

Submitted Written Questions re: Solicitation #18-630-7903-0001

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

RESPONSES TO WRITTEN QUESTIONS

7/21/17

- 1. Will Medicaid pay for any services above the contract rate with BHSD?**
 - a. If a responsive Applicant is registered as a Medicaid provider, the provider may submit reimbursable services to Medicaid to request payment authorization beyond the services contracted for with BHSD. BHSD is not responsible for negotiating service payment with Medicaid.*
- 2. Can you furnish a definition or description of what the meaning of what the most advantageous proposal to BHSD?**
 - a. The most advantageous Applicant(s) are providers that have submitted a complete and responsive application in response to the RFA, and that have met or exceeded evaluation factors set forth in the RFA. The most advantageous application(s) may or may not have received the most points.¹*
- 3. Is the funding under this RFA considered federal funding? Federal pass-through? If so, do these funds count towards the federal totals that would require an A-133 audit?**
 - a. The funding under this RFA is considered federal funding, and may be considered pass-through funding², passed through BHSD to providers as part of the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Substance Abuse Prevention and Treatment Block Grant. These particular funds are related to the Set-Aside for Pregnant Women and Women with Dependent Children and are subject to an A-133 audit. For more details on the audit, please visit: <https://www.whitehouse.gov/omb/information-for-agencies/circulars>.*
- 4. We note that there is only one week between the date that questions are set to be answered, and the due date of the RFA. Would you consider extending the due date by a week to allow for two weeks to sufficiently address the questions and the implications for the RFA?**
 - a. The dates for the RFA process have been scheduled by BHSD and are subject to change at the discretion of BHSD.¹ If any of the dates change for any reason, a notification will be sent to organizations on the RFA distribution list and will be posted on the New Mexico Network of Care website: <http://newmexico.networkofcare.org/mh/>*
- 5. Once we receive responses to the written questions are bidders allowed to ask follow-up questions?**
 - a. Applicants may ask follow-up questions as they pertain to their applications. BHSD does not guarantee a written and/or distributed response to all follow-up questions after July 21, 2017.*
- 6. What kinds of organizations are eligible to apply? Nonprofits? For Profits?**
 - a. The Substance Abuse Prevention and Treatment Block Grant (SABG) does not allow block grant funds to be used to provide financial assistance to any entity other than a public or nonprofit private entity.³ Thus, for-profit entities would not be eligible for this funding.*
- 7. Page 21 Appendix C Budget Form: Is it possible for this form to be provided in Excel?**
 - a. An Applicant may develop and use an Excel file to back up its calculations for the Budget Form, but should submit the final budget according to the Budget Form provided in Appendix C.⁴*

¹ <http://newmexico.networkofcare.org/content/client/1446/FINAL-RFA-SABGWomensSetAside-FY18.pdf>, p. 9.

² <https://www.grants.gov/web/grants/learn-grants/grant-terminology.html>

³ <https://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-sec96-135.pdf>

8. **Page 23 Appendix D Budget Justification: Are indirect costs or administrative costs that are related to the direct service provision be an allowable cost? For example, costs to process payroll or invoicing—are those considered to be related to direct service provision since we are paying direct service staff or paying for supplies or equipment that would be used for direct services? We are unclear as to what indirect costs would be UNRELATED to direct service provision.**
 - a. *Applicants may include indirect costs in their proposed budgets, provided they can demonstrate that these costs support direct clinical service execution.*
9. **Page 13, C. Application Format: should the narrative be 25 pages single spaced or double spaced?**
 - a. *All proposals should be submitted in single space format.*
10. **Page 13, C. Application Format: should the narrative be 25 pages include the cover letter, the cost proposal, or other materials, or are those also excluded from the page count?**
 - a. *The 25-page limit for the application narrative excludes the optional application summary and forms, including the Cover Letter Form (Appendix B), the Budget Form (Appendix C), and the Budget Justification (Appendix D). Additionally, the Response to Financial Stability, Staffing Plans, Credentials, Resumes, Organizational Charts, Project Implementation Plan, Letters of Support, Collaborative Agreements, and Financial Documents such as the copy of organizational audit, profit & loss statements and financial policies may all be excluded from the 25-page limit for the application narrative.*
11. **Page 14, 4. Application Summary: is that considered to be an abstract? Is there a page limit for this?**
 - a. *The optional application summary is similar to an executive summary or an abstract. The summary should be limited to one page.*
12. **How long should the service period be? 6 months? 12 months?**
 - a. *A service period is 12 months, using the federal fiscal year of October 1 through September 30.*
13. **How many women or family units should we be targeting to serve per year?**
 - a. *The number of individual women and/or families an Applicant proposes to serve per year is dependent upon a number of factors such as current service census, demand for services, unmet needs, geographic location, and other factors.*
14. **On page 3 of the RFA, D. Project Description, Service Requirements, 4. It states, “Applicants are to treat all families as a unit and will therefore admit both women and children into treatment services, as appropriate.” Can we assume that this does not include fathers?**
 - a. *Families come in a variety of structures and can include older children, fathers, spouses, partners, and other family members according to how the woman defines her family unit. Services, such as individualized screening, assessment, and case planning, should be offered and available (through referral or other means) to the family members defined by the woman in treatment. Primary treatment services for family members may be accessed at other provider agencies upon referral, but should be noted in an integrated family plan.⁵*
15. **Is there an age limit for the children for receiving treatment? For example, are we to treat the children no matter how old they are? Or is this just for moms who are pregnant or post-partum up to a certain age?**
 - a. *Services should be offered and available, through referral or other means, to all family members defined by the woman, including dependent children regardless of age.⁵*
16. **On page 5 of the RFA, D. Project Description, Service Requirements, 5e. It states, “Sufficient case management and transportation to ensure that women and their children have access to the above four services.” Is access to roadrunner considered sufficient transportation?**

⁴ <http://newmexico.networkofcare.org/content/client/1446/FINAL-RFA-SABGWomensSetAside-FY18.pdf>, p. 21-22.

⁵ https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf

- a. *“Accessible and reliable transportation is important given the complicated schedules of women caretakers who often have to balance the transportation needs of their children with the transportation needs of employment and ongoing participation in continuing care.”⁶ As such, women and their families should be provided adequate support through case management and assistance with accessing transportation to receive needed services. Access to public transportation, such as provision of vouchers or tokens, may minimally address transportation access; transportation vans or vehicles driven by licensed staff members may complement public transportation, or meet minimum transportation access expectations in lieu of public resources.*
- 17. On page 10 of the RFA, C. General Requirements, 4. Subcontractor/Consent, it states, “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.” Does this mean that bidders can propose a subcontractor and then, if awarded, get approval afterwards?**
- a. *Applicants may propose a subcontractor or subrecipient² in their application and, if awarded, must receive written approval from BHSD prior to awarding a resultant subcontract using these funds. BHSD is not responsible for ensuring funding for any subcontracting award agreements between the Applicant and any subcontractor/subrecipient during the application process or post-award UNLESS the Applicant has received prior written approval as stated above.*
- 18. On page 15 of the RFA, 6. Technical Specifications, aiii, it states that we must “attach collaborative agreements.” Do these count as part of the narrative?**
- a. *Collaborative agreements are excluded from the narrative’s 25-page limit.*
- 19. On page 15 of the RFA, 6. Technical Specifications, aiii, it states that we must “attach collaborative agreements.” Then later in v. it states “Provide three (3) letters of support from mental health, social welfare and other relevant community partners for the proposed project. So can you please confirm that for each partner we need a collaborative agreement AND a letter of support?**
- a. *Applicants MUST provide a minimum of three letters of support from community partners. Applicants MAY provide collaborative agreements that they have with any community partner, if available and relevant to the application.⁷*
- 20. Do letters of support count against the page count for the narrative?**
- a. *Letters of support are excluded from the narrative’s 25-page limit.*
- 21. Can we submit more than 3 letters of support?**
- a. *Yes, an Applicant may submit more than the minimum three letters of support if they are available and relevant to the application.*
- 22. On page 15 of the RFA, 6. Technical Specifications, vi. It states, ... “If applicable, MOUs should be attached.” Are MOUs the same as collaborative agreements? If not, what are they? And do they count against the page count? Do we need to attach collaborative agreements, letters of support and MOUs from the same organizations?**
- a. *A Memorandum of Understanding (MOU) is typically a formal, written agreement between two parties to carry out specific activities, but is not legally binding like a contract. Collaborative agreements also articulate agreed activities between two parties but may be either legally-binding or not legally-binding, depending on how they are written and incorporated. Both are excluded from the application narrative 25-page limit. Any Applicant may provide collaborative agreements, letters of support, and/or MOUs from any community partner, if available and relevant to the application.*
- 23. Is the winning contractor required to provide outreach or are women referred to the contractor from the state or another source? In other words, are referrals built in to the program, or should we plan on recruiting women to receive services?**

⁶ https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf, p. 74.

⁷ <http://newmexico.networkofcare.org/content/client/1446/FINAL-RFA-SABGWomensSetAside-FY18.pdf>, p. 15.

- a. *BHSD, HSD nor any state or federal agency is responsible for outreach or referrals to awarded providers. Each Applicant must articulate their plan for public awareness and educational activities to the community and potential clients.*⁸
- 24. Page 27 of the RFA Scope of Work Part II: Program Description, 1) states “Primary medical care for women who are receiving substance abuse services, including prenatal care and while women are receiving such treatment, child care”. Is the “child care” referring to child care during medical appointments, or just in general? Must this be licensed child care?**
- a. *Child care must be provided for women while they are receiving treatment services, including substance abuse treatment, primary medical care, and other services outlined in the RFA. All child care must be provided by licensed child care providers, whether employed by the Applicant or through a community partner.*
- 25. Later on Page 27 of the RFA Scope of Work Part II: Program Description, 3) states “...and child care while the women are receiving these services” so we wonder if there is a difference in the child care we must provide or arrange for?**
- a. *Child care must be provided for women while they are receiving services as outlined in the RFA, whether provided directly by the Applicant or through a referral to a collaborating partner agency. Please see the answer to Question 24 for clarification.*
- 26. Will this funding pay for a child care coordinator-type position?**
- a. *Applicants may choose to propose a child care coordinator position in their overall budget if that approach addresses the planned activities in the project.*
- 27. Will funding pay for child care?**
- a. *Applicants may choose to propose a child care subcontractor cost in their overall budget if that approach addresses the planned activities in the project.*
- 28. Is case management to include job training, education or other wraparound services allowed?**
- a. *“Case management addresses coordination of the myriad service elements that are needed by women and their families. It can occur as a pretreatment activity, during treatment, and post-treatment. Among services requiring coordination are medical, housing, child care, transportation, employment/vocational preparation, education, and legal issues.”*⁹

⁸ <http://newmexico.networkofcare.org/content/client/1446/FINAL-RFA-SABGWomensSetAside-FY18.pdf>, p. 16.

⁹ https://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf, p. 67.