

REQUEST FOR APPLICATIONS

ISSUED BY

**The New Mexico Human Services Department
Behavioral Health Services Division**



FOR

**Substance Abuse Treatment Services for
Pregnant Women and Women with Dependent Children**

**P. O. Box 2348
Santa Fe, New Mexico 87504-2348
Brent Earnest, Secretary**

**ISSUE DATE: June 30, 2017
SOLICITATION #:18-630-7903-0001**

TABLE OF CONTENTS

I. GENERAL INSTRUCTIONS	2
A. PURPOSE OF THIS REQUEST FOR APPLICATIONS.....	2
Background Information	2
B. SCOPE OF RFA	3
C. FUNDING AVAILABILITY.....	3
D. PROJECT DESCRIPTION	3
E. RFA MANAGER	4
F. DEFINITION OF TERMINOLOGY	5
II. CONDITIONS GOVERNING THE RFA	6
A. SEQUENCE OF EVENTS	7
B. EXPLANATION OF EVENTS	7
C. GENERAL REQUIREMENTS.....	9
III. RESPONSE FORMAT AND ORGANIZATION	13
A. NUMBER OF APPLICATIONS	13
B. NUMBER OF COPIES	13
C. APPLICATION FORMAT	13
IV. EVALUATION.....	17
A. EVALUATION POINT SUMMARY	17
D. EVALUATION FACTORS	18
E. EVALUATION PROCESS.....	18
APPENDIX A.....	19
ACKNOWLEDGEMENT OF RECEIPT FORM.....	19
APPENDIX B	20
RFA COVER LETTER FORM	20
APPENDIX C.....	21
BUDGET FORM	21
APPENDIX D.....	23
BUDGET JUSTIFICATION	23
APPENDIX E	24
SAMPLE SCOPE OF WORK.....	24
APPENDIX F	33
SABG COMPLIANCE SUPPLEMENT.....	33

I. GENERAL INSTRUCTIONS

A. PURPOSE OF THIS REQUEST FOR APPLICATIONS

The Human Services Department, Behavioral Health Services Division (HSD/BHSD), is soliciting applications statewide for the provision of treatment services to pregnant women and women with dependent children who have substance use disorders. BHSD seeks to fund one or more programs to address the unmet needs of women and their families.

Applicants must demonstrate the ability to prioritize women's services to women as follows: service provision for all required services to: 1) pregnant substance users; 2) women substance users with dependent children; and 3) women substance users who are attempting to regain custody of their children. Women with dependent children, for the purposes of section 96.123 from the Federal Register/Vol.58, No. 60/Wednesday, March 31, 1993/Rules and Regulations include women who are attempting to regain custody of their children.

Applicants will be subject to all applicable federal block grant requirements and the comprehensive Alcohol and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended (42 U.S.C. Section 290 dd-1, et seq. and the Public Health Service Act 42 U.S.C. Section 300x et seq.), and 42 CFR (Code of Federal Regulations) Part 96, hereafter referred to as the "Act." For the detailed federal requirements of the substance abuse block grant, see **Appendix E: Sample Scope of Work**, <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXVII-partB.pdf>, and **Appendix F: SABG Compliance Supplement**.

Background Information

Based on information from the Substance Abuse and Mental Health Services Administration (SAMHSA), women are at risk of developing substance use disorders across ethnicities, age groups, and a variety of other socio-economic factors. Many women who develop substance use disorders have an underlying co-occurring mental health disorder and/or a history of trauma, which must be addressed along with substance abuse treatment and recovery. Pregnant women and women with dependent children are of particular concern to receive treatment services to prevent substance withdrawal among newborns and developmental disabilities as children grow, break the cycle of substance use within families, and help themselves and their children live healthy lives. While it's common for most women to face stigma for their substance use disorder, pregnant women and women with dependent children face significant stigma from their families, communities, and health care and other service providers which can impede their path to recovery. Pregnant women and women with dependent children in particular have complex behavioral health needs and require a coordinated, comprehensive, and compassionate approach to treatment services.

The core service requirements of the Women's Set-Aside funding are crucial to the ability of women with substance use disorders who are pregnant and/or parenting dependent children to access services, receive treatment, and live a healthy life in recovery with their families.

The funding for this program comes from the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR § 96.120-96.137), which implements the Title XIX, Part B, Subpart II and Subpart III of the Public Health Services (PHS) Act.

B. SCOPE OF RFA

The scope of the procurement shall encompass the requirements in this RFA including appendices. The effective date of proposed contract(s) issued as a result of this RFA is on or near August 28, 2017 and the contract(s) will end on June 30, 2018, with an option to renew, contingent on funding availability and satisfactory service provision, as determined by HSD/BHSD.

C. FUNDING AVAILABILITY

The anticipated amount to be awarded under this RFA is approximately \$850,000. The Division will fund one or more providers contingent upon complete, competitive applications received from Applicants who can demonstrate the capacity to provide the required core women's services as specified in the Project Description below, in addition to the overarching SABG requirements.

Successful applicants will enter into a contract with Falling Colors Corporation (FC), the Administrative Services Organization (ASO) for HSD/BHSD which is responsible for making payments to the successful applicant(s) based on HSD/BHSD-approved invoices for services provided. The HSD/BHSD will have overall programmatic oversight of the funded programs. The Division reserves the right to adjust the awarded amounts as needed to comply with state and federal funding and/or budget mandates, including possible reductions or increases in the budget.

D. PROJECT DESCRIPTION

Service Requirements

1. Applicants are to use evidence-based and/or evidence-informed substance abuse treatment service models.
2. Applicants are to be trauma-informed and deliver services using the principles of Trauma Informed Care (TIC).
3. Applicants are to be familiar with Recovery Oriented System of Care (ROSC) and apply the practice and principles of ROSC, ensuring that pregnant women and women with dependent children are connected with recovery supports and resources prior to discharge when there is an identified substance use disorder.
4. Applicants are to treat all families as a unit and will therefore admit both women and children into treatment services, as appropriate. Treating the family as a unit reduces barriers to treatment, improves outcomes for each family member, and has been found to reduce cost burden in non-behavioral health service areas such as criminal justice and foster care.
5. An Applicant must submit a response that addresses their capacity to provide or arrange for the provision of the following core services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:
 - a. Primary medical care for women, including referral for prenatal care, physical examinations, treatment of medical conditions and other comprehensive medical services and, while the women are receiving such services, child care. Reliable child care during substance abuse treatment is associated with longer treatment lengths, improved outcomes and sustained recovery;
 - b. Primary pediatric care, including immunization, physical examinations, treatment of medical conditions and other comprehensive medical services for their children;

- c. Gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, ascribed roles and gender expectations, sexual and physical abuse and parenting, and child care while the women are receiving these services. Effective gender-specific substance abuse treatment uses a strengths-based model, incorporates a trauma-informed orientation, promotes culturally competent services specific to women and incorporates an integrated, multidisciplinary approach;
 - d. Therapeutic interventions for children in custody of women in treatment which are age-appropriate and may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect, and;
 - e. Sufficient case management and transportation to ensure that women and their children have access to the above four services (Service Requirements, 6. a-d). Effective case management is client-driven and responsive to client needs, mobilizes formal and informal resources and services, and is pragmatic, anticipatory, flexible and culturally sensitive.
6. Applicants must also follow all federal substance abuse prevention and treatment block grant (SABG) requirements (see **Appendix E: Sample Scope of Work**, <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXVII-partB.pdf> and **Appendix F: SABG Compliance Supplement**).
 7. Applicants will also agree to follow all state-based requirements to ensure that staff can maintain licensure and certificate-appropriate skill level for the services provided. The Applicant will provide access to continuing education/training in prevention activities or treatment services or both.

E. RFA MANAGER

1. BHSD has assigned an RFA Manager who is responsible for the conduct of this RFA, whose name, address, and e-mail address are listed below:

Karen Dugas, MPH, Specialized Populations Liaison
 Human Services Department
 Behavioral Health Services Division
 P.O. Box 2348
 Santa Fe, NM 87504
 Fax: (505) 476-9274
 Email: karenj.dugas@state.nm.us

2. All deliveries of applications via express carrier must be addressed as follows:

Karen Dugas, MPH, Specialized Populations Liaison
 Human Services Department
 Behavioral Health Services Division
 37 Plaza la Prensa
 Santa Fe, NM 87507

Any inquiries or requests regarding this RFA shall be submitted in writing to the RFA Manager. Applicants may contact ONLY the RFA Manager regarding this RFA. Other BHSD employees or Evaluation Committee members do not have the authority to respond on behalf of the RFA Manager.

F. DEFINITION OF TERMINOLOGY

This section contains definitions of terms used throughout this RFA document, including appropriate abbreviations:

“Applicant” is any person, corporation or partnership that chooses to submit an application.

“Award” means the final execution of the contract document with Falling Colors Corporation.

“Business Hours” means 8:00 AM thru 5:00 PM Mountain Standard or Mountain Daylight Time, whichever is in effect on the date given.

“Close of Business” means 5:00 PM Mountain Standard or Daylight Time, whichever is in use at that time.

“Contract” means an agreement for the procurement of services entered into between BHSD or its designee, Falling Colors Corporation, and the successful Applicant.

“Contractor” means any business having a contract with BHSD or its designee, Falling Colors Corporation.

“Desirable” – the terms "may", "can", "should", "preferably", or "prefers" identify a desirable or discretionary item or factor.

“Evaluation Committee” means a body appointed to conduct the evaluation of the applications.

“Evaluation Committee Report” means a report prepared by the RFA Manager and the Evaluation Committee for contract award. It will contain written determinations resulting from the RFA.

“Finalist” means an Applicant who meets all the mandatory specifications of this Request for Applications and whose score on evaluation factors is sufficiently high to merit further consideration by the Evaluation Committee.

“Mandatory” – the terms "must", "shall", "will", and "required" identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.

“Minor Technical Irregularities” anything in the application that does not affect the price quality and quantity or any other mandatory requirement.

“Multiple Source Award” means an award of an indefinite quantity contract to more than one Applicant, for one or more similar services.

“Natural Supports” means relationships with family, friends, co-workers, neighbors and acquaintances, and are reciprocal. Natural supports help veterans develop a sense of social belonging, dignity and self-esteem. Further information can be found on the New Mexico Behavioral Collaborative web page at www.bhc.state.nm.us.

“RFA Manager” means the person or designee authorized by BHSD to manage or administer a Request for Applications (RFA) process.

“RFA Agency” means the New Mexico Human Services Department, Behavioral Health Services Division.

“Recovery Oriented System of Care (ROSC)” means services shall be anchored in the person-centered approaches that focus on the strengths and resiliency of individuals, families and communities to take responsibility for attaining long-term, sustainable recovery as developed at the 2005 SAMHSA *National Summit on Recovery Conference*. Further information can be found on the New Mexico Behavioral Collaborative web page at www.bhc.state.nm.us.

“Request for Applications (RFA)” means all documents, including those attached or incorporated by reference, used for soliciting applications.

“Responsible Applicant” means an Applicant that submits a complete application and that has furnished, when required, information and data to prove that its financial resources, production or service facilities, personnel, service reputation and experience are adequate to make satisfactory delivery of the services or items of tangible personal property described in the application.

“Responsive Application” or means an offer that conforms in all material respects to the requirements set forth in the request for applications. Material respects of a request for applications include, but are not limited to price, quality, quantity or delivery requirements.

“RFA Manager” means the person or designee authorized by the Agency to manage or administer a Request for Application (RFA) process.

“Staff” means any individual who is a full-time, part-time or an independently contracted employee with an Applicant’s company.

“Trauma Informed Care (TIC)” means behavioral health providers shall be aware of the pervasive, adverse impact of trauma commonly found with persons who are experiencing mental health and/or substance use disorders. The entire system of care shall be designed to be trauma informed to create a healing environment and evidenced-based or best practices shall be delivered to address trauma in the treatment process. Further information can be found on the New Mexico Behavioral Collaborative web page at www.bhc.state.nm.us.

II. CONDITIONS GOVERNING THE RFA

This section of the RFA contains the schedule, description and conditions governing the request for applications.

A. SEQUENCE OF EVENTS

The RFA Manager will make every effort to adhere to the following schedule:

Action	Responsible Party	Due Dates
1. Issue RFA	BHSD	6/30/17
2. Acknowledgement of Receipt Form	Potential Respondents /RFA Manager	7/14/17
3. Deadline to submit Questions	Potential Respondents	7/14/17
4. Response to Written Questions	RFA Manager	7/21/17
5. Submission of Applications	Potential Respondents	7/28/17
6. Application Evaluation	Evaluation Committee	7/31/17-8/4/17
7. Selection of Finalists	Evaluation Committee	8/7/17
8. Best and Final Offers	Finalist Respondents	If needed
9. Notice of Intent to Award Contract	RFI Manager	8/8/17
10. Negotiate and Finalize Contract	Parties to the Contract	8/9/17-8/25/17
11. Contract Execution	Parties to the Contract	8/28/17

B. EXPLANATION OF EVENTS

The following paragraphs describe the activities listed in the sequence of events shown in Section II. A. above.

1. Issuance of RFA

This RFA is being issued by the New Mexico Behavioral Health Purchasing Collaborative on behalf of the New Mexico Human Services Department on **June 30, 2017**.

2. Acknowledgement of Receipt Form and RFA Distribution List

Potential Applicants shall hand deliver, return by facsimile or by registered or certified mail the "Acknowledgement of Receipt of Request for Applications Form" that accompanies this document, **Appendix A: Acknowledgement of Receipt Form**, to have their organizations placed on the RFA distribution list. The form shall be signed by an authorized representative of the organization, dated and returned to the RFA Manager by 5:00 pm Mountain Standard /Daylight Time on **July 14, 2017**, as stated in Section II, A. SEQUENCE OF EVENTS.

The RFA distribution list will be used for the distribution of written responses to questions. Failure to return the Acknowledgement of Receipt form shall constitute a presumption of receipt and rejection of the RFA, and the potential Applicant's organization name shall not appear on the distribution list.

3. Deadline to Submit Written Questions

Potential Applicants may submit written questions to the RFA Manager as to the intent or clarity of this RFA until 5:00 p.m. Mountain Standard /Daylight Time **July 14, 2017**, as stated in Section II, A. SEQUENCE OF EVENTS. All written questions must be addressed to the RFA Manager as declared in Section I, Paragraph D.

4. Response to Written Questions

As indicated in the sequence of events, written responses to written questions will be distributed to all potential Applicants whose organization name appears on the RFA distribution list by 5:00 p.m. Mountain Standard /Daylight Time **July 21, 2017**, An e-mail copy will be sent to all Applicants that provide Acknowledgement of Receipt Forms described in II.B.2 before the deadline.

5. Submission of Applications

ALL APPLICATIONS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE RFA MANAGER OR DESIGNEE NO LATER THAN 3:00 PM MOUNTAIN STANDARD/DAYLIGHT TIME ON **July 28, 2017**, as stated in Section II, A. SEQUENCE OF EVENTS. Applications received after this deadline will not be accepted. The date and time of receipt will be recorded on each application.

Applications must be addressed and delivered to the RFA Manager at the address listed in Section I, Paragraph E. Applications must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the ‘Substance Abuse **Treatment Services for Pregnant Women and Women with Dependent Children, Solicitation #:18-630-7903-0001**. Applications submitted by facsimile, or other electronic means, will not be accepted.

A public log will be kept of the names of all Applicant organizations that submitted applications. Pursuant to Section 13-1-116 NMSA 1978, the contents of applications will not be disclosed to competing potential Applicants during the negotiation process. The negotiation process is deemed to be in effect until the contract pursuant to this Request for Applications is awarded. In this context “awarded” means all required signatures on the contract(s) resulting from the RFA have been obtained.

6. Application Evaluation

Applications will be evaluated by an Evaluation Committee. This process will take place on **July 31, 2017 to August 4, 2017**, as indicated in the sequence of events, depending upon the number of applications received. During this time, the RFA Manager may initiate discussions for the purpose of clarifying aspects of the applications with Applicants that submit responsive or potentially responsive applications. However, applications may be accepted and evaluated without such discussion. Discussions SHALL NOT be initiated by Applicants.

7. Selection of Finalists

The RFA Manager will notify the finalist Applicants selected by the Evaluation Committee as per schedule Section II. A., Sequence of Events, or as soon as possible.

8. Best and Final Offers

Finalist Applicants may be asked to submit revisions to their applications for the purpose of obtaining best and final offers. If this is needed, the subsequent dates in the “Sequence of Events” will be adjusted to allow for such.

9. Notice of Intent to Award Contract

Any Contractual agreement(s) resulting from this RFA will be finalized with the most advantageous Applicant(s). Based on the selection of the successful Applicant(s) by the Evaluation Committee and approval by BHSD, the RFI Manager shall send a Notice of Intent to Award to all Applicants on approximately **August 8, 2017**. This date is subject to change at the discretion of the OH/BHSD.

10. Negotiate and Finalize Contract

The Contract will be negotiated and finalized with the successful Applicant(s) between **August 9, 2017 – August 25, 2017**. This date is subject to change at the discretion of the BHSD.

The contract shall be awarded to the Applicant (or Applicants) whose applications are most advantageous to the BHSD, taking into consideration the evaluation factors set forth in this RFA. The most advantageous application may or may not have received the most points.

In the event that mutually agreeable terms cannot be reached with the apparent most advantageous Applicant in the time specified, the BHSD reserves the right to finalize a contractual agreement with the next most advantageous Applicant(s) without undertaking a new RFA process.

11. Contract Execution

The anticipated date for contract execution is **August 28, 2017**. This date is subject to change at the discretion of the BHSD.

C. GENERAL REQUIREMENTS

1. Acceptance of Conditions Governing the RFA

Potential Applicants must indicate their acceptance of the Conditions Governing the RFA section in the letter of transmittal. Submission of an application constitutes acceptance of the Evaluation Factors contained in Section IV of this RFA.

2. Incurring Cost

Any cost incurred by the potential Applicant in preparation, transmittal, and/or presentation of any application or material submitted in response to this RFA shall be borne solely by the Applicant. Any cost incurred by the Applicant for set up and demonstration of the proposed equipment and/or system shall be borne solely by the Applicant.

3. Prime Contractor Responsibility

Any contractual agreement that may result from this RFA shall specify that the prime contractor is solely responsible for fulfillment of all requirements of the contractual

agreement with BHSD which may derive from this RFA. The BHSD entering into a contractual agreement with a Contractor will make payments to only the prime contractor.

4. Subcontractors/Consent

The use of subcontractors is allowed. The prime contractor shall be wholly responsible for the entire performance of the contractual agreement whether or not subcontractors are used. Additionally, an Applicant shall disclose, in its application, plans for using subcontractors, if applicable. The prime contractor must receive written approval from the BHSD awarding any resultant contract, before any subcontractor is used during the term of this agreement.

5. Amended Applications

An Applicant may submit an amended application before the deadline for receipt of applications. An amended application must be a complete replacement for a previously submitted application and must be clearly identified as such in the transmittal letter. The BHSD personnel will not merge, collate, or assemble application materials.

6. Applicant's Rights to Withdraw an Application

Applicants will be permitted to withdraw their applications at any time prior to the deadline for receipt of applications. The Applicant must submit a written withdrawal request signed by the Applicant's duly authorized representative and addressed to the RFA Manager.

The approval or denial of withdrawal requests received after the deadline for receipt of the applications is governed by the applicable procurement regulations.

7. Application Offer Firm

Responses to this RFA, including application prices for services, will be considered firm for one hundred twenty (120) days after the due date for receipt of applications or ninety (90) days after the due date for the receipt of a best and final offer, if the Applicant is invited or required to submit one.

8. Disclosure of Application Contents

Applications will be kept confidential until negotiations and the award are completed by the BHSD. At that time, all applications and documents pertaining to the applications will be open to the public, except for material that is clearly marked proprietary or confidential. The RFA Manager will not disclose or make public any pages of an application on which the potential Applicant has stamped or imprinted "proprietary" or "confidential" subject to the following requirements:

- a. Proprietary or confidential data shall be readily separable from the application in order to facilitate eventual public inspection of the non-confidential portion of the application.
- b. Confidential data is restricted to:
 - i. Confidential financial information concerning the Applicant's organization.
 - ii. Data that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act, Sections 57-3A-1 to 57-3A-7 NMSA 1978.

- iii. PLEASE NOTE: The cost of services proposed **shall not be designated** as proprietary or confidential information.

If a request is received for disclosure of data for which an Applicant has made a written request for confidentiality, the BHSD shall examine the Applicant's request and make a written determination that specifies which portions of the application may be disclosed. Unless the Applicant takes legal action to prevent the disclosure, the application will be so disclosed. The application shall be open to public inspection subject to any continuing prohibition on the disclosure of confidential data.

9. No Obligation

This RFA in no manner obligates the BHSD to the use of any Applicant's services until a valid written contract is awarded and approved by appropriate authorities.

10. Termination

This RFA may be canceled at any time and any and all applications may be rejected in whole or in part when the BHSD determines such action to be in the best interest of the BHSD.

11. Sufficient Appropriation

Any contract awarded as a result of this RFA process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be effected by sending written notice to the Contractor. The BHSD decision as to whether sufficient appropriations and authorizations are available will be accepted by the Contractor as final.

12. Legal Review

The BHSD requires that all Applicants agree to be bound by the General Requirements contained in this RFA. Any Applicant's concerns must be promptly submitted in writing to the attention of the RFA Manager.

13. Basis for Application

Only information supplied, in writing, by the BHSD through the RFA Manager or in this RFA should be used as the basis for the preparation of applications.

14. Applicant Qualifications

The Evaluation Committee may make such investigations as necessary to determine the ability of the potential Applicant to adhere to the requirements specified within this RFA. The Evaluation Committee will reject the application of any potential Applicant who is not a Responsible Applicant or fails to submit a responsive offer.

15. Right to Waive Minor Irregularities

The Evaluation Committee reserves the right to waive minor irregularities. The Evaluation Committee also reserves the right to waive mandatory requirements in instances where all responsive applications failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the RFA. This right is at the sole discretion of the Evaluation Committee.

16. Change in Contractor Representatives

The BHSD reserves the right to require a change in contractor representative(s) if the assigned representative(s) is (are) not, in the opinion of the BHSD, adequately meeting the needs of the BHSD.

17. BHSD Rights

The BHSD in agreement with the Evaluation Committee reserves the right to accept all or a portion of a potential application.

18. Right to Publish

Throughout the duration of this RFA process and contract term, Applicants and contractors must secure from BHSD written approval prior to the release of any information that pertains to the potential work or activities covered by this RFA and/or /BHSD contracts deriving from this RFA. Failure to adhere to this requirement may result in disqualification of the application or removal from the contract.

19. Ownership of Applications

All documents submitted in response to the RFA shall become property of the BHSD.

20. Confidentiality

Any confidential information provided to, or developed by, the contractor in the performance of the contract resulting from this RFA shall be kept confidential and shall not be made available to any individual or organization by the contractor without the prior written approval of the BHSD.

The Contractor(s) agrees to protect the confidentiality of all confidential information and not to publish or disclose such information to any third party without the written permission of BHSD.

21. Electronic mail address required

A large part of the communication regarding this RFA will be conducted by electronic mail (e-mail). The Applicant must have a valid e-mail address to receive this correspondence.

22. Use of Electronic Versions of this RFA

This RFA is being made available by electronic means. In the event of conflict between a version of the RFA in the Applicant's possession and the version maintained by BHSD, the Applicant acknowledges that the version maintained by the BHSD shall govern.

23. Conflict of Interest; Governmental Conduct Act.

The Applicant warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

III. RESPONSE FORMAT AND ORGANIZATION

A. NUMBER OF APPLICATIONS

Applicants shall submit only one application in response to this RFA.

B. NUMBER OF COPIES

Applicants shall deliver:

1. One (1) original and 3 identical hardcopies of their application. Original and all copies shall be in separate labeled binders. All confidential information in the application shall be clearly identified and easily segregated from the rest of the application.
2. One (1) electronic version/copy of the application.
3. All Confidential Information shall be clearly identified and segregated on the electronic version mirroring the hard copy submitted.

Any application that does not adhere to the requirements of Section III, Response Format and Organization, may be deemed non-responsive and rejected on that basis.

C. APPLICATION FORMAT

All applications shall be submitted typewritten on standard 8 ½ x 11 inch paper and placed within a binder with tabs delineating each section. Larger paper is permissible for charts, spreadsheets and other graphics. Applications must be written in 12-point Times New Roman font and formatted with one-inch margins. The application is limited to 25 pages of narrative excluding the summary and forms.

1. Applicant Organization

Within each section of its application, Applicants shall address the items in the order in which they appear in this RFA. All forms provided in the RFA must be complete and included in the appropriate section of the application.

Any application that does not adhere to these requirements will be deemed non-responsive and may result in rejection or decreased competitiveness of the application on that basis.

The application shall be organized and indexed in the following format and shall contain, at a minimum, all listed items in the sequence indicated:

- a. Signed RFA Cover Letter (see “RFA Cover Letter” detail in #2 below)
- b. Table of Contents
- c. Application Summary (Optional)
- d. Response to Mandatory Specifications
- e. Response to Technical Specifications
- f. Other Supporting Material (optional)
- g. Cost Proposal
 - i. Response to Financial Stability (bulky attachments may be separate from bound application)
 - ii. Completed Cost Response Form
 - iii. Staffing Plans, Credentials, Resumes, Org Chart (from Technical Requirements, Question 6C(4))

- iv. Project Implementation Plan (from Technical Requirements, Question 6E[1])
- v. Letters of Support (from Technical Requirements, Question 6C[3])
- vi. Collaborative Agreements (from Technical Requirements, Question 6C[3])
- vii. Financial Documents (i.e. Copy of Audit, Profit/Loss Statement, Financial Policies)

2. Cover Letter Form

The application must be accompanied by the RFA Cover Letter Form located in **Appendix B: RFA Cover Letter Form** which must be completed and signed by an individual person authorized to obligate the company. The letter of transmittal shall:

- a. Identify the submitting organization;
- b. Identify the name, title, address and telephone number of the person(s) authorized by the organization to be contacted for clarification, negotiate the contract on behalf of the organization and contractually obligate the organization;
- c. Be signed by the person authorized to contractually obligate the organization;
- d. List Subcontractors and/or other collaborative partners and/or other entities which will be used in the performance of the resultant contract; and,
- e. Acknowledge receipt of any and all amendments to this RFA, if applicable.
- f. Provide a signed statement which explicitly indicates acceptance of the Conditions Governing the Procedures stated in Section II and compliance with all requirements as described in this RFA, including all appendices, attachments, written clarifications and amendments provided during the RFA process.

If the Applicant is unwilling or unable to comply with any terms, conditions, or other requirements of this RFA, the Applicant shall clearly describe any barriers to providing the stated services and include a complete plan for addressing these barriers during the funding term. Additionally, if the Applicant has any requirements from other funding sources that are contradictory with the stated requirements, or would prevent the Applicant from using the funding at any point during the stated funding term, the Applicant will clearly state these requirements and the funding source, and propose possible solutions for addressing this problem.

3. Table of Contents

The table of contents shall contain a list of material in the application and the page number where the information can be found.

4. Application Summary

An application summary is optional and may be included by the Applicant to provide the Evaluation Committee with an overview of the qualifications and other features of the application. This material will not be used in the evaluation process unless specifically referenced from other portions of the application.

5. Mandatory Specifications

The mandatory requirements section shall be organized and indexed in the following format and shall contain, as a minimum, all items listed below in the sequence indicated.

- a. Compliance and Acceptance Statement (accept/reject)**
The Applicant shall provide a signed statement which explicitly indicates acceptance of the Conditions Governing the Procedures stated in Section II and that the Applicant agrees to comply with all requirements as described in this RFA, including all appendices, attachments, written clarifications and amendments provided during the RFA process.

- b. Applicant's Additional Terms and Conditions (Optional) (accept/reject)**
This section is optional. The Applicant may propose additional terms and conditions for consideration.

If the Applicant is unwilling or unable to comply with any terms, conditions, or other requirements of this RFA, the Applicant shall clearly describe any barriers to providing the stated services and include a complete plan for addressing these barriers during the funding term. Additionally, if the Applicant has any requirements from other funding sources that are contradictory with the stated requirements, or would prevent the Applicant from using the funding at any point during the stated funding term, the Applicant will clearly state these requirements and the funding source, and propose possible solutions for addressing this problem.

6. Technical Specifications

The successful Applicant(s) will be implementing services for pregnant women and women with dependent children in one or all or any combination of the service needs described in this RFA. A total of **1000 points** may be scored in the evaluation pursuant to the following criteria:

- a. Organization and Coordination (150 Maximum Points)**
- i. Describe your agency's mission and purpose.
 - ii. Describe current and past experience in working with substance using pregnant women and women with dependent children and/or their families in each of the service areas you are proposing to address with your program. Describe your agency's support of the proposed project.
 - iii. Describe coordination of services among mental health, social welfare and other relevant agencies to meet identified needs of the designated population. Attach collaborative agreements, if available.
 - iv. Describe the current strengths and weaknesses in your agency's working relationship with and ability to make referrals to other community service agencies, including managed care organizations (MCO's) and agencies providing prenatal, pediatric and primary health care.
 - v. Provide three (3) current letters of support from mental health, social welfare and other relevant community partners for the proposed project.
 - vi. Attach documents, immediately following the budget narrative, detailing staffing plans and credentials of staff and project staff, resumes of principle administrative and clinical staff and organizational chart. If Applicable, MOUs should be attached.

- vii. Describe your agency's ability to begin the project upon the receipt of a contract.

b. Population and Need (150 Maximum Points)

- i. Describe the population of substance using pregnant women and women with dependent children and their families to be served in your geographic service area. Describe the admission criteria you will use to ensure participants meet criteria for this project.
- ii. Provide the minimum number of individuals to be served; cite the basis for this number.
- iii. Describe the cultural relevance of the proposed project to ethnic and racial minorities and other populations experiencing culturally-based health disparities among the designated population. Describe your plan to deliver linguistically appropriate services.
- iv. Describe appropriateness and accessibility of community services agencies to which you would refer clients for required services. How will the proposed project access these services and what service gaps will the project address?
- v. Describe the ability of the community service partner agencies to provide services that are trauma-informed, recovery-oriented and culturally competent.

c. Service Description (400 Maximum Points)

- i. Describe, in detail, the proposed project and how it will meet the needs of the designated population. Identify the services offered by this project and how they will be provided. Provide a project implementation plan with tasks, time-frames and key staff identified.
 - a) Describe what Evidence-Based Practices (EBPs) or best practice treatment services your program will provide and the credentials of staff providing the services.
 - b) Describe programming and services your agency will provide to meet the unique needs of substance using pregnant women and women with dependent children and their families. In particular, describe the gender-specific substance use disorder treatment and other therapeutic interventions for women your agency will use and how you will approach treating the family as a unit.
 - c) Describe how you will address co-occurring mental health and substance use disorders, if applicable.
 - d) Describe how you will address other identified needs to support women's long-term recovery to include, housing, employment, recreation, daily living skills, education or vocational needs to ensure women have the resources they need to support their immediate and long-term needs.
- ii. Describe current and anticipated service barriers that may be encountered by your project and strategies for overcoming these barriers.
- iii. Describe public awareness/educational activities to the community and potential clients.
- iv. Describe how you will provide and ensure that all service provision meets the requirements of Trauma Informed Care (TIC).

- v. Describe how you will provide and ensure that all service provision meets the requirements of Recovery Oriented Systems of Care (ROSC).
 - vi. Discuss your overall strategies to empower the women and their families to develop stability and long-term recovery.
 - vii. Explain how you will maintain treatment records that conform to all applicable laws including State licensing and national certification board standards along with medical, financial and administrative records.
 - viii. Describe your sustainability plan for this program if funding is not renewed.
- d. Program Evaluation/Quality Assurance (150 Maximum Points)**
- i. Identify and describe your system for measuring treatment outcomes.
 - ii. Describe your agency's Quality Assurance process. How will the proposed project be included in this process?
 - iii. Describe your system for documenting and reporting services provided and clients served. Describe its strengths and areas needing improvement.
 - iv. How will you know if your project is successful?
- e. Financial Stability (150 Maximum Points)**
- i. Describe the qualifications and experience of the person(s) responsible for financial management of the proposed project. Resume(s) are required.
 - ii. If your organization is required to obtain an audit, please provide a copy of the audit. Include the audit opinion, the balance sheet, and statements of income, retained earnings, cash flows, and the notes to the financial statements.
 - iii. If your organization was not required to submit an audit (i.e., if your organization's operating budget is less than \$500,000 in federal funds per year), please explain why and attach your organization's profit/loss statement and/or balance sheet for past 12 months.
 - iv. In a brief paragraph, describe financial controls that ensure the financial integrity of all organizational funds. Please provide a copy of any formal financial policies and procedures used by your agency that are related to these controls.
 - v. What other funding sources do you have, and do any of your funding requirements have any impact on your ability to provide services as required in this project?
 - vi. Please complete the attached Line Item Budget (**Appendix C: Budget Form**). Please ensure the budget and budget justification (**Appendix D: Budget Justification**) are complete, accurate, show the relevance to the project being proposed, and the evidence of need.

IV. EVALUATION

A. EVALUATION POINT SUMMARY

The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential applications by sub-category.

Factors – Correspond to Section C. Application Format	Points Available
Technical Specifications	
C. 5.a. Compliance and Acceptance Statement	accept/reject
C.5.b. Applicant’s Additional Terms and Conditions	accept/reject
Mandatory Specifications	
C. 6 a. Organization	150
C. 6 b. Needs Assessment	150
C. 6 c. Program Description	400
C. 6 d. Program Evaluation/Quality Assurance	150
C.6 e. Financial Stability/Budget	<u>150</u>
TOTAL	1000

B. EVALUATION FACTORS

Points will be awarded based on the thoroughness and clarity of the response, the breadth and depth of the engagements cited and the perceived validity of the response.

C. EVALUATION PROCESS

1. All applications will be reviewed for compliance with the requirements and technical specifications stated in the RFA. If the application is incomplete, it will be deemed non-responsive. Applications deemed non-responsive will be eliminated from further consideration.
2. The RFA Manager may contact the Applicant for clarification of the response as specified in Section II. B.6.
3. The Evaluation Committee may include other sources of information to perform the evaluation as specified in Section II. C.14.
4. Responsive applications will be evaluated on the factors in the technical specifications, which have been assigned a point value. The Responsible Applicants with the highest scores will be selected as finalist Applicants, based upon the applications submitted. The Responsible Applicants whose applications are most advantageous to the BHSD, taking into consideration the evaluation factors in Section IV, will be recommended for award (as specified in Section II. B.9). Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of overall score.

APPENDIX A
REQUEST FOR APPLICATIONS
ACKNOWLEDGEMENT OF RECEIPT FORM

For
Substance Abuse Treatment Services for Pregnant Women
and Women with Dependent Children

In acknowledgement of receipt of this Request for Applications the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with APPENDIX F.

The acknowledgement of receipt should be signed and returned to the RFA Manager no later than **July 14, 2017**. Only potential Applicants who elect to return this form completed with the indicated intention of submitting an application will receive copies of all Applicant written questions and the written responses to those questions as well as RFA amendments, if any are issued.

FIRM: _____

REPRESENTED BY: _____

TITLE: _____ PHONE NO.: _____

E-MAIL: _____ FAX NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

This name and address will be used for all correspondence related to the Request for Applications.

Firm does/does not (circle one) intend to respond to this Request for Applications.

Karen Dugas, MPH, Specialized Populations Liaison
RFA Manager
Human Services Department
Behavioral Health Services Division
P.O. Box 2348
Santa Fe, NM 87504
Fax: (505) 476-9274
Email: karenj.dugas@state.nm.us

APPENDIX B
RFA Cover Letter

RFA Name and Number: _____

Applicant Name: _____

Items #1 to #7 EACH MUST BE COMPLETED IN FULL Failure to respond to all seven items WILL RESULT IN THE DISQUALIFICATION OF THE APPLICATION!

1. **Identity (Name) and Mailing Address** of the submitting organization:

2. Person authorized by the organization to contractually obligate on behalf of this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

3. Person authorized by the organization to negotiate on behalf of this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

4. Person authorized by the organization to clarify/respond to queries regarding this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

5. Use of Sub-Contractors (Select one)*

____ No sub-contractors will be used in the performance of any resultant contract OR

____ The following sub-contractors will be used in the performance of any resultant contract:

6. Please describe any relationship with any collaborative partners and/or other entities (other than Subcontractors listed in (5) above) which will be used in the performance of any resultant contract.*

7. Please acknowledge receipt of any and all amendments to this RFA, if applicable.

_____, 2017
Authorized Signature and Date (Must be signed by the person identified in item #2, above.)

***Attach additional sheets of paper, as necessary**

APPENDIX C
BUDGET FORM
 (1 of 2)

The Budget Form must be completed by all Applicants specifying the amount of funds you are requesting under this RFA. Specify how funding will be allocated to achieve the performance outcomes using the budget form. Add additional lines as necessary. A narrative detailing and justifying each line item budget is required on the Budget Narrative Form.

BHSD BUDGET REQUEST	Part/ Full Time? (If part time include number of hours)	Total Salary (from all sources)	Hourly Rate	% Time Devoted to this Project	Salary Requested for this Project	Fringe Benefits Requested for this project	Total Salary and Fringe Benefits Requested
Personnel Services							
Position Title:							
Position Title:							
Position Title:							
Position Title:							
Position Title:							
Mileage:							
Per Diem:							
Supplies							
Equipment:							

APPENDIX C
BUDGET FORM
 (2 of 2)

Rent:										
Utilities:										
Other:										
Other:										
Other:										
GRAND TOTAL										

APPENDIX D BUDGET JUSTIFICATION

Applicant Name: _____

Please provide a detailed, written justification for each budget line item requested on Page 1 of Appendix D. Include the line item description, the requested funds for each line item and the narrative justification. Be specific on how you arrived at the cost. For example, use mileage rates x number of miles to justify mileage costs. Provide projected monthly costs for each operating cost requested.

Also provide a narrative on how your budget will change if funding were renewed in subsequent years, contingent on funding availability and satisfactory service provision.

Unallowable costs: purchase or improvement of land; purchase of vehicles (though vehicles may be leased); major construction/reconstruction or major remodeling of any building or other facility; purchase of major medical equipment; cash payments to intended recipients of health services; hypodermic needles or syringes so that the intended recipients may use illegal drugs; administrative costs or overhead unrelated to direct service provision by clinical providers; and inherently religious activities, such as worship, religious instruction, or proselytization.

APPENDIX E
SAMPLE SCOPE OF WORK
(1 of 9)

(Contract Awardee Name)

FY18
(July 1, 2017 – June 30, 2018)

The Vendor shall perform this Scope of Work for SFY18 which is hereby incorporated and made a part of the Agreement. Except for the foregoing, all other aspects of the Agreement shall remain in full force and effect.

Vendors are responsible for outcomes associated with the goals, objectives, and activities of this Scope of Work. While allocations are being provided, please note that allocations are subject to change and may change in the future contingent upon but not limited to, funding availability and expenditure rates. Expenditure rates will be closely monitored in SFY18 and funds will be reallocated, as necessary.

FUNDING STREAM INFORMATION

Funding Stream: (to be released upon signed contractual agreement)

PROGRAM PURPOSE: Substance Abuse Treatment Services for Pregnant Women and Women with Dependent Children

SERVICE REQUIREMENTS; PROGRAM DESCRIPTION; SPECIAL REQUIREMENTS; FEDERAL FUNDING; DELIVERABLES AND REPORTS

Scope of Work Part I

SERVICE REQUIREMENTS

The Vendor is required to adapt and incorporate the following concepts in the provision of services:

- A. Person Centered Planning (PCP) does not pathologize a person by their diagnosis or behavior and instead looks at all dimensions of wellness. It considers a person in their environment and the factors that impact their life, goals, successes and challenges. The American Psychological Association (APA) describes PCP as the person in service being “the fulcrum around which all discussions, planning, interventions, evaluations, etc., occur...” (APA, 2014). The 8.314.5 New Mexico Administrative Code (NMAC) defines PCP as addressing the “health and long term services and support needs in a manner that reflects individual preferences and goals”. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines person-centered as consisting of respective and responsive care including “participation of patients and their families in the decision-making in all aspects of treatment and recovery planning and management. The patient’s

(2 of 9)

self-management of their own recovery is central to improving the quality of care” (SAMHSA, 2008). Additional information is available at: <https://www.samhsa.gov/section-223/care-coordination/person-family-centered>

Additional information is available at



(SAMHSA, Eight Dimensions of Wellness)

B. Trauma-Informed Care (TIC) means that behavioral health providers are aware of the pervasive, adverse impact of trauma commonly found with persons who are experiencing mental health and/or substance use disorders. The entire system of care is therefore designed to be trauma informed to create a healing environment that utilizes evidenced-based best practices in the treatment process from intake to discharge.

Additional information is available at:

http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/

C. Evidence-based programs are practices or programs that have been shown to have positive outcomes through high quality research. SAMSHA funds the National Registry of Evidence-based Programs and Practices (NREPP). A comprehensive list of EBP's can be found at: <http://www.samhsa.gov/nrepp>

D. Recovery Oriented Systems of Care (ROSC) is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. The well-being of the individual is maintained and is the focus of the systems that are in place to keep that person in recovery. Recovery-oriented activities include providing a menu of traditional treatment services and alternative therapies, including peer recovery coaching, acupuncture, meditation, and music and art therapy. Recovery support services, including employment assistance, child care, care management and housing support, may enhance the engagement of individuals and their families in achieving and sustaining recovery. Additional information can be found at:

<http://www.samhsa.gov/partners-for-recovery/resources-and-links>

Examples of Recovery-Oriented Activities:

Prevention	Intervention	Treatment	Post-Treatment
<ul style="list-style-type: none">• Early screening before onset• Collaborate with other systems, e.g., Child welfare, VA.• Stigma reduction activities• Refer to intervention treatment services	<ul style="list-style-type: none">• Screening• Early intervention• Pre-treatment• Recovery support services• Outreach services	<ul style="list-style-type: none">• Menu of treatment services• Recovery Support services• Alternative services and therapies• Prevention for families and siblings of individuals in treatment	<ul style="list-style-type: none">• Continuing care• Recovery support services• Check-ups• Self-monitoring

(Retrieved from: http://pfr.samhsa.gov/docs/ROSC_Resource_Guide_Book.pdf)

E. Cultural competency establishes culturally and linguistically appropriate goals, policies, and management accountability, and infuses them throughout the organization's planning and operations. Cultural competency considers the well-being of the individual in their entirety within the perspective of their identified culture. The organization should have policies and procedures that move past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography) by offering gender responsive services, recognition of the healing value of traditional cultural connections, and consideration of historical trauma. Cultural considerations should include marginalized populations such as LGBTQ and those of veteran, minority, and low socio-economic status. Competence is then expressed in effective, equitable, understandable, and respectful quality of care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs whenever possible and in accordance with appropriate state board and ethical standards of care. Additional information can be found at: <https://www.thinkculturalhealth.hhs.gov/clas>

Scope of Work Part II:

PROGRAM DESCRIPTION

Substance abuse treatment services in this agreement include provision of services to pregnant women and women with dependent children who have substance use disorders. These non-Medicaid related behavioral health services that are provided under this Scope of Work using SAPT Block Grant funds shall be subject to all applicable federal block grant requirements and the comprehensive Alcohol and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended (42 U.S.C. Section 290 dd-1, et seq.) and the Public Health Service Act 42 U.S.C. Sections 300x, et seq., and 42 CFR (Code of Federal Regulations) Part 96 hereafter referred to as the “Act” which includes but is not limited to the requirements outlined below.

Vendors must apply all funds to provision of direct services. No funds may be used to support administrative costs or for the purchase of land; construction, reconstruction or major improvements to buildings or other facilities; purchase of major medical equipment; purchase of vehicles (though vehicles may be leased); cash payments to intended recipients of health services; hypodermic needles or syringes so that the intended recipients may use illegal drugs; administrative costs or overhead unrelated to direct service provision by clinical providers; or for inherently religious activities, such as worship, religious instruction, or proselytization.

Vendor shall provide or arrange for the following specialized services when appropriate:

1. Primary medical care for women who are receiving substance abuse services, including prenatal care and while women are receiving such treatment, child care;
2. Primary pediatric care for their children including immunizations;
3. Gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address issues of sexual and physical abuse and neglect; and
5. Sufficient case management and transportation services to ensure that women and their children have access to the services provided by items (1) through (4).

Additionally, Vendors will also comply with the following requirements of the Substance Abuse Prevention and Treatment Block Grant (SABG):

1. Capacity Management Systems, or waiting lists, are mechanisms for tracking and managing the flow of clients coming into treatment and for managing, maintaining contact with, and retaining clients who cannot be admitted when providers are at capacity. Capacity Management Systems are designed to increase access to substance use disorder treatment, serve more people more quickly, document need for services, capitalize on clients’ motivation to enter treatment, and target populations that represent a greater degree of risk to themselves, their communities or others if their use is not interrupted. Pregnant women who use substances may be putting their fetuses at risk of harm; likewise, individuals who inject drugs may be at greater risk of contracting and transmitting infectious diseases. Both

populations merit priority in admissions to treatment programs. Thus, vendors will maintain a Capacity Management System that will ensure:

- a. Monthly reporting to BHSD by all substance abuse service providers their service capacity, specifically as to their ability to serve intravenous drug users, pregnant injecting drug users, and pregnant substance users;
 - b. Interim services are provided and appropriate referrals made when 90% capacity is reached by any individual substance abuse service provider within federally-prescribed timelines for all populations being served; and
 - c. Update BHSD on a weekly basis when provider has reached 90% capacity.
 - d. Document and report monthly to BHSD their waiting list for substance abuse treatment services. Include in the report:
 - i. Individuals on the list, with a unique identifier code assigned and priority population identification, with preference in admission to treatment given in the following order:
 - a) Pregnant women who inject drugs;
 - b) Other pregnant clients;
 - c) Others who inject drugs, including women with dependent children;
 - d) Others, including women with dependent children.
 - ii. Length of time on the list (date placed on the list, date removed, and reason why);
 - iii. Interim service provisions, including the specific services being provided, the agency(ies) to which the individual was referred, and the date(s) referred;
 - iv. Maintenance of contact with each individual waiting admission, with first follow-up contact made by three (3) weeks from date placed on the list, and minimum monthly contact thereafter; and
 - v. Date admitted to treatment or referral to another program, specifically for substance abusing women, due to insufficient capacity to admit the individual and/or due to not being able to meet the individual's needs, with name of agency to which the individual was referred and date of referral.
2. Vendors will agree to the following procedures regarding interim services for all women: At a minimum, the following interim services for all women must include:
- a. Education and counseling about human immunodeficiency virus (HIV) and tuberculosis (TB) to include information on the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur;
 - b. Referrals for HIV and TB testing and treatment to the Department of Health (DOH), if necessary;
 - c. Provision of supportive services that foster on-going engagement of women waiting to access substance abuse treatment services, including Comprehensive Community Support Services (CCSS);
 - d. Referrals to primary medical care;
 - e. Referrals to child care and/or therapeutic day care;
 - f. Referrals to primary pediatric care for their children, to include immunizations;

(6 of 9)

- g. Referrals based on individual assessments that may include, but are not limited to, self-recovery groups; sources for housing, food and legal aid; additional CCSS; children's services; medical services; and Temporary Assistance to Needy Families (TANF) Services; and
 - h. Educational materials provided to all women on the above topics and services.
- 3. Services to Pregnant Women: Pregnant women are a Priority Population as defined by the SABG requirements. Therefore, Vendors will give preference in admission to treatment services to pregnant women, women with dependent children, and women who are attempting to regain custody of their children. All programs will treat the family as a unit and therefore will admit both women and their children into treatment services, if deemed appropriate. Substance using pregnant women and their families must be referred to another program or must be provided with interim services, no later than 48 hours after seeking treatment. If circumstances occur in which there are no other options and a pregnant woman must be provided interim services and/or placed on a waiting list,
 - a. Interim Services for Pregnant Women: Substance using pregnant women receiving interim services must be placed as "high priority" on the actively managed waiting list for program admission. In addition to the minimum interim services included for all women, substance using pregnant women will also receive the following mandatory interim services:
 - i. Referral for prenatal care; and
 - ii. Education on the effects of alcohol and drug use on the fetus.
 - b. Waiting List: Vendors will use the following procedure regarding pregnant women being placed on a waiting list as defined by the SABG requirements. If circumstances occur in which there are no other options and a pregnant woman must be placed on a waiting list, the following must occur:
 - i. Vendors must immediately notify the BHSD SABG WS Program Manager, Karen Dugas, Specialized Populations Liaison, via the preferred contact method specified, once the contract is awarded. The notification must include:
 - a) The reason why the pregnant woman is being placed on the waiting list;
 - b) If the pregnant woman is being placed on a waiting list due to her request then the specific circumstances need to be outlined in the notification; and
 - c) Documentation of the interim services to be provided to the pregnant woman while she is on the waiting list.
 - ii. Vendors must continue to notify the BHSD SABG WS Program Manager daily via email until the pregnant woman is processed and placed into treatment.
- 4. Vendors will maintain a quality assurance process that provides, manages, tracks, evaluates, and reports the routine screening or referral for testing and/or treatment of clients infected with or at risk of infection from TB, HIV, hepatitis C, or sexually transmitted infections.

(7 of 9)

5. Vendors will comply with the requirements governing the Charitable Choice regulations in 42 CFR Parts 54 and 54a. If the Vendor is a faith-based organization, the Vendor will forward to BHSD (as the responsible unit of government) a report based on this requirement. The required report will include, at a minimum, the number of referrals made to alternative services. Vendors that receive federal funds will:
 - a. Give notice of the right to alternative services to all potential and actual program beneficiaries (service recipients);
 - b. Refer program beneficiaries to alternative services; and
 - c. If the Vendor is a religious organization, provide a referral to alternative services.
6. Vendors will have a policy regarding HIPAA (Rule 45 CFR Parts 160, 162 and 164) and Alcohol & Other Drug Confidentiality Regulation to describe the use and disclosure of Personal Health Information (PHI). All staff must receive training, follow the organizational policy and be subject to applicable fines if violated.
7. The Vendor will be available for selection in a peer review process as overseen by BHSD. The peer review process ensures quality, appropriateness and efficacy of substance abuse treatment services, and will be conducted by representatives from the various disciplines used by the program being reviewed who are experts in the field and knowledgeable about the modality being reviewed. Peer review includes examination of representative sample clinical records including:
 - a. Admission criteria and intake process;
 - b. Assessments;
 - c. Treatment planning;
 - d. Documentation of treatment implementation;
 - e. Discharge and continuing care planning; and
 - f. Indications of treatment outcomes.
8. Vendors will post the following policies and procedures statements to be visible to all individuals (i.e. in a lobby or common area):
 - a. Pregnant injection drug users, pregnant substance users, and parenting substance-abusing women are given preference for admission to treatment (admitted within 48 hours);
 - b. Client Rights & Responsibilities statement;
 - c. Notice of Privacy Practices (i.e. HIPAA and AOD Confidentiality, 42CFR Part 2);
 - d. Smoke-free Building statement; and
 - e. For employees: Drug-Free Workplace statement.
9. Vendors will be prepared to participate in and cooperate with data collection as required through SAMHSA, state and local regulations.

FEDERAL FUNDING; SPECIAL REQUIREMENTS

Vendors must comply with requirements in the OMB Circular A-133, including the identification of the Catalog of Federal Domestic Assistance (DFDA number 93.959 for the SAPT Block Grant), and agreement to an A-133 audit if they meet the \$500,000 of federal funds threshold. Vendors

must also comply with the provisions of Titles II and III of the Americans with Disabilities Act of 1990, P.L. 101-336 (42 U.S.C. Section 12101, et seq.) and Section 504 of the Rehabilitation Act (29 U.S.C. Section 794).

DELIVERABLES AND REPORTS

In addition to the monthly reporting requirements set forth in the BHSD Star data entry system and related reports, the Vendor shall submit an annual prevention plan due to the BHSD Program Manager and Falling Colors Corporation (FCC) Program Manager no later than September 15, 2017. In addition, the Vendor shall submit a quarterly activity report no later than 15 days after each quarter (See Attachment: C). The Vendor shall submit monthly reports to FCC detailing their contract activities including the number of crisis line calls received during the reporting period.

All service components must be provided by adequately trained, licensed and qualified staff as appropriate to services provided and as stipulated by the New Mexico Licensing Board.

COMPENSATION

FCC shall enter into contractual agreement with the Behavioral Health Services Division (BHSD), the Payer, to compensate the Vendor for services delivered by Vendor. BHSD is financially responsible for compensation to FCC so that FCC may reimburse the Vendor. FCC functioning as the payer for BHSD will reimburse the Vendor only after they have received appropriate financial compensation.

The Vendor's State Allocation for this program shall be sent out to the Vendor under a separate notice of State Allocation. Such State Allocation may be unilaterally changed from time to time, and is subject to funding availability by the State and/or federal funding. The State Allocation is contingent upon satisfactory completion of the requirements defined in the Agreement and this Scope of Work, reporting deliverable(s), and availability of state and/or federal funds. Regardless of Vendor's billing method (i.e. invoice, voucher, claims, other permitted billing method, or a combination thereof) all services billed for are subject to the State Allocation as set forth in Vendor's notice thereof.

INVOICE

When the Vendor submits invoices, the Vendor agrees to use the BHSD Star data entry system and provide all required reporting and backup documentation related thereto. Attachment B may be changed from time to time. The Vendor may also bill for prevention and outreach services articulated above that are set forth in the BHSD Star data entry system. The Vendor's Attachment B and necessary backup documentation (sign-in sheets, receipts, etc.) must be complete and submitted electronically to the FCC Program Manager and to the BHSD Program Manager. If the Vendor's Attachment B and BHSD Star data entry system are not properly filled out and complete it may cause your reimbursement to be delayed. Faxes and hand delivered invoices will not be accepted. All submissions must be made electronically. The Vendor shall submit completed monthly data via the BHSD Star data entry system within 30 days of services rendered in the prior month.

(9 of 9)

When submitting billing, the Vendor shall comply with all requirements of the State of New Mexico Behavioral Health Purchasing Collaborative and applicable federal and state laws and regulations. All services rendered must comply with all applicable requirements for that Procedure Code including but not limited to: Service Requirements, Program Requirements, Vendor Requirements, Staffing Requirements, Documentation Requirements, Treatment Standards, Treatment Units, Treatment Duration, Service Definition/CPT/HCPCS/Revenue Code/applicable modifier and/or any other claim code or modifier requirements, as well as any other applicable requirements for such services and claims, which may be revised from time to time. The Unit Values set forth in Attachment B and the BHSD Star data entry system correspond to the BHSD State Agency Fee rates for those Procedure Codes, which are subject to change.

All Attachments are incorporated into this Scope of Work by this reference.

ATTACHMENTS:

Attachment A: Client Demographic Information

Attachment B: BHSD Residential Service Rate Reimbursement

Attachment C: Quarterly Activity Report

(Attachments to be provided upon signed contractual agreements.)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CFDA 93.959 BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

I. PROGRAM OBJECTIVES

The objective of the Substance Abuse Prevention and Treatment Block Grant (SABG) program is to provide funds to States, Territories, and one Indian tribe for the purpose of planning, carrying out and evaluating activities to prevent and treat Substance Abuse (SA) and other related activities as authorized by the statute.

The SABG is the primary tool the Federal Government uses to fund State SA prevention and treatment programs. While the SABG provides Federal support to addiction prevention and treatment services nationally, it empowers the States to design solutions to specific addiction problems that are experienced locally.

II. PROGRAM PROCEDURES

Administration and Services

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division of the Department of Health and Human Services (HHS), administers the SABG program. For purposes of this guidance, the term “State” includes the 50 States, the District of Columbia, American Samoa, Guam, the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Marianas, Palau, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the Red Lake Band of Chippewa Indians. The States generally subaward funds for the provision of services to public and non-profit organizations. Service providers may include for-profit organizations but for-profits may not receive financial assistance.

Examples of SABG activities are:

- a. *Alcohol Treatment and Rehabilitation* – Direct services to patients experiencing primary problems for alcohol, such as outreach, detoxification, outpatient counseling, residential rehabilitation, hospital based care (not inpatient hospital services), abuse monitoring, vocational counseling, case management, central intake, and program administration.
- b. *Drug Treatment and Rehabilitation* – Direct services to patients experiencing primary problems with illicit and licit drugs, such as outreach, detoxification, methadone maintenance and detoxification, outpatient counseling, residential rehabilitation, including therapeutic communities, hospital based care (not inpatient hospital services), vocational counseling, case management central intake, and program administration.
- c. *Primary Prevention Activities* – Education, counseling, and other activities designed to reduce the risk of substance abuse.

The SABG funds are allocated to the States according to a formula legislated by Congress. States may then distribute these funds to cities, counties, or service providers within their jurisdictions based on need. Of the SABG funds dispensed to each State annually, Congress has specified that the State will expend not less than 20 percent for programs for individuals who do not require treatment for substance abuse. The programs should (1) educate and counsel the individuals on such abuse; and (2) provide for activities to reduce the risk of such abuse by the individuals. SABG statutory “set asides” were established to fund programs targeting special populations, such as services for substance using pregnant women and women with dependent children, and, in certain “designated States,” for screening for human immunodeficiency virus (HIV).

State Plan

The State must submit to SAMHSA for approval, an annual application which includes a State plan for SA prevention and treatment services objectives described above and signed assurances required by the Act and implementing regulations. The entire application, including the plan, must be reviewed by SAMHSA to ensure that all of the requirements of the law and regulations are met.

The State plan addresses how the State intends to comply with the various requirements of Title XIX, Part B, subparts II and III of the Public Health Service Act (42 USC 300x-21-66) and its program objectives and specific allocations by (1) conducting State and local demand and need assessments; (2) establishing statewide prevention and treatment improvement plans with specific multi-year goals for narrowing identified service gaps, implementing training efforts, and fostering coordination among SA treatment, primary health care, and human service agencies; and (3) addressing human resource requirements, clinical standards and identified treatment improvement goals, and ensuring coordination of all health and human services for addicted individuals.

The State shall make the plan public within the State in such a manner as to facilitate comment from any person (including any Federal or other public agency) during development of the plan (including any revisions) and after submission of the plan to SAMHSA.

Source of Governing Requirements

This program is authorized under Title XIX, Part B, subparts II and III of the Public Health Service Act (42 USC 300x-21-66). Implementing regulations are published at 45 CFR part 96. Those regulations include general administrative requirements for the covered block grant programs in lieu of 45 CFR part 92 (the HHS implementation of the A-102 Common Rule)/45 CFR part 75 (the HHS implementation of 2 CFR part 200). Requirements specific to SABG are in 45 CFR sections 96.120 through 96.137. In addition, grantees are to administer their SABG programs according to the plan that they submitted to SAMHSA.

As discussed in Appendix I to the Supplement, “Federal Programs Excluded from the A-102 Common Rule and Portions of 2 CFR Part 200,” States are to use the fiscal policies that apply to their own funds in administering SABG. Procedures must be adequate to assure the proper

disbursal of and accounting for Federal funds paid to the grantee, including procedures for monitoring the assistance provided (45 CFR section 96.30).

Availability of Other Program Information

SAMHSA published a notice in the *Federal Register* on July 6, 2001 (66 FR 35658) that details approval requirements for non-recurring expense exclusions from maintenance-of-effort calculations. A second SAMHSA *Federal Register* notice, published on November 23, 2001 (66 FR 58746-58747) addresses retroactive application of the non-recurring expense exclusion.

III. COMPLIANCE REQUIREMENTS

In developing the audit procedures to test compliance with the requirements for a Federal program, the auditor should first look to Part 2, Matrix of Compliance Requirements, to identify which of the 12 types of compliance requirements described in Part 3 are applicable and then look to Parts 3 and 4 for the details of the requirements.

A. Activities Allowed or Unallowed

1. The State shall not use grant funds to provide inpatient hospital services except when it is determined by a physician that (a) the primary diagnosis of the individual is SA and the physician certifies this fact; (b) the individual cannot be safely treated in a community based non-hospital, residential treatment program; (c) the service can reasonably be expected to improve an individual's condition or level of functioning; and (d) the hospital based SA program follows national standards of SA professional practice. Additionally, the daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community based non-hospital residential programs of treatment for SA and the grant may be expended for such services only to the extent that it is medically necessary (i.e., only for those days that the patient cannot be safely treated in a residential community based program) (42 USC 300x-31(a) and (b); 45 CFR sections 96.135(a)(1) and (c)).
2. Grant funds may be used for loans from a revolving loan fund for provision of housing in which individuals recovering from alcohol and drug abuse may reside in groups. Individual loans may not exceed \$4,000 (45 CFR section 96.129).
3. Grant funds shall not be used to make cash payments to intended recipients of health services (42 USC 300x-31(a); 45 CFR section 96.135(a)(2)).
4. Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment. The Secretary may provide a waiver of the restriction for the construction of a new facility or rehabilitation of an existing facility, but not for land acquisition (42 USC 300x-31(a); 45 CFR sections 96.135(a)(3) and (d)).

5. The State shall not use grant funds to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funding (42 USC 300x-31(a); 45 CFR section 96.135(a)(4)).
6. Grant funds may not be used to provide financial assistance (i.e., a subgrant) to any entity other than a public or non-profit entity. A State is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor (42 USC 300x-31(a); 45 CFR section 96.135 (a)(5)).
7. The State shall not expend grant funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (42 USC 300ee-5; 45 CFR section 96.135 (a)(6) and Pub. L. No. 106-113, Section 505).
8. Grant funds may not be used to enforce State laws regarding sale of tobacco products to individuals under age of 18, except that grant funds may be expended from the primary prevention set-aside of SABG under 45 CFR section 96.124(b)(1) for carrying out the administrative aspects of the requirements such as the development of the sample design and the conducting of the inspections (45 CFR section 96.130 (j)).
9. No funds provided directly from SAMHSA or the relevant State or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization (42 USC 300x-65 and 42 USC 290kk; 42 CFR section 54.4).

B. Allowable Costs/Cost Principles

As specified in Appendix I to the Supplement, “Federal Programs Excluded from the A-102 Common Rule and Portions of 2 CFR Part 200,” SABG is exempt from the provisions of the OMB cost principles. State cost principles requirements apply to SABG.

G. Matching, Level of Effort, Earmarking

1. Matching – Not Applicable

2.1 Level of Effort – *Maintenance of Effort*

- a. The State shall for each fiscal year maintain aggregate State expenditures for authorized activities by the principal agency at a level that is not less than the average level of such expenditures maintained by the State for the 2 State fiscal years preceding the fiscal year for which the State is applying for the grant. The “principal agency” is defined as the single State agency responsible for planning, carrying out and evaluating activities to prevent and treat SA and related activities. The Secretary may exclude from the aggregate State expenditures funds appropriated to the principal agency for authorized activities which are of a non-recurring

nature and for a specific purpose (42 USC 300x-30; 45 CFR sections 96.121 and 96.134; and *Federal Register*, July 6, 2001 (66 FR 35658) and November 23, 2001 (66 FR 58746-58747) as specified in II, “Program Procedures – Availability of Other Program Information”).

- b. The State must maintain expenditures at not less than the calculated fiscal year 1994 base amount for SA treatment services for pregnant women and women with dependent children. The fiscal year 1994 base amount was reported in the State’s fiscal year 1995 application (42 USC 300x-27; 45 CFR section 96.124(c)).
- c. Designated States shall maintain expenditures of non-Federal amounts for HIV services at a level that is not less than the average level of such expenditures maintained by the State for the 2year period preceding the first fiscal year for which the State receives such a grant. A designated State is any State whose rate of cases of HIV is 10 or more such cases per 100,000 individuals (as indicated by the number of such cases reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the most recent calendar year for which the data are available.) (42 USC 300x-30; 45 CFR sections 96.128 (b) and (f)).
- d. The State shall maintain expenditures of non-Federal amounts for tuberculosis services at a level that is not less than an average of such expenditures maintained by the State for the 2 year period preceding the first fiscal year for which the State receives such a grant (42 USC 300x-24; 45 CFR section 96.127).

2.2 Level of Effort – *Supplement Not Supplant* – Not Applicable

3. Earmarking

- a. The State shall expend not less than 20 percent of SABG for primary prevention programs for individuals who do not require treatment of SA. The programs should educate and counsel the individuals on such abuse and provide for activities to reduce the risk of such abuse by the individuals (42 USC 300x-22; 45 CFR sections 96.124 (b)(1) and 96.125).
- b. Designated States, i.e., any State whose cases of Acquired Immunodeficiency Syndrome (AIDS) is 10 or more per 100,000 individuals (as indicated by the number of such cases reported to and confirmed by the Centers for Disease Control and Prevention for the most recent calendar year for which data are available), shall expend not less than 2 percent and not more than 5 percent of the award amount to carry out one or more projects to make available to individuals early intervention services for HIV disease at the sites where the individuals are undergoing SA treatment. If the State carries out two or more projects, the State will carry out one such project in a rural area of the State unless the

Secretary waives the requirement (42 USC 300x-24; 45 CFR section 96.128(a)(1), (b), and (d)). **Note:** The applicable percentage is based on the percent change in a current year allotment to the base year allotment under the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant. Any “designated State” whose percentage change in allotment is greater than 5 percent is required to obligate and expend 5 percent of the SABG allotment for the applicable Federal fiscal year to establish 1 or more projects designed to provide early intervention services for HIV at the site(s) at which individuals are receiving SA treatment.

- c. The State may not expend more than 5 percent of the grant to pay the costs of administering the grant (42 USC 300x-31; 45 CFR section 96.135 (b)(1)).
- d. The State may not expend grant funds for providing treatment services in penal or correctional institutions in an amount more than that expended for such programs by the State for fiscal year 1991 (42 USC 300x-31; 45 CFR section 96.135(b)(2)).

H. Period of Performance

Any amounts awarded to the State for a fiscal year shall be available for obligation and expenditure until the end of the fiscal year following the fiscal year for which the amounts were awarded (42 USC 300x-62).

L. Reporting

1. Financial Reporting

- a. SF-270, *Request for Advance or Reimbursement* – Not Applicable
- b. SF-271, *Outlay Report and Request for Reimbursement for Construction Programs* – Not Applicable
- c. SF-425, *Federal Financial Report* – Applicable

2. Performance Reporting – Not Applicable

3. Special Reporting – Not Applicable

N. Special Test and Provisions

Independent Peer Reviews

Compliance Requirement – The State must provide for independent peer reviews which assess the quality, appropriateness, and efficacy of treatment services provided to individuals. At least 5 percent of the entities providing services in the State shall be reviewed. The entities reviewed shall be representative of the entities providing the

services. The State shall ensure that the peer reviewers are independent by ensuring that the peer review does not involve reviewers reviewing their own programs and the peer review is not conducted as part of the licensing or certification process (42 USC 300x-53(a); 45 CFR section 96.136). States may satisfy the independent peer review requirement by demonstrating that at least 5 percent of their entities providing services obtained accreditation, during their fiscal year, from a private accreditation body such as the Joint Commission on the Accreditation of Healthcare Organizations, the Commission on the Accreditation of Rehabilitation Facilities, or a similar organization.

Audit Objectives – Determine whether (1) the required number of entities was peer reviewed, and (2) the selection of entities for peer review was representative of entities providing services in the State. If the peer review requirement is not met by reliance on a private accreditation body, determine if peer reviewers were independent.

Suggested Audit Procedures

1. Ascertain the number of entities providing treatment services in the State.
2. Ascertain if the number of entities reviewed was at least 5 percent of the entities providing treatment services and whether the review requirement was satisfied by use of a private accreditation body.
3. Ascertain if the selection of entities for peer review was representative of entities providing services.
4. If the review requirement was not satisfied by use of a private accreditation body, select a sample of peer reviews and ascertain if the State ensured that the peer reviewers were independent.

IV. OTHER INFORMATION

As described in Part 4, Social Services Block Grant (SSBG) program (CFDA 93.667), III.A, “Activities Allowed or Unallowed,” a State may transfer up to 10 percent of its annual allotment under SSBG to this and other specified block grant programs.

Amounts transferred into this program are subject to the requirements of this program when expended and should be included in the audit universe and total expenditures of this program when determining Type A programs. On the Schedule of Expenditures of Federal Awards, the amounts transferred in should be shown as expenditures of this program when such amounts are expended.