**Iowa Department of Public Health**
**Division of Behavioral Health**
**Families in FOCUS**
**Request For Proposal # 58813009**

**Interim Written Question and Response Document**

**Round 1: Written Questions and Responses for questions submitted through October 9, 2012**

**Posted: October 11, 2012**

**Q1.** On page 21 of the RFP it states: Applicants shall use the following guidance when determining budget distribution:

- $40,000 must be allocated to support data collection provided by FEi, Inc.
- $25,000 must be allocated to support program evaluation provided by the Consortium
- $220,000 must be allocated to deliver recovery supports services as defined in Section 2.02 Objective 4 and Appendix IV.

The funds allocated to support data collection and program evaluation, are they taken off the top of a grant award to go directly to FEi and the Consortium or can project staff time be directed to those efforts?

**A 1. As stated on page 21 of the RFP, the awardee must sub-contract with FEi (data collection) and the Consortium (evaluation) for the amounts indicated. The awarded contractor staff will not be able to provide or direct staff expense for these services.**

**Q2.** In regard to the dollars to be allocated to support delivery of recovery supports, besides the recovery support service types in the chart found on page 28, what other program costs are considered "support delivery of recovery support". Staff salaries? Rental space? Staff travel?

**A 2. Staff salaries, rental space and staff travel would not be allowable expenses under Recovery Support Services.**

**As stated on Page 21, Section 2.04 of the Budget, applicants shall use the following guidance when determining budget distribution to cover these costs:**

**The remaining $65,000 will support direct costs for implementation, including but not limited to: administrative oversight, clinical supervision, case management, participation in required trainings and statewide travel, grantee meetings, purchase of equipment, and GPRA interview incentives.**

**In addition, on Page 26, Section 3.03 of the Budget, all other anticipated expenses using funds must be listed on the line item budget and justified. This category includes: office supplies, educational supplies, project supplies, GPRA incentives, communication, rent and utilities, training, information technology-related expense, mileage, etc. This will include any equipment costs not meeting the above definition for equipment.**

**Q3.** Can an agency bill for substance abuse treatment services – Title 19, sliding fee scale or insurance – for clients in Families in FOCUS?

**A 3. Yes.**

**Q4.** Page 20 – 2.03 Staffing or Personnel Requirements state that MDFT therapists will hold a Masters level license equivalent to a licensed marital and family therapist, licensed mental health counselor, licensed independent social worker or a licensed master social worker. Does this mean that there is no requirement that the MDFT therapists be certified substance abuse addiction counselors?

**A 4. MDFT does not require that therapists have a substance abuse certification.**

**Q5.** Will a youth outpatient client who chooses to participate in Families in FOCUS also continue to be a traditional outpatient client with Family FOCUS being an additional element or will all the substance abuse treatment programming be conducted through MDFT?

**A 5. It is intended that MDFT will be the exclusive approach used to provide treatment services for clients participating in this grant. With that being said, the therapist does have the ability to determine the need for additional treatment services and/or support if needed.**

**Q6.** With the quick time period between receiving an intent to award (November 19) and the MDFT therapist selection finalized by December 1st, is there the expectation that current staff be utilized for this project or will we be allowed to start the project with current staff while we hire and train project staff?

**A 6. Each awarded provider will have a total of three staff trained in MDFT. Because of the structured, year-long training schedule, those that initially start the training would need to complete the process in order to become certified and able to provide MDFT**

**Q7.** Will this grant be set up as a line item reimbursement or will grant funds be available for advance costs for start up expenses?

**A 7. As stated on Page 20, Section 2.04 of the Budget:**

**A <u>unit rate budget</u> will be used for delivery of recovery support services. A <u>line item budget</u> of anticipated direct project costs will be used to cover costs for implementation including but not limited to staff training, travel and administrative costs.**

**Q8.** Will a youth completing a residential treatment program and entering aftercare be eligible to participate in Families in FOCUS?

**A 8. Youth involved in Families in FOCUS must be involved in an ASAM outpatient level of care.**

**Q9.** We need to figure out our staff training expenses - How long is the training for the CASI and the MDFT and where will these trainings be held?

**A 9. All trainings will be held in Des Moines.**

**Time commitment for the CASI and MDFT are as follows:**

- **CASI – Initial 2 day training, followed by a 1 day training 6-8 weeks later**
- **MDFT – Please see Amendment #1 to the RFP.**

**Q10.** We would have to see 110 clients using maximum benefits to spend down the $220,000 allocated for the RSS services. This would be challenging. Will you consider moving some of the RSS funding into the Implementation/Direct Cost Budget for staff time?

**A 10. This would not be an allowable use of funding.**

**Q11.** Is there any materials cost to implement the MDFT model?

**A 11. All material costs would be covered under the grant.**

**Q12.** Who can use RSS services- Is it only for clients or can family members use these services?

**A 12. Recovery Support Services (RSS) are intended to be provided as a direct benefit to the client receiving services. The grant would support any use of funds that meets this initial criterion.**

**Q13.** How is the staff time covered for care coordination of the RSS benefits?

**A 13. As stated on Page 21, Section 2.04 of the Budget, applicants shall use the following guidance when determining budget distribution to cover these costs:**

**The remaining $65,000 will support direct costs for implementation, including but not limited to: administrative oversight, clinical supervision, case management, participation in required trainings and statewide travel, grantee meetings, purchase of equipment, and GPRA interview incentives.**

**To support the provision of care coordination and individual, group and family counseling services, FOCUS Centers will access Iowa Plan IDPH funding, Medicaid reimbursement, and third party payment.**

**Q14.** It appears that the funding for the 1st year of the grant is $700,000 between 2 awardees. How does the amount of the annual award change in years 2 and 3?

**A 14. Continued funding will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.**

**Q15.** Do qualified clinicians include LMFTs and LMHCs who have provisional licenses, pending completion of their required supervisory hours?

**A 15. Master's level clinicians with provisional licenses would be considered qualified clinicians for MDFT. Training in family therapy and experience with adolescents and families is preferred.**

**Q16.** Where will the training for CASI and MDFT take place and what is the time commitment for the training?

**A 16. Please see response for Question 9.**

**Q17.** Is the comprehensive assessment referred to on page 15 of the RFP different from the CASI? Is this referring to a specific assessment or, rather, is it speaking to a general requirement to comprehensively assess the adolescent, family and community supports?

**A 17. Page 15 of the RFP is referring to the comprehensive assessment within the MDFT model.**

**Q18.** How are you defining peer coaching services?

**A 18. Recovery Peer Coaching is described as follows:**

**Face-to-face meetings, provided on an individual basis between the youth/family member and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective.**

**Q19.** Are you able to provide a list of the 25 most rural counties in Iowa?

**A 19. Please visit the United States Census Bureau webpage at http://quickfacts.census.gov/qfd/states/19000.html**

**Q20.** Are letters of support and work plan to be a part of the 30-page narrative, or are they considered "attachments?"

**A 20. Letters of support are considered attachments and are not considered part of the 30-page narrative.**

**Q21.** Are you able to provide contact information for the consortium and FEi?

**A 21. The contacts for the purpose of this RFP are as follows:**

- **FEi, Inc.**

  **Correspondence regarding contract matters:**
  **FEI.com, Inc.**
  **7175 Columbia Gateway Drive**
  **Suite A**
  **Columbia, Maryland 21046**

  **Name: David Holtzapple**
  **Phone: 443-270-5104**
  **Fax: 410-715-6538**
  **Email: David.Holtzapple@FEiSystems.com**

  **Correspondence regarding technical matters:**
  **FEI.com, Inc.**
  **7175 Columbia Gateway Drive**
  **Suite A**
  **Columbia, Maryland 21046**

  **Name: Kory Schnoor**
  **Phone: 443-867-1047**
  **Fax: 410-715-6538**
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- **Iowa Consortium for Substance Abuse Research and Evaluation**

  **Molly Guard**
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**Iowa City, IA 52242-5000**
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**Q22.** Reference page 4, 1.04 Service Delivery Area. Youth and Shelter Services (YSS) is a subcontractor with Community and Family Resources (CFR) for IDPH outpatient services in Story and Boone Counties. Is YSS eligible to file a grant and if so can we utilize CFR's service area or are we limited to Story and Boone Counties?

**A 22. YSS is an eligible contractor. As defined in Section 1.04, Service Delivery Area on pages 4-5 of the RFP, FOCUS Center treatment and recovery support services will be provided to residents of the contractor's IDPH-funded service area.**

**Q23.** Reference page 4, 1.04 Service Delivery Area. Youth and Shelter Services (YSS) is an IDPH contractor for juvenile statewide residential services. Is YSS eligible to file a grant and if so is our service area statewide? If the answer to this question is yes, we plan to primarily limit our Focus program service area to counties with YSS locations/facilities. Is this permissible?

**A 23. YSS would be eligible to submit an application for service areas currently sub-contracted to provide outpatient IDPH-funded services.**

**Q24.** Reference page 14, 2.01 Description of Work and Services. YSS has a 30 bed inpatient addiction treatment residential facility in Central Iowa. We would like to have eligible families with children begin their participation in the program and will follow them home. Is this possible within the grant? May the program be offered to both residential and outpatient youth and their families?

**A 24. The services provided through MDFT are implemented in an outpatient level of care.**

**Q25.** Reference page 14, 2.01 Description of Work and Services. Can MDFT services be conducted using technology such as Skype or Telemedicine?

**A 25. MDFT does not allow for the use of Skype or Telemedicine.**

**Q26.** Reference page 20, 2.03 Staffing or Personnel Requirements. Are temporary licenses acceptable for LMHC's and LMFT's?

**A 26. Please see response for Question 15.**

**Q27.** How would finding fewer than the required number of recovery coaches impact the grant? Are adolescents supposed to be coaches too?

**A 27. IDPH monitors contractual obligations and reserves the right to take action for failure to meet performance measures.**

**In regards to adolescents being coaches, an individual must be at least 18 years of age in order to be a coach.**

**Round 2: Written Questions and Responses for questions submitted through October 16, 2012**

**Posted: October 18, 2012**

**Q28.** If we plan to use other organizations to provide some of the ATR/ancillary services, do we need a subcontract with them or do they need to be signed up as a traditional ATR provider?

**A 28. Access to Recovery services (in accordance with this grant) will not be utilized during year one of the Families of Focus Grant.**

**Q29.** Can our program staff provide ATR services and bill to the grant?

**A 29. No. They must bill Access to Recovery services to the Access to Recovery grant.**

**Q30.** Under the Budget-2.04 page 21. In both the problem gambling grant the ATR grant, there is a unit cost for care coordination in the RSS services, there is no cost for care coordination in the Families in FOCUS grant, we don't understand the inconsistencies in how care coordination is funded when all of these grants are offering essentially the same RSS services, please explain.

**A 30. As stated on Page 21, Section 2.04 of the Budget, applicants shall use the following guidance when determining budget distribution to cover these costs:**

**The remaining $65,000 will support direct costs for implementation, including but not limited to: administrative oversight, clinical supervision, case management, participation in required trainings and statewide travel, grantee meetings, purchase of equipment, and GPRA interview incentives.**

**To support the provision of care coordination and individual, group and family counseling services, FOCUS Centers will access Iowa Plan IDPH funding, Medicaid reimbursement, and third party payment.**

**Q31.** Do the material costs for the MDFT program and the CASI program come out of our budget or does IDPH provide the material to us without taking money from our budget?

> **A 31. Training material costs for the MDFT and CASI program will be taken from the IDPH budget.**

**Q32**. What is the expected average length of stay for an MDFT client? What are the frequency of appointments for clients (once a week, twice a month)?

> **A 32. MDFT is both a tailored and flexible treatment and, depending on the needs of the youth and family, can be conducted 1-3 times per week over the course of 3-6 months in both home and clinic settings (see page 14 of RFP).**

**Q.33** How much time will it take to do the background reading and view the DVD?

> **A 33. If this question is about the work that must be done before the introductory site visit, then the time is a few hours. But if it is more generally about time devoted to studying materials then it will be greater. Programs must allow staff time to participate in the training, which includes site visits and weekly calls, and also time to read and study the materials.**

**Q.34** What do we bill the 60-90 minute case consultation calls under?

> **A 34. The 60-90 minute case consultation calls are not billable services. They are part of the training that is required for MDFT. See answer to Question 30.**

**Q.35** How long will the exams take and where are they taken?

> **A 35. There are 2 required exams. It takes approximately 1.5 to 2 hours per exam.**

**Q.36**. How many clients are considered a full caseload?

> **A 36. A full caseload depends on the type of MDFT program you are going to implement. There are 3 different outpatient versions, and the difference is setting and dose. The standard dose with some of the sessions in the clinic and some in the homes has a caseload of 6 – 8 families depending on how many home sessions are needed and how long it takes to from home to home, and case severity. So for example, a therapist who covers a large rural area who does most of her sessions in the home will probably have a caseload of 6 –7. Programs that can**

**get at least some of their clients into the office for about 50% of the sessions can have a caseload of 7 – 8, again depending on severity. The low dose, session in office and in home, more substance use prevention or early intervention, can have a caseload of 9 - 10. Then there is the strictly outpatient model where therapists stay in their office, and the caseload for there can be 15 – 20. It should be recognized that the strictly in-office version will have a lower overall engagement and retention rate (perhaps 70% - 75% versus the 85% - 90% in the hybrid office base and in home model).**

**Q.37** How long will the monthly call with supervisors be?

**A 37. The monthly calls with supervisors are usually 45 – 60 minutes in length.**