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**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH CONTRACTS AND  
PROCUREMENT SERVICES**  
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August 9, 2013

**DMH-RFP-12 CITIES PROJECT**  
**REQUEST FOR PROPOSAL (RFP)**  
**AMENDMENT NUMBER TWO (2) – RM-13-RFP-150-MAI TCE-BY04-CPS**

TO ALL PROSPECTIVE OFFERORS:

**QUESTIONS AND ANSWERS**

<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
1	G-6	Clarification on Invoicing Instructions
<b>DMH RESPONSE: The Contractor shall submit, on a monthly basis, an original and three copies of each invoice to the following:” (Page 34, Section G-6).</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
2	G-5	Who is the COTR for the project?
<b>DMH RESPONSE: The COTR shall be Dr. Bazron (Page 38, Section G-5).</b>		

Question No.	RFP Section	Question
3		How would you define the consumers mental health issues, will there be some type of assessment tool provide to make a decision?
<b>DMH RESPONSE: The mental health needs of the consumers should be determined through the appropriate diagnostic process which shall be administered by a qualified mental health professional. The mandated screening and assessment tools are listed in section C.5.3.1 Required Screening Tools.</b>		
Question No.	RFP Section	Question
4		Do you have a Core Service Agency as one of the partner agencies or can you be a free standing agency that provides all of the services?
<b>DMH RESPONSE: The goal of the project is to develop an integrated system of care for individuals who need HIV/AIDS treatment, substance use disorders treatment, mental health services and supports or TANF support services. A free-standing clinic may serve as the lead or a partner agency. A Core Service Agency (CSA) must be included in the network designed to provide the integrated care to be delivered through this project.</b>		
Question No.	RFP Section	Question
5		Are the funds only available to TANF recipients or focus on a specific population?
<b>DMH RESPONSE: No, however some of the funding is specifically allocated for TANF families. The contractor is expected to serve individuals and families applying the appropriate cost principles and budget based on the funding streams outlined in Section C.6 and C.7.2 of the RFP.</b>		
Question No.	RFP Section	Question
6	G-6	Clarify funding in terms of "Funds are not presently available under this contract beyond September 30, 2013." (Page 38, Section G-6)
<b>DMH RESPONSE: The District Government operates on a fiscal cycle from October 1 to September 30 which covers a one year period. October 1 begins a new funding cycle.</b>		
Question No.	RFP Section	Question
7		Can DMH provide a list of providers?
<b>DMH RESPONSE: A full list of DMH providers can be found on the DMH website at <a href="http://www.dmh.dc.gov">www.dmh.dc.gov</a>.</b>		

Question No.	RFP Section	Question
8		Is the budget blended or how will the subcontractor be paid? Is it up to DMH to determine the price that goes to the subcontractor or will the lead contractor need to determine this?
<b>DMH RESPONSE: The lead agency shall be the Contracting entity and is expected to have direct relationships with any of its subcontractors. It shall not be DMH. All government contracting and subcontracting requirements, as stipulated in the Request for Proposal, shall be met by the Contractor.</b>		
Question No.	RFP Section	Question
9		Can there be a partner within the consortium who is a CBE that meets the subcontracting requirements?
<b>DMH RESPONSE: Yes, there can be a partner with the consortium who is a CBE.</b>		
Question No.	RFP Section	Question
10		How will the DATA be entered by three different programs?
<b>DMH RESPONSE: The Contractor shall enter all demographic, clinical, service and other required data into the DATA system. The successful Offeror can utilize grant funding for implementation of the DATA system. This shall allow the network to share information and download the GAIN-SS.</b>		

Question No.	RFP Section	Question
11		Will DMH be staffing at TANF locations? Is staffing required for the RFP?
<b>DMH RESPONSE: DMH shall be located at TANF sites to assist with assessment and referrals. The selected contractor shall not be required to provide staffing at the TANF locations.</b>		
Question No.	RFP Section	Question
12	B.2	Is the contractor responsible to include job training referrals?
<b>DMH RESPONSE: The contractor is expected to apply best practices to support families in their treatment and recovery, thereby removing the barriers to employment. The contractor is expected to provide a recommendation to DHS on the individual's present ability to engage in work and if their treatment needs serve as a barrier to employment. The contractor is expected to establish an appropriate plan with the individual to address these needs.</b>		
Question No.	RFP Section	Question
13		Is there an intake protocol to determine who can receive services? Is there an assessment tool to determine at risk persons?
<b>DMH RESPONSE: See question #3 above. The mandated screening and assessment tools are listed in section C.5.3.1 Required Screening Tools.</b>		
Question No.	RFP Section	Question
14		Who will be responsible for getting a person who does not receive benefits enrolled in this program?
<b>DMH RESPONSE: It is the applicant's responsibility to assist individuals in getting enrolled in eligible benefits. An individual cannot be excluded from the program because of their inability to pay.</b>		
Question No.	RFP Section	Question
15		How will it work for people who are not eligible for benefits?
<b>DMH RESPONSE: Contract funds can be used to cover the cost of care for individuals who do not meet the eligibility requirements for Medicaid or other third party billing. The applicant shall include an estimate of the number of people in this category to be served by the network.</b>		
Question No.	RFP Section	Question
16		Will the contractor be able to use finger prick testing versus Oral swab?
<b>DMH RESPONSE: Yes. Both procedures can be used to screen for HIV/AIDS.</b>		
Question No.	RFP Section	Question
17		What range of people will be served?
<b>DMH RESPONSE: The population to be served through this project is defined in section C.3.1 Mission and Goals</b>		
Question No.	RFP Section	Question
18		Is HVC testing provided?
<b>DMH RESPONSE: This is not specified in the contract requirements. The Substance Abuse and Mental Health Administration (SAMHSA) Project Officer has informed the government that the cost of conducting Hep C testing is not an allowable expenditure under the contract.</b>		

<b>DMH RESPONSE: A subcontracting plan is required only if your search for a CBE was successful, and if not, a formal request in writing to the Contracting Officer requesting a waiver because you were unsuccessful is required.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
19		Will there be funding for medical assistance?
<b>DMH RESPONSE: Please see the response to Question 15.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
20		Will there be resources for testing provided. Or will resources such as testing kits need to be purchased by contractor?
<b>DMH RESPONSE: Contract funds can be used to cover the cost of testing supplies. The applicant shall include an estimate of these costs in the budget submission.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
21		Can you provide any guidance on the size of the contract to be awarded?
<b>DMH RESPONSE: Not at this time.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
22		How large was the Substance Abuse and Mental Health Administration Minority AIDS Initiative Targeted Capacity Expansion Project (MIA-TCE) grant? How much of that award was awarded to DC? How many clients did the grant serve in DC?
<b>DMH RESPONSE: A grant award of \$4,075,125 was awarded to the District of Columbia for the MAI-TCE Project for multiple years. Since November 2012, over 1,300 individuals have been tested and referred to appropriate services.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
23		Approximately what proportion of the contract do you expect to go to administering the network of service providers versus providing direct services?
<b>DMH RESPONSE: The proportion of costs allocated to these activities should be based upon the network design and service delivery model proposed by the applicant.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
24		When do you expect the award to be announced?
<b>DMH RESPONSE: The target date of award shall be the first quarter of FY 2014.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
25		Will organizations located in wards other than 7 and 8 be considered?
<b>DMH RESPONSE: Yes, other wards can be considered.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
26	C.7	On page 23, Item C.7 indicates that DHS funding can only be used for individuals whose children are receiving TANF (under 300% of the Federal Poverty Level). Does this mean that the proposed network can only serve individuals whose children are receiving TANF? (Page 23, Section C-7).
<b>DMH RESPONSE: TANF funds are limited to TANF recipients and non-custodial parents of the children. The income of non – custodial parents of the children cannot exceed 300% of the FPL.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
27		Is the contract expected to include the cost of publicizing services?
<b>DMH RESPONSE: Yes, cost of publicizing services shall be included.</b>		
<b>Question No.</b>	<b>RFP Section</b>	<b>Question</b>
28		What are the chances that this contract will be funded beyond the base year, up to the full five years?
<b>DMH RESPONSE: As stated in the solicitation, the contract shall be awarded for one year and four one option years,</b>		

<b>depending upon the availability of funding.</b>		
Question No.	RFP Section	Question
29		Is it a requirement that the contractor has to be a CSA or not?
<b>DMH RESPONSE: A CSA must be a member of the network developed under this contract. There is no requirement that the CSA be the lead contractor.</b>		
Question No.	RFP Section	Question
30		Is a freestanding clinic not a CSA? Please clarify.
<b>DMH RESPONSE:</b>		
Question No.	RFP Section	Question
31		If not a CSA and the contractor provides a specialty does the contractor have to be a CSA?
<b>DMH RESPONSE: See the response to # 29.</b>		
Question No.	RFP Section	Question
32		Can a listing of CSAs be provided in order to know who to get involved?
<b>DMH RESPONSE: A list of the CSAs can be found on the DMH website.</b>		
Question No.	RFP Section	Question
33		Section C.5.2 Substance Abuse Staffing Requirements. The inclusion of CACs is self-evident, but I wondered why LPCs were not listed as an "and/or" with LICSWs since LPCs have standing as licensed professionals in DC?
<b>DMH RESPONSE: The applicant should indicate and justify the staffing requirement they plan to use to support service delivery in their response.</b>		
Question No.	RFP Section	Question
34		Can home health care be built into contract, if freestanding clinic?
<b>DMH RESPONSE: The District's State Plan Amendment (SPA) for Health Homes is in the process of being developed. It is anticipated that the SPA shall not be approved prior to the commencement of the contract. At this stage of the Health Home planning it is expected that only CSAs and Assertive Community Treatment (ACT) providers shall be eligible to become Health Homes. If the District's SPA is approved as currently being conceived, the CSA who is the lead or member of the selected network will be eligible to serve as a Health Home.</b>		
Question No.	RFP Section	Question
35		To be consistent with HAHSTA protocols and guidance, would the contractor be allowed to utilize the finger stick HIV rapid test instead of the oral swab HIV rapid test?
<b>DMH RESPONSE: Yes. Any standardized and licensed Rapid HIV Test can be used including the stick RHT.</b>		
Question No.	RFP Section	Question
36		How many people does DMH expect a contractor will serve through this opportunity?
<b>DMH RESPONSE: Approximately 1,500 individuals should be tested annually. This may include repeat RHTs.</b>		
Question No.	RFP Section	Question
37		Can the information described in C.6.2 reside in separate records (e.g. a mental health record and an electronic health record for medical information) as long as there is a way for this information to be shared amongst the integrated team?
<b>DMH RESPONSE: Yes. In accordance with HIPPA Standards, Alcohol and Drug Abuse Patient Records, 42 CFR, Substance Abuse this is allowable.</b>		

Question No.	RFP Section	Question
38		The text RFP states that a client/consumer who screens positive for a mental health condition on the GAIN SS should be linked to a Core Service Agency. However, Mr. Baron was clear in the conversation yesterday that if the client is presenting with mild to moderate mental illness without significant additional needs, then referral to an FQHC for behavioral health, or to a FSMHC, is appropriate. Please clarify.
<b>DMH RESPONSE: Even though a CSA must be a member of the network of the selected Contractor, they do not have to be the sole referral source for addressing all mental health needs. It may be appropriate that an individual with mild to moderate mental health be referred to a free standing mental health clinic (FSMHC) or a federally qualified health clinic (FQHC) that has the capacity to provide outpatient mental health services needed by the person receiving care.</b>		
Question No.	RFP Section	Question
39		Is there a format in responding to the RFP? Is there a template or expected format on how it should be written? They also asked if there was a maximum amount of pages that could be submitted.
<p><b>DMH RESPONSE: This answer is contained in Section L, Page 67, L.2.</b></p> <p><b>L.2.1 One original and four (4) copies of the written proposals shall be submitted in two parts, with one Titled "Technical Proposal" and the other Titled "Price Proposal". Proposals shall be typewritten in 12 point Times New Roman font on 8.5" by 11" bond paper and shall Not Exceed 25 Pages. Telephonic and facsimile proposals shall not be accepted by DMH. Each proposal shall be submitted in a sealed envelope conspicuously marked "Proposal in Response to Solicitation No. (insert solicitation number, title and name of Offeror)".</b></p> <p><b>L.2.3.1 The Technical Proposal shall be no more than 25 Single-Spaced Pages, One Side Only. DMH shall not consider any pages in excess of 25 pages to be a part of the Technical Proposal and shall not review or evaluate such pages. Contractor (s) shall address all of the requirements depicted in Section C – Scope of Work/Deliverable.</b></p>		

**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSALS REMAIN UNCHANGED.**

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipt of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Administration (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be received by the DMH/CPS no later than the date and time for closing.

Amendment Two (2)  
RM-13-RFP-150-MAI-TCE-BY04-CPS  
"12 Cities Project" Services Solicitation  
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Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number **RM-13-RFP-150-MAI TCE-BY04-CPS** may cause for rejection of any proposal submitted in response to the subject RFP.

Signed:

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Samuel J. Feinberg, CPPO, CPPB  
Director, Contracts and Procurement  
Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-13-RFP-150-MAI TCE-BY04-CPS**.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print or Type Name of Offeror