

Primary Program Outcomes:

The anticipated primary outcomes of these Permanent Supportive Housing programs include housing stability and decreased acute/correctional care.

- Housing stability will be measured through housing tenure (length of stay in permanent supportive housing) and housing status at discharge.
- Use of acute/correctional care will be measured through reduced recidivism, defined as: the number/days a recipient returns to corrections or an acute care setting during the program and 1 year post-discharge.

1.03 Program Services/Activities

Proposals must include a description of proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the Logic Model. The applicant must also include a timeline for implementation in their proposal.

Applicants agree to comply with all of the following additional program requirements and service standards, see attached Interim Program Standards for Intensive Case Management (ICM) and Assertive Community Treatment (ACT), incorporated herein by reference. Applicants must describe how they will use the Housing First philosophy to guide this project and be operationalized in the community (above and beyond information provided in the RFP).

Proposals submitted in response to this RFP must contain a detailed plan for services in FY15 and should include a brief outline of services planned in subsequent years according to the two phases described below. This includes submitting a budget for FY15 of the grant in GEMS and attaching a proposed budget for FY16 and FY17. If available, funding in the subsequent year(s) will require submission and approval of documents needed to update service plans, evaluation measures and budgets.

The applicant will use a standardized form in the GEMS portal to complete a grant application.

For this project, applicants should plan two phases to allow time for program development and community outreach prior to delivery of services. The two phases are described below. Applicants are required to describe in their proposal how they plan to carry out these two phases as well as how they will incorporate DBH feedback and stakeholder input into program operations.

Phase 1: Development & Community Outreach

1a. Capacity Building/Staff Training

During the development phase, successful applicants will formalize their internal program development and planning to include staffing and training in Permanent Supportive Housing and the corresponding service delivery model (ICM or ACT).

- Permanent Supportive Housing is a model that involves community-based practice and is not "business as usual". Successful applicants are asked to describe in this phase how they will modify agency operations by moving direct care staff into the community and out of the clinic setting.
- Grantees will work with Program Managers during the initial team start-up period to include collaboration on program development.
- Category A- ACT: specific technical assistance from a national expert and start-up training will be provided by DBH and participation is required to ensure high fidelity to the model.

1b. Creation of Evaluation Plan

Successful applicants will work with their DBH Program Manager to create and agree upon a data collection and evaluation plan within 90 days of acceptance of award. Post-award, DBH will work with successful applicants to provide resources for a third-party evaluator.

- It is DBH's intent to use data collected from this demonstration program to inform future State efforts around comprehensive community-based programs that include a focus on housing.
- Data collection and performance reporting is critical to measure and report success of the project.
- DBH recognizes the impact to providers and clients on data collection and will work collaboratively with the

successful applicant to minimize this impact.

1c. Community Outreach:

Successful applications will also conduct outreach to appropriate entities in the homeless and emergency service provider network as detailed below.

- Category A- ACT: a referral committee will be formed during this phase consisting of a representative group such as: the Division of Behavioral Health, Department of Corrections, Department of Labor, the Alaska Mental Health Trust Authority, psychiatric emergency services (such as hospitals, Designated Evaluation & Treatment centers (DET), and Alaska Psychiatric Institute), consumer advocacy groups, the tribal system, homeless and emergency services system, SAMHSA Projects for Assistance to Transition from Homelessness (PATH) homeless outreach provider, and the larger community. This group will also function over time as the referral committee to refer individuals into the ACT team. The grantee will have final right of refusal on acceptance of referrals. DBH partner with successful applicant to coordinate this referral committee as a shared responsibility.
- Category B- ICM: a steering committee will be formed during this phase. The steering committee will include leadership representation from the designated HUD Continuum of Care (CoC), Municipality of Anchorage Department of Health program and the Anchorage Safety Center, local interested community council(s), representatives from the business community, faith-based providers (emergency cold-weather response system), and emergency response providers. The steering committee will allow for input into the program design and operations and allow feedback for neighborhood impact that speaks to the effectiveness of the program. To target specific individuals, the applicant will need strong partnership with the Municipality of Anchorage to identify top users of the Anchorage Safety Center to be paired with housing and services.

For the purposes of referral and coordination of care, proper Release of Information (ROI)'s or Business Associate Agreements must be in place with appropriate entities that provide services to the target population. This will ensure collaboration and partnership between providers and non-duplicative services.

Phase 2: Client Outreach & Service Delivery

During the client outreach and enrollment phase, successful grantees will conduct active outreach to chronically homeless individuals to engage, assess, and prioritize the target population. It is DBH's intention that services are delivered as soon as possible and individuals are quickly assessed, prioritized, and placed into housing. Program standards will assist to guide the number of new clients per month to be added to the team in order to maintain fidelity and decrease staff turnover. Regular meetings of the stakeholder group will be established on an agreed-upon schedule.

Comprehensive services will be offered to the client based on self-identified goals through individualized service planning. Services are flexible and change over time. For this RFP, applicants should detail how they will ensure the following services are available to the target population:

- Assertive outreach and engagement
- Initial goal-setting and assessment of service needs
- Linkage to affordable housing/rental subsidies
- Housing stability services (detailed below)

- Intervention with support networks
- Referral to primary care services
- Activities of daily living services and training
- Medication management and monitoring
- Entitlements and benefits assistance/counseling
- Money management skills training
- Transportation and accompaniment on appointments
- Detoxification services; relapse prevention and recovery planning
- Substance abuse treatment and coordination
- Mental health treatment and coordination
- Employment support services/job skills training
- Illness management and recovery skills
- Medication prescription and monitoring
- Education and information-sharing groups
- Referrals to legal assistance and other ancillary services

Category A- ACT: ACT services in accordance with detailed Interim Program Standards to include non-brokered service delivery including 24/7 intensive behavioral health services provided by the team, including mobile crisis assessment and intervention.

Category B- ICM: ICM services in accordance with detailed Interim Program Standards to include both brokered and non-brokered service delivery.

In addition to standard behavioral health treatment services, successful applicants should detail how they plan to provide the following services focused on finding and maintaining housing:

A. Pre-tenancy supports

a. Housing search; assistance with rental application and connection to rental subsidy or provide bridge rental subsidy through grant

b. Orientation to housing and services, review of lease program policies

c. Assistance with rental interview/facilitation of housing unit inspection

B. Move-in supports

a. Assistance with move-in/lease-up (purchasing/acquiring bed, kitchen supplies, household furniture, assistance with security deposit)

b. Physically assisting with move-in; meeting property manager/neighbors

C. Ongoing housing stability services

a. Assisting clients to integrate into neighborhood/community; family reunification and social support network

b. Tenant rights education; periodic meetings with property manager to proactively address tenancy issues

c. Training in cooking/meals preparation, personal hygiene, housing keeping and apartment safety, use of mass transit/public transportation, financial management

d. Emergent visits to client/tenant for psychological/emotional support and resolution of household emergencies (eviction prevention/mediation activities)

A key provision of Permanent Supportive Housing is the separation of housing and services so that housing is not used as a tool of coercion; in some cases this is not possible so recommendations are that if both housing and services are operated by one agency, different staff members administer the two components. A major goal of Permanent Supportive Housing is to integrate people fully into the community. Behavioral Health Treatment grantees are expected to participate in systems-level change through a comprehensive approach to ending chronic homelessness for the most vulnerable persons in Anchorage.

Category A-ACT: Due to the expectation the target population will experience social determinants of health-harming legal needs, such as fair housing and wrongfully denied benefits, applicants are asked to partner with a statewide legal service advocacy organization to provide civil legal assistance. A part-time civil attorney will provide a full specturm of interventions that address the legal needs for individuals to include: training of ACT team members to recognize the legal needs and triage, consultations, and legal representation to ACT participants.

If the applicant is chosen to be funded as a grantee by the Division of Behavioral Health, the expectations and requirements for FY15 are summarized as follows:

Requirements for FY15 below:

- Program development, including capacity building and staff trainings to ensure high fidelity practice
- Create and agree upon evaluation plan for program data collection and reporting (within 90 days of acceptance of award)
- Community outreach and formation of stakeholder advisory group
- By the end of FY15, active outreach to high risk individuals to engage, assess, and prioritize the target population by June 30, 2015
- By the end of FY15, implement a full range of identified services using Housing First model
- By the end of FY15, evaluate and report on program effectiveness by June 30, 2015

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.

Logic Model Development and Updates: An evaluation plan must be created using the Logic Model format and instructions attached to this RFP (see Criteria and the Logic Model Resource Guide in the Attachment section). The Logic Model must include goal(s), outcomes, outputs, resources and activities applicable to the proposed project and compliant with program intent. 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 desired outcomes and must be supported by the applicant's Logic Model.

Logic Model training may be available from DHSS, please check the website at http://www.hss.state.ak.us/grantees/default.htm for scheduled trainings.

As part of the continuing work to identify outcomes for success and improve services, grant programs will be required to align with DHSS's priorities and core services, detailed below. This RFP is in alignment with the following DBH Core Service: *Develop and maintain a stable, accessible, and sustainable system of behavioral healthcare for*

Alaskans in partnership with providers and communities.

DHSS Priority 1. Health & Wellness Across the Life Span:

DHSS Core Services 1.1: Protect and Promote the Health of Alaskans

*Objective 1.1.*3: Decrease substance abuse and dependency
Goal 1: Through supportive housing services and supports, individuals with substance addictions will have access to treatment as well as post-discharge support. These wrap-around supports will increase rates of success for treatment completion and decrease post-discharge relapse.
Performance measure (effectiveness): Percent of Alaskans discharged from substance abuse treatment services that successfully completed treatment.

DHSS Core Services 1.2: Provide quality of life in a safe living environment for Alaskans

Objective 1.2.4: Increase the number of Alaskans with behavioral health issues who report improvement in key life domains.
Goal 2: Enhance community capacity to deliver supportive housing services and provide alternatives to hospitalizations through a coordinated service program for homeless at-risk adults. Currently, DHSS is faced with challenges to providing alternatives to hospitalization and high rates of recidivism; supportive housing is an effective intervention that has is a proven solution to these challenges and supporting individuals in their recovery.
Performance measure (efficiency): Percent of behavioral health recipients who re-admit to API within 30 days of discharge.
Performance measure (effectiveness): Percent of behavioral health recipients who report improvement in quality of life.

DHSS Priority 2. Health Care Access, Delivery, & Value

DHSS Core Services 2.1: Manage health care coverage for Alaskans in need.

*Objective 2.2.*1: Improve access to health care.
Goal 3: Decrease neighborhood and individual health and safety impacts from chronically homeless adults. Health outcomes of chronic homelessness include increased rates of chronic disease and high morbidity. By increasing community capacity to deliver effective and integrated care interventions to this population, communities and individuals will see increased health outcomes. Through the targeted use of comprehensive wrap-around services and stable housing, individuals will have access to appropriate healthcare they were unable to get while homeless, thereby decreasing number of preventable hospitalizations and higher Medicaid costs.
Performance measure (population health indicator): Number of preventable hospitalizations based on Agency for Health Care Research and Quality (Healthy Alaskans 2020, LHI22)
Performance measure (effectiveness): Percent of the estimated need for behavioral health services that are met through community based services (*separated into SUD, SMI & SED Met Need).
Performance measure (efficiency): Medicaid cost per recipient.

For more information about the Department of Health and Social Services priorities click on the link to view the document: http://dhss.alaska.gov/Documents/Pdfs/PABS.pdf

To view the December 2013 Streamline newsletter regarding the FY2015 Performance Measures Update click the link to view the document: http://dhss.alaska.gov/Commissioner/Grantees/Documents/Streamline/2013-07.pdf.

Evaluation Plan:
Other program evaluation requirements will include a focus on fidelity and outcome tracking. This data collection is important for future expansion of Permanent Supportive Housing (PSH) services statewide. Successful applicants will be expected to work with their DBH Program Manager once awarded on 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. Applicants are required to submit a draft evaluation plan based on the contents of this RFP (see below sample under Grant Reporting). Post award, DBH will work with successfull applicants to provide resources of a third-party evaluator.

• **Fidelity:** DBH will assist in monitoring fidelity to the SAMHSA Permanent Supportive Housing models, as well as monitoring the services according to the attached Assertive Community Treatment and Intensive Case Management Interim Program Standards. The fidelity monitoring will be used as a tool to create recommendations around quality assurance and to inform development of future program standards and ACT certification for ACT expansion in Alaska. DBH will monitor adherence to the Housing First model to ensure that housing services are offered with no preconditions of treatment compliance.

• **Length of stay and recidivism:** DBH will monitor primary outcomes through quarterly reporting to include at a minimum: housing tenure (length of stay in permanent supportive housing), housing status at discharge, recidivism (defined as: the number/days a recipient returns to corrections or an acute care setting during the program and 1 year post-discharge).

• **Behavioral/treatment outcomes:** Grantees will provide DBH with results of initial and periodically administered Client Status Review (CSR) for DBH analysis of treatment outcomes. Grantees clinical team reviews progress and data for each recipient at least weekly, and adjusts treatment as indicated. Summary data will be included in treatment plans and will be used to inform treatment plan changes. Clinical staff will develop quarterly and annual reports for DBH/DHSS clinical and management review, relying on grantee/AKAIMS reports and other on-site monitoring activities. Quarterly reports to include but not limited to the identified outcomes listed in the logic model and evaluation plan.

To be agreed upon in the evaluation plan, attached is an example of items to be potentially evaluated to ensure the program is operating as intended and build the groundwork for future expansion of similar services. The agreed-upon evaluation plan will be used to create the required quarterly report, assessed during on-site reviews as noted above, as well as in fidelity reviews or evaluations conducted by DBH or third-parties. Please include in your application a logic model and first draft evaluation plan for review on the example attached in the Attachment section.

Grant Reporting:
The grantee will be required to complete the following reporting for this grant in GEMS:

1) Cumulative Fiscal Report (overall grant and match expenditures are reported quarterly by a budget line item);
2) Grantees will be required to evaluate and submit quarterly activity reports;

Grantees will comply with all required reporting, to include specialized Permanent Supportive Housing report including but not limited to outcomes listed in this RFP and/or agreed upon in the evaluation plan.

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 is as follows. Permanent Supportive Housing services will be prioritized to individuals:

A. Who are chronically homeless, (the individual has had four (4) episodes of homelessness in the last three (3) years or has been continuously homeless for a year or more);
B. The individual must be at or below 50% Area Median Income;
C. Priority will be given to individuals with a history of hospitalizations and law enforcement contacts; and
D. Grantees will be required to use a screening tool to prioritize based on vulnerability (such as Level of Care Utilization System (LOCUS) or Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPAT)).

Category A- ACT: ACT services are limited to individuals with a severe and persistent mental illness. Priority will be given to individuals with diagnosis of schizophrenia, other psychotic disorders (e.g. schizoaffective disorder) and bipolar disorder. The individual must experience significant functional impairments due to mental illness, continuous high service needs, and are individuals who demonstrate or have demonstrated a medical necessity for inpatient psychiatric hospitalization.

Category B- ICM: ICM services are limited to individuals with primary substance use disorder and have been identified as a top user of the Anchorage Safety Center (ASC) for public intoxication. (In 2013, the top 50 users of the public intoxication safety service represented 23% of all ASC intakes).

Service Areas and Communities: The service areas and communities requested in this solicitation include the Anchorage Municipality area.

1.06 Program Funding

This RFP is for a 2.5 -year period, beginning mid-year FY2015, January 1, 2015, through June 30, 2017. At the discretion of the Department of Health and Social Services, an operating program funded under this RFP for FY 2015 may be considered for continued funding in subsequent program years, FY 2016 through FY 2017. The decision to continue funding for the subsequent years of the 2.5-year grant cycle is based on the following general conditions:

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

Match Requirements: The budget must include matching funds to equal no less than 10% 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.

Funds available for this program are anticipated to total $3,760,000 for the duration of the project. The intent of this RFP is to fund two distinct program operations targeted to the Anchorage area for 2.5 years of program operations. Individual grant proposal budgets may not exceed dollar amounts for each Category listed below **(it is up to the applicant to submit a proposal to the correct solicitation. Please review the Category listed on the solicitation carefully. Responding to the incorrect solicitation may result in not being funded**):

- **Category A- Assertive Community Treatment (ACT):** ACT team can request up to a total of $1,885,000 from this capital solicitation to fund an ACT team for the 2.5 year duration. Successful applicants of this program may be eligible to receive additional FY16-17 non-competitive operating grant awards in the amount of $2,215,000. Therefore, through the two fund sources the total amount available for 2.5 years of program operations totals $4,100,000 in grant funds. Where realistic, DBH operating funds will be utilized before capital funds (through this appropriation) are expended. The amount is based on an initial estimated case rate of $18,000 per person served, with the understanding that start-up operational funding will be needed until the team is fully staffed, serving 90-100 clients and able to bill other income sources for services. Grant funds will be decreased over time as programs build capacity to bill Medicaid for eligible services.

a. FY15 operations: $900,000 grant funds *(based on expectation of minimal Medicaid income and 6 months of operations)*
b. FY16 operations: $1,700,000 grant funds *(based on expectation to increase Medicaid billing and a full year of operations)*
c. FY17 operations: $1,500,000 grant funds *(based on expectation to increase Medicaid billing and a full year of operations).*

- **Category B- Intensive Case Management (ICM**) team can request up to a total of $1,875,000 from this capital solicitation to fund an ICM team for 2.5 years of operations. This amount is based on an approximate case rate of $15,000 per person served to fund both non-brokered and contracted services to the 50 clients served by the team. The total grant funds in this category for 2.5 years of operations totals $1,875,000. (Medicaid billings have not been considered a major fund source due to this population's unlikelihood of being considered Medicaid-eligible.)

a. FY15 operations: $375,000 *(based on expectations of minimal Medicaid income and 6 months of operations)*
b. FY16 operations: $750,000 *(based on expectations of minimal Medicaid income and a full year of operations)*
c. FY17 operations: $750,000 (*based on expectation of minimal Medicaid income and a full year of operations)*.

Where appropriate, grantees will be expected to utilize the funds in this grant or other relevant sources (such as Medicaid, Individual Services Agreements (ISA), Section 8 Housing Choice Voucher Program, Special Needs Housing Grant, HUD Continuum of Care subsidy and service programs, local funding, private donations, etc. to ensure that the target population has access to all necessary services and supports to ensure housing stability. To ensure affordable housing is available for program participants, DBH will prioritize allocation of DHSS rental subsidy vouchers to individuals receiving comprehensive services through this RFP. (The DHSS/AHFC "Moving Home Voucher Program" will serve up to 150 individuals statewide with targeted rental assistance to individuals who are Alaska Mental Health Trust Beneficiaries and are chronically homeless. Vouchers are allocated through an application process through DBH).

Funding Decisions: Funding decisions are based on Proposal Evaluation Committee (PEC) scores, applicant's thorough understanding of grant requirements, and willingness to align with the Housing First model. Future funding for subsequent years may be determined using a Performance Based-Funding methodology. Continued funding beyond year 2.5 of this grant cycle may be based on each grantee's progress, outcomes, and overall performance of grant conditions, expectations, deliverables, and availability of grant funding.

- Category A- ACT: due to the unique nature of ACT services and to maintain fidelity to the model, one agency must employ the entire ACT team staffing model. Multi-agency agreements for staffing are not recommended (for example, the psychiatrist must be dedicated to the ACT team and not on contract from another agency).
- Category B- ICM: although the grant award will be made to one grantee, it is expected that one agency will not be able to meet all of the needs of the target population. The successful applicant will submit a proposal that illustrates shared funding through potential subcontracts and Memorandum of Agreements (MOA's). These should clearly define the role of the ICM agency and the services being performed by the subcontractor(s) within the funding limitations. Subcontracts must be pre-approved by DBH and are subject to 7 AAC 78.180 (Subcontracts). It is up to the successful applicant to define the brokered vs. non-brokered services to create a collaborative model to comprehensively serve this high-needs population. This allows for some program flexibility as the successful applicant can creatively design a program to meet the needs of the target population.

Please note that all successful applicants must attend Change Agent conferences in Anchorage bi-annually. This 3-day meeting provides an opportunity for discussion, learning, networking, and meeting with DBH Program Managers. Attendees should include project lead staff and key stakeholder members.

DBH funding for Permanent Supportive Housing is limited. This project represents culmination of efforts to create more integrated and comprehensive service models for individuals with complex behavioral health needs. Depending on the outcome of this demonstration project, DBH will be pursuing ways to expand these models statewide through support of effective housing program models.

Match Requirements:

As required by DHSS grant regulations, all applicants must provide verification of matching community resources (cash or in-kind) equal to no less than 10% of the grant award amount. In keeping with the intent of this funding to create community ownership and sustainability of the change efforts being initiated with these grant funds, DBH's intention is to use the 10% match to assist communities in:

1. Diversifying their funding (beyond state grant funds);
2. Utilizing state grant funds to leverage other community, state, federal or foundation funding; and
3. Developing sustainability beyond the life of this 2.5-year grant cycle.

Proposed Budget: The proposal must contain both a detailed and narrative budget for FY15, 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 http://dhss.alaska.gov/fms/grants/Documents/DHSS%20Budget%20Guidelines.pdf. 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.

The proposal must also contain both a detailed and narrative budgets for FY16 AND FY17, 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. Please upload the Fy16 and FY17 budgets as one attachment and use the Excel Spreadsheet provided in the criteria.

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 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 DHSS must upload a copy of the Indirect Cost Rate Agreement in the "Agency Administration" 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.

It is expected that successful applicants will bill Medicaid and third party insurance for payment to the full extent possible. Successful applicants agree to adhere to all applicable Integrated Behavioral Health Services Regulations. In addition, for applicants who are not current Behavioral Health grantees, enrollment in the Alaska Medicaid program *will be* required, along with adherence to all regulations applicable to Community Behavioral Health Service Providers receiving money from DHSS,as well as the requirement of obtaining National Accreditation by June 30, 2015. These requirements are outlined in the Integrated Behavioral Health Services Regulations.

The following is a link to the Integrated Behavioral Health Services Regulations:
HTTP://DHSS.ALASKA.GOV/DBH/DOCUMENTS/PDF/BEHAVIORAL%20HEALTH%20INTEGRATED%20REGS%2010.1.2011.PDF

The following is a link to the Alaska Medicaid Health Enterprise system:
https://medicaidalaska.com/portals/wps/portal/EnterpriseHome

Please submit any questions related to becoming a new Behavioral Health grantee to the Grant Administrator listed on the first page of this solicitation.

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; 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.

Provide a brief history that demonstrates both sustainable financial and administrative capacity, and clinical and fiscal responsibility. Give a brief overview of prior experience providing same or similar services with wrap-around service programs, supportive housing, and homelessness outreach. The proposal must also include references and documentation from prior funders (State of Alaska or other granting organizations), and certifying/oversight agencies, of the successful delivery of the same or similar services. Documentation must clearly identify the time period over which services were provided, and the target population that was served. An example of relevant reference documents might include copies of recent site reviews, program audits, and documentation of the resolution of any findings contained in the review(s).

Category A- ACT: Successful applicants must meet the following criteria:

- Hold a current DHSS Approval from the Division of Behavioral Health as a Community Behavioral Health Services Provider, as defined in 7 AAC 70.030, for the provision of both clinic and rehabilitation services.
- At minimum, 3-5 years experience providing same or similar type services in Alaska.
- Demonstrate ability to provide non-brokered service delivery of intensive behavioral health services, as described in this RFP, within the timeframe outlined.

Category B- ICM: Successful applicants must meet the following criteria:

- Hold, or be eligible to obtain, a DHSS Approval from the Division of Behavioral Health as a Community Behavioral Health Services Provider, as defined in 7 AAC 70.030, for the provision of both clinic and rehabilitation services.
- At minimum, 3-5 years' experience providing same or similar type services in Alaska.
- Demonstrate ability to provide (or broker) intensive services, as described in this RFP, within the timeframe outlined.

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.

Applicants must submit resumes and job descriptions for key project personnel (See Criteria). Staffing available for the applicant agency must be sufficient to complete the goals and activities for FY15. Upon being awarded funding, the grantee will provide documentation of program-related staffing levels as part of the planning for program development and building capacity to provide Permanent Supportive Housing to the target population.

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 capability necessary to support the project.

1) Include a copy of the applicant's most recent financial audit, if it has not already been submitted to the appropriate state office (see audit section below) and a description of the resolution of any audit findings identified in that audit.

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

3) Submit a current organizational chart showing the relationship of this project to the other functions within the organization.

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: For fiscal years ending after December 31, 2003, if you expend $500,000 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: On March 31, 2008, changes to the State Single Audit Act became effective. 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) 465-8216

Facility(ies)/Safety and Service Access:

Given this grant is requiring that a majority of clinical contacts be performed in the natural community setting, a focus on facility-based care is not recommended. As the successful applicant forms partnerships to meet client need through subcontracting out part of the funding, selections about the facilities used for the grant initiative will be decided, outlining both the facilities and service access.

The final program plan will include the following detail about the service area:

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

Provide tangible demonstration of necessary partnerships and cooperative agreements as appendices to the proposal. Attach copies of agreements, which must be current and specifically address the services to be provided in this program.

Due to the comprehensive nature of services needed for the target population of this RFP, successful applicants will include a list of partners, including their agency and sector representation that will be supporting FY15-Year 1 activities. The list will identify the relevant contact persons within those agencies and briefly identify the activities coordinated with each partner. At a minimum, partners must include service provider agencies (for brokered/contracted services), designated HUD Continuum of Care (CoC) lead, Municipality of Anchorage Department of Health leadership, Mental Health Court system, the business community, local community council membership, and local shelter and emergency response system. Stakeholder groups will be asked to identify and involve critical community members and entities that are not already involved.

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's most recent register of Tax-exempt organizations, or be listed as a Nonprofit Corporation in good standing in the Alaska Department of Commerce, Community and Economic

Development's Corporation's Database. Nonprofit subsidiaries must also submit a letter from the parent organization confirming nonprofit status, or must have a current letter on file with the DHSS, Grants and Contracts Support Team.

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 3.06. 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 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 DHSS 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. Proposals are public documents and upon request to the Grants and Contracts contact on the cover page of the RFP, a copy may be provided to 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 (10) days before the deadline for receipt of proposals. This will allow issuance of any necessary amendments to all prospective applicants.

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.

A pre-proposal teleconference will be held October 30, 2014 from 1:00 PM to 3:00 PM. Please call 1-800-315-6338 and use pin code #37401.

3.04 Proposal Costs and Content

DHSS 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 2.5-year period, beginning January 1, 2015 through June 30, 2017. At the discretion of DHSS, 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 2.5-year grant cycle is based on the following general conditions:

1. DHSS'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;
4. the ability of the grantee and DHSS to agree on any adjustments in payments or service.

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 on the cover page of 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 grant of award has been issued.

ii. DHSS staff will evaluate each grant proposal for minimum responsiveness and other technical requirements, and eliminate nonresponsive 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 DHSS. 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.

1. 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, DHSS 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, consideration of staff recommendations and 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.
2. 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 DHSS 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:

William J. Streur, Commissioner
Department of Health & Social Services
P.O. Box 110601
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, DHSS 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) for both Category A (ACT) and Category B (ICM) Applicants

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 7AAC 78.030.

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

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100 for both Category A (ACT) and Category B (ICM) Applicants

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 Federal 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. Please fill out the attached document.	☑	
b	The tribe is listed on the Federal Register as an Alaska Native Entity recognized and eligible to receive services from the U.S. BIA, http://www.bia.gov/cs/groups/public/documents/text/idc-041248.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/doe2008map.pdf.)	☑	

4 Please sign the DHSS Assurances form.

Evaluation/Review Criteria		Review	Points
a	DHSS Assurances 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 contain 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	If applicable, the applicant's agency record in GEMS contains a current approved Federally Negotiated Indirect Cost Rate Agreement.	☑	
b	If 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.	☑	

7 If applicable, please complete and sign the Federal EEOP form.

Evaluation/Review Criteria		Review	Points
a	If applicable, the Federal EEOP form is completed, signed and dated by a person authorized to enter into legal agreements on behalf of the applicant. Write 'Not Applicable' if necessary.	☑	

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B) for both Category A (ACT) and Category B (ICM) Applicants

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

1 Please ensure prior year(s) reporting is complete and timely (including fiscal, narrative and data reporting).

Evaluation/Review Criteria		Review	Points
a	Prior year(s) reporting is complete and timely (includes fiscal, narrative and data reporting).	☑	

2 Please ensure that required audits have been submitted and prior year audit exceptions, if any, are resolved.

Evaluation/Review Criteria		Review	Points
a	Required audits have been submitted and prior year audit exceptions, if any, are resolved (verify at http://doa.alaska/gov/dof/ssa/ssainfo.html).	☑	

3 Prior year(s) activities meet proposed outcomes, and demonstrate effective delivery of services.

Evaluation/Review Criteria	Review	Points

a	Prior year(s) activities meet proposed outcomes and demonstrate effective delivery of services.	☑	

4 Program historically maintains required standards as demonstrated in quality assurance reviews, licensing or certification standards, etc.

Evaluation/Review Criteria		Review	Points
a	Program historically maintains required standards as demonstrated in quality assurance reviews, licensing or certification standards, etc.	☑	

4.04 For Category A (ACT) Applicants ONLY - Questions and Criteria related to Understanding of Program

1 Demonstrate your understanding of the solicitation and program intent as described in Section 1.01, Introduction & Program Description and 1.02 Program Goals and Anticipated Outcomes. Fill out the Draft Logic Model Evaluation Plan provided and attach it to this criteria. Refer to the example document titled "Items to be Included in Draft Evaluation Plan" in the Attachment section

Evaluation/Review Criteria		Review	Points
a	Proposal describes applicant's thorough understanding of Permanent Supportive Housing (i.e. affordable, choice of housing, use of housing as stable platform for recovery, voluntary and flexible services)	☐	6
b	Proposal demonstrates understanding of and willingness to follow Housing First philosophy (housing with no pre-conditions of sobriety or treatment compliance). Applicant goes beyond information provided in the RFP and describes how the Housing First philosophy will guide this project and be operationalized into the program.	☐	10
c	Applicant understands this solicitation contains a capital funding source for the duration of the solicitation, with a possibility for additional operating funding in FY16-17.	☐	2
d	Applicant includes discussion of performing vulnerability assessment to target population.	☐	2
e	Proposal demonstrates understanding of the goals and outcomes of the project (housing tenure, reduced recidivism).	☐	8

f	Applicant clearly identifies service category (ACT) and is consistent throughout application.	☐	2
g	Proposal describes how the service provider will follow the fidelity model and provide non-brokered services by a multi-disciplinary team, available 24/7, caseloads NTE 1:10, with 75% or more of contacts in the community.	☐	20
h	Proposal clearly describes applicants plan for forming a stakeholder group and includes the partners listed as required.	☐	8

4.05 For Category A (ACT) Applicants ONLY - Questions and Criteria Related to Planned Program Services/ Activities

1 Phase 1: Program Development & Community Outreach Phase- Describe Phase 1 proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the logic model. The applicant must also include a timeline for activities as an attachment to this criteria.

Evaluation/Review Criteria		**Review**	**Points**
a	The response demonstrates understanding of the purpose of Phase 1: Program Development & Community Outreach Phase (staffing, training, formation of community stakeholder group). Applicant demonstrates willingness to work with DBH Program Manager during this phase for development of program and evaluation plan.	☐	8
b	Applicant clearly describes how they will modify agency operations to ensure that direct care staff provides services in integrated community settings. 75% or more of contacts must be provided in community setting. (See Phase 1a)	☐	6
c	Applicant agrees to participate in DBH-provided start-up trainings and fidelity work with contracted ACT expert (see Phase 1a). Applicant describes working with DBH and third party evaluator within first 90 days of award to finalize evaluation plan.	☐	2
d	Applicant describes in their plan how they will conduct outreach to the community and formation of stakeholder groups, to include list of partners, and how input will be incorporated into program plans (See Phase 1c).	☐	6

e	The timeline for program development is reasonable.	☐	3

2 Phase 2: Client Outreach & Service Delivery Phase- Describe Phase 2 proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the logic model.

Evaluation/Review Criteria		**Review**	**Points**
a	The response demonstrates understanding of the purpose of Phase 2 (provide services as quickly as possible to outreach, identify, engage, assess, prioritize, and house individuals.	☐	8
b	Applicant describes how they will conduct active outreach to locate the target population.	☐	6
c	Applicant thoroughly describes how they will ensure a comprehensive health service array is available to the target population.	☐	20
d	The overall applicant response demonstrates thorough comprehension of attached Interim Program Standards for Assertive Community Treatment.	☐	20
e	Applicant includes description of how they will provide housing stability services with the goal of assisting clients to find and maintain housing.	☐	10
f	Applicant clearly describes how they will provide 24/7 staffing coverage to include mobile crisis assessment and intervention in the community (crisis hotline and dependence on other community emergency services is not adequate).	☐	6
g	Applicant discusses how they will separate provision of housing and services.	☐	3

3 Requirements for FY15: Describe FY15 proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the logic model.

Evaluation/Review Criteria	**Review**	**Points**

a	The response effectively describes how the applicant intends to meet the overall requirements of FY15 and appears reasonable (program development, formation of stakeholder groups, outreach to client populations, service delivery, and evaluation).	☐	8

4.06 For Category A (ACT) Applicants ONLY - Questions and Criteria Related to Program Evaluation & Reporting

As part of the continuing work to identify outcomes for success and improve services, grant programs will be required to align with DHSS's priorities and core services, as detailed in Section 1.04. This RFP is in alignment with the following *DBH Core Service: Develop and maintain a stable, accessible, and sustainable system of behavioral healthcare for Alaskans in partnership with providers and communities.*

1 Describe how the applicant's proposal addresses DHSS Priorities and Core Services and the Division's Core Service as detailed in Section 1.04. Fill out the Logic Model template provided and upload it to this criteria.

Evaluation/Review Criteria		**Review**	**Points**
a	Services are in alignment with DHSS's priorities and core services.	☐	4
b	Applicant includes 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. Evaluation plan is based on the contents of the RFP (at minimum includes program fidelity, housing tenure, recidivism, and behavioral health/treatment outcomes) and includes data collection strategies.	☐	12
c	Applicant agrees to participate in ongoing evaluation of the program for fidelity to Evidence-Based Practice.	☐	6
d	Applicant includes logic model that include goal(s), outcomes, outputs, resources and activities applicable to the proposed project and compliant with program intent.	☐	12

4.07 For Category A (ACT) Applicants ONLY - Questions and Criteria Related to Target Population and Service Area

1 Describe the target population (chronically homeless individuals with severe and persistent mental illness that have been unsuccessful in traditional mental health services) of the proposed project.

Evaluation/Review Criteria	**Review**	**Points**

a	Proposal clearly demonstrates understanding of the target population (chronically homeless individuals with severe and persistent mental illness that have been unsuccessful in traditional mental health services).	☐	6

4.08 For Category A (ACT) Applicants ONLY - Questions and Criteria Related to the Budget Detail and Narrative/Program Funding

1 Describe the proposed budget for FY15 of the program, including narrative, budget details, and matching funds availability with an understanding and commitment to required cash match. Attach as one document, the budgets for FY16 and FY17 on the Excel spreadsheet provided.

Evaluation/Review Criteria		Review	Points
a	The response satisfactorily describes the applicant's understanding of the funding scenario (possible multiple funding streams, utilization of other payer sources when applicable).	☐	6
b	The totals, overall and by line item, are correct, and the FY15 narrative and detail are mutually consistent.	☑	0
c	Cost line items are for allowable costs under 7 AAC 78.160, and are in compliance with project cost restrictions.	☑	0
d	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.	☑	0
e	Proposed budget is supportive of Program intent for Fy15-year 1, and costs are reasonable.	☐	8
f	Required match of 10% is clearly described.	☐	4
g	Applicant demonstrates understanding of decreasing grant funding as Medicaid income increases.	☐	10
h	If there are travel costs, ensure consistency with 7 AAC 78.160(h) & (i), and with any requirements or limitations imposed by the program.	☑	0

i	If there are equipment or sub-contract costs, ensure they are allowed by the Program and are consistent with 7 AAC 78.180 and 280.	☑	0

4.09 For Category A (ACT) Applicants ONLY - Applicants Qualifications - Criteria Relating to Personnel, Management and Facilities

Please note: Attachments will be required in this section.

1 Describe the previous experience that your agency has in providing supportive housing, homelessness outreach, or comprehensive wrap-around services to a high needs population (Section 2.01).

Evaluation/Review Criteria		Review	Points
a	The applicant's previous experience in providing the same or similar services or projects meets the requirements of the RFP.	☐	6
b	Applicant demonstrates understanding and experience complying with Alaska Medicaid Regulations, as well as demonstrated practice billing and reimbursement with state Medicaid system.	☐	6

2 Describe the staffing levels and the staff available for your agency. Include professional credentials and resumes of each key project personnel and administrative staff member. Please upload all such documents as a single attachment to this criteria.

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).	☐	6
b	Job descriptions support the intent of the RFP and the applicants proposed project.	☐	4
c	Administrative staff of the applicant agency are qualified as demonstrated by attached resume(s).	☐	2
d	Administrative capacity of the agency demonstrates capability to meet reporting and management needs.	☐	4

3 Describe the procedures that will be used to protect client confidentiality State and Federal standards.

Evaluation/Review Criteria		Review	Points
a	Proposal adequately addresses necessary procedures to protect client confidentiality and meets State and Federal standards.	☐	2

4.10 For Category A (ACT) Applicants ONLY - Demonstration of Support/Involvement and Service

1 Provide documentation (list) of community support for the applicant agency.

Evaluation/Review Criteria		Review	Points
a	Applicant has provided a list of partners with clear roles and expectations outlined.	☐	6
b	Applicant includes partnership support from statewide legal services advocacy organization, with commitment of legal assistance for target population.	☐	4

2 Describe how the applicant has or will identify and involve critical community members and entities in the community planning process. Attach MOA's, if applicable, to this criteria.

Evaluation/Review Criteria		Review	Points
a	Proposal adequately addresses the applicant's efforts to involve critical community members and entities in the community planning process.	☐	6

4.11 For Category B (ICM) Applicants ONLY - Questions and Criteria related to Understanding of Program

1 Demonstrate your understanding of solicitation and program intent as described in Section 1.01, Introduction & Program Description and 1.02 Program Goals and Anticipated Outcomes. Fill out the Draft Logic Model Evaluation Plan provided and attach it to this criteria. Refer to the example document titled "Items to be Included in Draft Evaluation Plan" in the Attachment section

Evaluation/Review Criteria		Review	Points
a	Proposal describes applicant's thorough understanding of Permanent Supportive Housing (i.e. affordable, choice of housing, use of housing as stable platform for recovery, voluntary and flexible services).	☐	6

b	Proposal demonstrates understanding of and willingness to follow Housing First philosophy (housing with no pre-conditions of sobriety or treatment compliance). Applicant goes beyond information provided in the RFP and describes how the Housing First philosophy will guide this project and be operationalized into the program.	☐	10
c	Applicants understand this solicitation contains funding for both brokered and non-brokered services.	☐	2
d	Applicant includes discussion of performing vulnerability assessment to target population.	☐	2
e	Proposal demonstrates understanding of the goals and outcomes of the project (housing tenure, reduced recidivism).	☐	8
f	Applicant clearly identifies service category (ICM) and is consistent throughout application.	☐	2
g	Proposal describes how the service provider will use a team for coordination of services, the team will provide more than just a service brokerage model, caseloads NTE 1:15-20, with a staffing model that reflects the needs of the target population.	☐	20
h	Proposal clearly describes applicants plan for forming a stakeholder group and includes the partners listed as required.	☐	8

4.12 For Category B (ICM) Applicants ONLY - Questions and Criteria Related to Planned Program Services/Activities

1 Phase 1: Program Development & Community Outreach Phase- Describe the Phase 1 proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the logic model. The applicant must also include a timeline for activities as an attachment to this criteria.

Evaluation/Review Criteria		**Review**	**Points**
a	The response demonstrates understanding of the purpose of Phase 1: Program Development & Community Outreach Phase (staffing, training, formation of community stakeholder group).	☐	8

b	Applicant clearly describes how they will modify agency operations to ensure that direct care staff provide services in integrated community settings. 75% or more of contacts must be provided in community setting. (See Phase 1a)	☐	6
c	Applicant describes working with DBH and third party evaluator within first 90 days of award to finalize evaluation plan.	☐	2
d	Applicant describes in their plan how they will conduct outreach to the community and formation of stakeholder groups, to include list of partners, and how input will be incorporated into program plans. (See Phase 1c)	☐	6
e	The tiemline for program development is reasonable.	☐	3

2 Phase 2: Outreach & Service Delivery Phase- Describe the Phase 2 proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the logic model.

Evaluation/Review Criteria		**Review**	**Points**
a	The response demonstrates understanding of the purpose of Phase 2 (provide services as quickly as possible to outreach, identify, engage, assess, prioritize, and house individuals)	☐	8
b	Applicant describes how they will conduct active outreach to locate the target population.	☐	6
c	Applicant thoroughly describes how they will ensure a comprehensive health service array is available to the target population.	☐	20
d	The overall applicant response demonstrates thorough comprehension of attached Interim Program Standards for Intensive Case Management.	☐	20
e	Applicant includes description of how they will provide housing stability services with the goal of assisting clients to find and maintain housing.	☐	10

f	Applicants clearly describe how they will provide regular operating hours, on-call crisis response during operating hours, on-call crisis response to landlords to resolve housing issues, and coordinate with community services to ensure access to appropriate crisis resources 24/7 as described in the Interim Program Standards.	☐	6
g	Applicant discusses how they will separate provision of housing and services.	☐	3

3 Requirements for FY15: Describe the FY15 proposed activities that support the goals and outcomes to be employed in the project. Proposed activities must match those summarized in the logic model.

Evaluation/Review Criteria		**Review**	**Points**
a	The response effectively describes how the applicant intends to meet the overall requirements of FY15 and appears reasonable (program development, formation of stakeholder groups, outreach to client populations, service delivery, and evaluation).	☐	8

4.13 For Category B (ICM) Applicants ONLY - Questions and Criteria Related to Program Evaulation & Reporting

As part of the continuing work to identify outcomes for success and improve services, grant programs will be required to align with DHSS's priorities and core services, detailed in Section 1.04. This RFP is in alignment with the following *DBH Core Service: Develop and maintain a stable, accessible, and sustainable system of behavioral healthcare for Alaskans in partnership with providers and communities.*

1 Describe how the applicant's proposal addresses DHSS Priorities and Core Services and the Division's Core Service as detailed in Section 1.04. Fill out the Logic Model template provided, fill it out and upload it to this criteria.

Evaluation/Review Criteria		**Review**	**Points**
a	Services are in alignment with DHSS's priorities and core services.	☐	4
b	Applicant includes 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. Evaluation plan is based on the contents of the RFP (at minimum includes program fidelity, housing tenure, recidivism, and behavioral health/treatment outcomes) and includes data collection strategies	☐	12

c	Applicant agrees to participate in ongoing evaluation of the program for fidelity to Evidence-Based Practice.	☐	6
d	Applicant includes logic model that include goal(s), outcomes, outputs, resources and activities applicable to the proposed project and compliant with program intent	☐	12

4.14 For Category B (ICM) Applicants ONLY - Questions and Criteria Related to Target Population and Service Area

1 Describe the target population (chronically homeless individuals identified as high users of the public intoxication safety patrol) of the proposed project.

Evaluation/Review Criteria		Review	Points
a	Proposal clearly demonstrates understanding of the target population (chronically homeless individuals identified as high users of the public intoxication safety patrol).	☐	6

4.15 For Category B (ICM)) Applicants ONLY - Questions and Criteria Related to the Budget Detail and Narrative/Program Funding

1 Describe the proposed budget for year one of the program, including narrative, details, and matching funds availability with an understanding and commitment to required cash match. Attach as one document, the budgets for FY16 and FY17 on the Excel spreadsheet provided.

Evaluation/Review Criteria		Review	Points
a	The response satisfactorily describes the applicant's understanding of the funding scenario (utilization of other payer sources when applicable).	☐	6
b	The totals, overall and by line item, are correct, and the FY15 narrative and detail are mutually consistent.	☑	0
c	Cost line items are for allowable costs under 7 AAC 78.160, and are in compliance with project cost restrictions.	☑	0
d	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.	☑	0

e	Proposed budget is supportive of Program intent for FY15, and costs are reasonable.	☐	8
f	Required match of 10% is clearly described.	☐	4
g	Applicant proposal includes subcontracts or MOA's that illustrate shared funding through partnerships. Applicant describes how they will ensure that services are comprehensive and the target population has access to needed services through partnerships (i.e. the funding follows the person).	☐	10
h	If there are travel costs, ensure consistency with 7 AAC 78.160(h) & (i), and with any requirements or limitations imposed by the program.	☑	0
i	If there are equipment or sub-contract costs, ensure they are allowed by the Program and are consistent with 7 AAC 78.180 and 280.	☑	0

4.16 For Category B (ICM) Applicants ONLY - Applicants Qualifications - Criteria Relating to Personnel, Management and Facilities

1 Describe the previous experience that your agency has in providing supportive housing, homelessness outreach, or comprehensive wrap-around services to a high needs population (2.01)

Evaluation/Review Criteria		**Review**	**Points**
a	The applicant's previous experience in providing the same or similar services or projects meets the requirements of the RFP.	☐	6
b	Applicant demonstrates understanding and experience complying with Alaska Medicaid Regulations, as well as demonstrated practice billing and reimbursement with state Medicaid system.	☐	6

2 Describe the staffing levels and the staff available for your agency. Include professional credentials and resumes of each key project personnel and administrative staff member. Please upload all such documents as a single attachment to this criteria.

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).	☐	6

b	Job descriptions support the intent of the RFP and the applicants proposed project.	☐	4
c	Administrative staff of the applicant agency are qualified as demonstrated by attached resume(s).	☐	2
d	Administrative capacity of the agency demonstrates capability to meet reporting and management needs.	☐	4

3 Describe the procedures that will be used to protect client confidentiality State and Federal standards.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposal adequately addresses necessary procedures to protect client confidentiality and meets State and Federal standards.	☐	2

4.17 For Category B (ICM) Applicants ONLY - Demonstration of Support/Involvement and Service

1 Provide documentation (list) of community support for the applicant agency.

Evaluation/Review Criteria		**Review**	**Points**
a	Applicant has provided a list of partners with clear roles and expectations outlined.	☐	6
b	Applicant includes partnership support from statewide legal services advocacy organization, with commitment of legal assistance for target population.	☐	4

2 Describe how the applicant has or will identify and involve critical community members and entities in the community planning process. Attached MOA's, if applicable, to this criteria.

Evaluation/Review Criteria		**Review**	**Points**
a	Proposal adequately addresses the applicant's efforts to involve critical community members and entities in the community planning process.	☐	6