

Response to Offeror Questions

Division of Behavioral Health Responses

RFP# 1172

Question One:

Will the RST MRP be required to become accredited by the SD Division of Community Behavioral Health to be eligible for this opportunity?

Response:

Yes, as indicated in section 3.2.5 of the RFP, it would be the expectation of the Division that the awarded agency either is accredited or would obtain accreditation status for the levels of care proposed.

Section 3.2.5: If not accredited by the Division of Behavioral Health, the proposal must outline how the offeror will meet accreditation requirements in ARSD § 67:61 Substance Use Disorders. If already accredited by the Division of Behavioral Health, the proposal must clearly state agreement to continue accreditation in good standing for applicable ARSD § 67:61 Substance Use Disorders related to the proposed program.

Question Two:

Is "Deem Status" an option?

Response:

Yes, deemed status is an acceptable option. Programs may be granted accreditation from the Division of Behavioral Health (DBH) by either meeting the accreditation requirements outlined in ARSD Article 67:61, or through deemed status, by meeting the requirements outlined in South Dakota Codified Law (SDCL) 34-20A-2(1). Through SDCL 34-20A-2(1), a program may obtain deemed status by meeting the standards of the Joint Commission, an Indian Health Service's quality assurance review under the Indian Health Service Manual, Professional Standards – Alcohol/Substance Abuse, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation, if proof of the accreditation with accompanying recommendations, progress reports and related correspondence are submitted to the DBH in a timely manner.

Question Three:

The RST MRP is a new program that began operation in July of 2017 and admitted clients October 9, 2017. The RFP calls for financial records and other documentation to establish a record of history. Will this new of a program be eligible for this opportunity?

Response:

Yes, a new program could still be eligible for this opportunity.

Question Four:

Are there any construction or renovation monies available through this RFP?

Response:

The dollars available are to support the direct treatment services. Proposals may include start-up costs or one-time costs as part of the information submitted which may be reviewed during contract negotiations.

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Question Five:

What is the maximum amount of funding available for this RFP, 2017 and 2018?

Response:

\$603,740 was allocated to support this RFP.

Question Six:

The RFP budget calls for year one cost and projections for year two. Is the year one budget for the balance of 2017 (February, 2017 to May, 2017)?

Response:

Yes

Question Seven:

Is the year two budget projection for June 2017 to May, 2018?

Response:

Yes

Question Eight:

Does the SD Division of Community Behavioral recognize the Great Plains Native American Credentialing Board credentials for counselors?

Response:

If accredited by the Division of Behavioral Health, the agency would be expected to meet staffing expectations as defined in Administrative Rule 67:61:05:03:

67:61:05:03. Qualifications of addiction counselors. *All agency staff providing addiction counseling shall meet the standards for addiction counselors or addiction counselor trainees in accordance with BAPP requirements. A certificate and identification card issued by BAPP is evidence of meeting the standards for an addiction counselor or certificate of recognition for an addiction counselor trainee. Counselor certification or trainee recognition shall be obtained before performing any addiction counseling functions.*

Great Plains American Indian Credentialing Board is a member of the International Certification and Reciprocity Consortium (IC&RC). The BAPP manual does address reciprocity through the IC&RC and options to transfer credentials to the BAPP using the reciprocity process. Please reference Chapter 9 of the BAPP manual here for further information about reciprocity: <http://dss.sd.gov/docs/licensing/standards-manual.pdf>

If an agency is seeking, or has, deemed accreditation status through South Dakota Codified Law (SDCL) 34-20A-2(1), it would be expected that staff credentials meet any and all applicable standards for that oversight body (Joint Commission, an Indian Health Service's quality assurance review under the Indian Health Service Manual, Professional Standards – Alcohol/Substance Abuse, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation). See response to Question Two for additional information on deemed accreditation status.

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Question Nine:

If a grantee doesn't have the capacity to provide certain elements of programming, i.e. detox; but contracts with an outside agency to provide said programming, how is that contracted program funded? Through the grantee and the grantee funds the contracted program, or directly?

Response:

The proposal should describe how an agency would assure care coordination of services not provided directly by the proposing agency. As indicated in the attached contract, agencies proposing to subcontract services would need to follow Section 18.

18. SUBCONTRACTORS: The Provider may not use subcontractors to perform the services described herein without express prior written consent from the State. The State reserves the right to reject any person from the Agreement presenting insufficient skills or inappropriate behavior.

The Provider will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this Agreement, to indemnify the State, and to provide insurance coverage for the benefit of the State in a manner consistent with this Agreement. The Provider will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance. The State, at its option, may require the vetting of any subcontractors. The Provider is required to assist in this process as needed.