RFP #956 Offeror Questions and State Responses

1. What is South Dakota's planned budget (or percentage of its total SBIRT budget allocated) for data collection and evaluation services?
   The SBIRT grant is $1,658,375 per year for five years. The data collection and evaluation services can be up to 20% of the total budget.

2. In South Dakota's model, who would be responsible for administering the 1) intake, 2) follow-up and 3) discharge GPRAs?
   The administration of the intake, follow-up and discharge GPRA's would be completed by staff in the medical clinics.

3. Would it be possible to see South Dakota's project plan narrative from the application to SAMHSA?
   A copy of the SBIRT application submitted by the State is attached to this document.

4. In how many clinics/sites does South Dakota anticipate providing SBIRT services?
   There are three Phases of the SBIRT project. The project is currently partnering with the Avera health care system in Sioux Falls during Phase I of the project. During this Phase, there will be 2 Avera McGreevy clinics and one additional clinic implementing the SBIRT model. In Phase II the project will move into the central part of the state at the end of year 2, and in Phase III the project will move into the western part of the state the beginning of year 4. The State will work with additional health care systems and local community providers in Phase II and Phase III, but at this time these health care systems and providers have not yet been identified, so it is unknown how many unique clinics/sites will be providing SBIRT services.

5. In what types of clinics/sites does South Dakota plan to provide SBIRT services?
   All medical clinics operating in the State are eligible to partner with the state on implementing SBIRT services.

6. Has South Dakota identified any inclusion or exclusion criteria for those who will be eligible for SBIRT services?
   Adults receiving their annual wellness exam, with a special emphasis on Native Americans and pregnant women for the SBIRT project are included, but adolescents under the age of 18 are not included in the target population.

7. Will the project be serving adolescents or only individuals 18 or older?
   See Question #6 above.

8. How many individuals does South Dakota hope to screen through the grant?
   Over the five years of the grant, it is projected that the project will screen 100,266 patients.

9. Has South Dakota selected the tools it would like to use to screen patients and the data collection process?
   There is a screen for tobacco use, the PHQ9, and full screens for the AUDIT and DAST. The data to be collected is specified in the GPRA federal reporting requirements. How the data will be collected and entered into the federal system needs to be detailed by the Offeror.

10. What is South Dakota's anticipated timeline for service roll out?
    See Question #4 above.

11. Has South Dakota selected the tools it would like to use to screen patients?
    See Question #9 above.

12. Is South Dakota planning to use site EMR systems to gather prescreen or other data? Do sites use the same EMR system?
    The plan is to have the results of the screenings entered into the patient's medical record. Not all sites where the SBIRT project will be implemented have the same EMR systems.

13. If requested, where would oral presentations by the offeror be held?
    If an oral presentation will occur it will be Pierre, SD.

14. In Item 3.1.3, the RPF states that the offeror must develop summary documents related to the GPRA tools for use by the state team to enhance and improve the SBIRT services. Can you please share more information regarding expectations for these documents?
    The summary documents for the state team would be completely weekly and include information on the positive and negative scores on each of the screening tools, the number of the GPRA screenings entered into the SAMHSA's Reporting Accountability Reporting System (SPARS) federal data reporting system, information on how many patients received a Brief Negotiated Interview, the number of patients who were referred to brief treatment services and the number of patients who were referred to community based treatment providers for placement in structured treatment programming.

15. Where are national grantee meetings and project team meetings held? Do they require travel and/or are they held via video conference? (Item 3.15)
    There may be a national grantee meetings held annually and if there is, the offeror would be expected to attend this meeting in person.

16. Our evaluation firm is located in Minneapolis. Is this a barrier?
    Out of State organizations are welcome to submit a RFP for the project. If the offeror feels there are barriers to performing the activities of the RFP, they need to detail these barriers in the RFP.

17. Would you consider the grant activities to resemble that of a needs assessment?
    No, the Offeror will be evaluating the outcomes of the programming implemented to determine if the implemented activities are having an impact on the patients involved in the SBIRT project.

18. Will the offeror determine the assessment tools to use for screening as well at the data collection procedure?
    The screening tools have been identified – see question #9 above. The data collection procedure will need to be outlined by the Offeror.

19. Who will the offeror be working with from South Dakota?
    The Offeror will be working with the State team including the Division of Behavioral Health along with the Community Coordinator and the medical clinics involved in the SBIRT project.

20. May the offeror apply to both RFP #955 to provide coordinated services and #956 for evaluation services?
    Yes the Offeror can apply for both RFP #955 and RFP#956.

21. Item #3.1.1 states, "The Offeror must develop a data collection process that captures data from local medical clinics and community behavioral health organizations on the number of individuals screened in in the substance abuse and behavioral health areas, the number that screened positive and received a brief intervention, brief treatment or referral to structured treatment and collect information on the funding sources that are supporting the services provided to the patients." For this item, how is "local" defined?
    Local would be defined as community level medical clinics and behavioral health providers.

22. Are you able to provide a budget for this RFP?
    See Question #1 above.

23. In the "Scope of Work" section on the top of page 4, #3.1.2 indicates that the contractor will "monitor data collection with the required GPRA data tool and enter data into the national database system." In working on other federal contracts we often provide the necessary data to our client which they then enter into the system. We wanted to clarify that the contractor would be responsible for directly interfacing with the GPRA with this contract. Is that correct?
    The contractor would be responsible for interfacing and entering the GPRA data into the SPARS federal reporting system.

24. Is it anticipated that participating health organizations will utilize data from EHRs? If so would the contractor need to work with the health systems to obtain this information from the EHRs?
    The goal is to have the health care organization collect the needed data and enter data into the patient's medical record. The Offeror will receive de-identified GPRA information on the patients to enter into the SPARS system; the rule being within 7 days.

25. We understand a large percentage of this work to be focused on the development, management, implementation, and reporting of a data collection process (3.1.1 – 3.1.4). Is it anticipated that there will be additional evaluation activities, such as examination of facilitators and barriers (likely obtained via interviews or other qualitative methods)?
    No.

26. For requirement 3.1.5, participation in project team meetings, is it expected that the contractor would attend these meetings in person, or would phone participation be an option?
    Meetings will be held with the health care providers and community partners, as well as the State planning team and the SBIRT advisory council. The majority of these meetings will be held via teleconference or webinar. Face-to-face meetings will not exceed 4 per year. The offeror needs to submit a proposal which includes all methods of communication, and ability to travel when required.

27. Does the Division of Behavioral Health Prevention Program already have an evaluation plan developed for the SBIRT project or is this something the contractor would develop?
    The Offeror needs to develop an evaluation plan for the SBIRT project.

28. How many health systems are or will be participating in SBIRT? And will they all begin participation in SBIRT simultaneously or will participation start dates be staggered?
    See Question #4 above.

29. Would you please clarify what is meant by 6.1.6, "availability to the project locale"?
    The Offeror would need to outline their capability to network with the medical clinics and local behavioral health providers in relation to the data collection and technical assistance related to evaluation. There will be up to four face-to-face meetings per year with the additional meetings held by teleconference or webinar.

30. Our firm has billing rates that encompass staff time and benefits as well as operating costs. Is it required that contractors adhere to the billing categories in Attachment #1?
    The Offeror will need to complete Attachment #1 but can include additional information if desired.

31. The SAMHSA FOA (No. TI-16-007) indicates that grantees are required to establish a Policy Steering Committee. Will the evaluator be required to work with the steering committee?
    The evaluator would do presentations to the steering committee on the data collection and evaluation pieces of the project.

32. One of the key outcome questions in the SAMHSA FOA involves examining the impact of program, contextual, cultural, and linguistic factors involved in participant outcomes. Addressing these questions will require the collection of process and implementation data.

    a. Will the evaluator be responsible for developing instruments, protocols, and online systems for collecting process, implementation, and other contextual data?
    Yes the Offeror will be responsible for developing data collection instruments, protocols and online system for data collection, the coordination of GPRA data entry, tracking patients for the follow-up component and entering all required information into the SPARS system.

    b. Does the state expect the offeror to propose an approach to gathering these data and conducting the process evaluation?
    See the Response to Question 32 a. above.

33. Section 3.1.1 describes the development of a data collection process to capture provider-level data. The SAMHSA FOA also includes a requirement for client-level data collection using the standard GPRA tools.
    a. Is the offeror expected to propose an approach to client-level data collection?
    The Offeror must comply with standards and required tools outlined by GPRA and the SPARS data system.

    b. Can the offeror assume that the client-level interviews will be conducted by service providers? If so, is the evaluator expected to provide training and TA to providers in collecting these data?

Yes, client-level interviews will be conducted ty the service provider. The Offeror would provide training and technical assistance on data collection.

34. Section 3.1.2 indicates that the evaluator will monitor data collection with GPRA tools and enter the data into the national database.

    a. Can the offeror assume that this refers to client-level data collected at the point of service?
    Yes this would be de-identified information collected at the medical clinic.

    b. In what form will the evaluator receive these data?
    In the beginning of the project, the data will be received by paper and pencil. The plan is to implement an electronic system as the project moves forward.

    c. Is the evaluator expected to develop an online data collection system for use by providers to collect these data?
    Yes, the development of an online data collection system would be important to build into the Offerors proposal.

35. In section 3.1.3 the RFP indicates the offeror must develop summary documents related to the GPRA tools for use by the state to enhance and improve the SBIRT services. Will the evaluators have access to intervention data?
    Yes, the evaluators would have access to this data and be part of the State team that receives and reviews this information.

36. Section 3.1.4 requires semiannual reports of data collected and program evaluation components. Could the state elaborate more on what is meant by program evaluation components?
    The information in these reports would be the reporting requirements specified in the federal reporting system. Some of the information is stated in Question #14 above. The evaluator will also provide information on the 10% of patients who were selected to participate in the follow-up components for the Brief Intervention, Brief Treatment and Referral to Treatment.

37. Section 3.15 notes that the evaluator will participate in **project team meetings** in addition to the national grantee meetings.
    a. For budgeting purposes, how many project team meetings should the offeror factor in?
    Project team meetings would be held weekly. For additional detail on the meetings to be held see Question #26.
    b. Is in-person attendance mandatory at project team meetings or does would state consider virtual attendance (via phone, Skype, etc.)?
    In-person attendance at the project team meetings is not mandatory. Virtual attendance is acceptable.

38. Section 5.1.1 of the RFP indicates that "the offeror must submit one (1) copy of their entire proposal, including all attachments and cost proposal, in PDF electronic format loaded on a USB flash drive." Section 7.0 says "Submit a cost report for project activities. Send 1 original and 5 copies of the cost

report." Could you please clarify whether the cost proposal is a separate document or should be submitted as part of a single proposal document that also includes the technical proposal?
Yes, the cost report is sent at the same time as the technical proposal but in a separate mailing.

39. What is the estimated number of unique data source systems operated by local medical clinics and community behavioral health organizations that will provide the source data for analysis?
See Question #4 above. At this point, we do not know the number of local medical clinics or community behavioral health organizations that will be participating in the project.

40. What is the estimated number of individuals for which data will be collected during the course of the project by project year)?
See Question #8 above.

41. How frequently will the target data be collected from the medical clinics and behavioral health organizations?
Screenings will be conducted in the medical clinics and the guideline for entering the GPRA data into the SPARS reporting system is 7 days.

42. What is the data format required for sending data to the national data base system (per federal guidelines)?
The federal system that the information is loaded into is called the SPARS data collection system. This system is new and is currently being rolled out by the feds.

43. To what degree is this RFP focused on planning and developing processes as opposed to actually using the process in to collect and monitor the data.
The Offeror needs to develop a plan to collect the needed data, a plan to enter the data into the federal reporting system and a plan to monitor which of the 10% of patients need to have a follow-up.

44. Will the Division of Behavioral Health entertain licensing a data integration tool to serve as the technology component to collect and monitor the data?
The Division has not considered licensing a data integration tool. In your application, describe the positives and negative aspect of licensing a data integration tool.

45. How many sources of data (medial clinics and behavioral health organizations) are expected?
See Question #4 above

46. Is the Division of Behavioral Health able to provide a copy of their GPRA performance goals related to data collection and monitoring?
A copy of the GPRA document is attached to this document.

47. Does the Office of Procurement Management require any deliverable to be produced other than the summary documents related to the GPRA tool or the semi-annual reporting for the process?
See Question #14 above.

48. On what basis will the successful bidder invoice the state for the services rendered?
Reimbursement will be on a fee-for-service basis.

49. What are the mandatory data collection and evaluation requirements from the feds?
    The GPRA data is collected and must be entered into the system within 7 days. There is also a need to conduct a six month follow-up on 10% of the patients that have received Brief Intervention, Brief Treatment and/or Referral to treatment. This information is then entered into the SPARS system.

    a. How often must this be collected and reported?
       See Question #49 above.

    b. Is there a federal data reporting system currently in place for this particular grant?
       See Question #41 above.

50. Will a copy of the submitted RFP by the state of South Dakota for SBIRT be made available for evaluator review?
    A copy of the Application is attached to this document.

51. Estimated amount of time and money proposed in accepted federal proposal?
    The application details the percent of time for the evaluation team for the project. Refer to Question #1 above for the guideline regarding funding for this component of the project.

52. What data collection systems exist in our current hospitals, clinics, and behavioral health centers?
    In Phase I, we are currently working with the Avera medical group that utilizes Meditech. We are currently unaware of what data collection systems other clinics use since we have not selected other medical clinics for Phase II and Phase III.

53. Is there an expectation of developing and implementing a state-wide data collect system that will be uniformed and mandate that all South Dakota hospitals, clinics, and behavioral health center report into this system?
    There is no plan to develop a statewide mandatory reporting system. The project will need to work with the current data collection systems used by each medical clinic and the community based provider systems.

54. How many targeted people will the grant be looking at serving?
    See Question #8 above.

55. How many clinics and treatment centers?
    Please see Question #4 above.

56. What type of information will be required for summaries?
    Please see Question #14 above.

57. What travel requirements would be necessary?

    a. Trips in state to meetings?

    The project will encompass the entire state of South Dakota. The Phase I of the project is in Sioux Falls, Phase II begins in the Central part of the State and Phase III in the Western part of the State in Year 4. It is projected that there will be four in-state meetings per year to roll out of the project at new sites.

b. National meetings?
Please see Question #15 above.

58. What other meetings and how often will they be required.
Please see Question #26.

a. State and national webinars?
There will be at a minimum weekly calls with the State team, monthly calls with the federal project officer and additional Webinars on the SPARS system.

59. Will the data collected by the Community Coordinator Services be cleaned before providing it to the Evaluation Team?
The Community Coordinator does not collect the data. The data is collected by the medical clinics and sent to the Evaluation team for entry into the SPARS system. The expectation is that the data submitted will be verified before it is loaded into the SPARS system. If the federal review identifies errors in the data, it will be the responsibility of the Offeror to clean the data.

60. Is there an expectation that the Evaluation Team collect ALL data for the SBIRT requirements?
Yes, that is the expectation.

61. What type of billing requirements will sub recipients have? Will some of the information required by the grant be collected and compiled through billing sent to the state?
The billings to the State will be on a fee-for-service, and data will need to be collected and compiled outside of the billing system.

a. Will sub recipients be required to report data before being reimbursed for services?
No, this will not be a requirement to be reimbursed for services.

62. Section 3.15 - The Offeror will participate in national grantee meetings and project team meetings.

a. How many anticipated grantee meetings will there be during the contract timeframe?
See Question #15 above.

b. How many staff from the Offeror should attend the grantee meetings?
One, the evaluator assigned to the project.

c. Where do the grantee meetings occur (e.g., the Washington DC area)?
Meetings are typically held in the D.C. area; however, they are not scheduled yet so this could change.

d. How many anticipated project meetings will there be during the contract timeframe?
Please see Question #26 above.

e. How many staff from the Offeror should attend the project meetings?
The Offeror will need to detail in the application the staff assigned to the project and which of these staff the Offeror feels is critical to attend scheduled meetings.

f. Can the Offeror attend some or all of the project meetings via conference call or video?
Please see Question #26.

63. Section 3.1.2 - The Offeror must monitor data collection with required Government Performance and Results Act (GPRA) data tool and enter data into the national data base system per federal guidelines.

a. Please clarify which GPRA data tools and/or domains within a GRPA tool the Offeror is required to monitor.
Please see Question #46 above.

b. Will the Offeror also be required to collect GPRA data or will the awardee of RFP #955 SBIRT Community Coordinator Services be responsible for collecting GPRA data?
The Offeror for RFP #956 will be required to collect GPRA data.

c. Which national data base system will the Offeror enter data into (e.g., WebBGAS).
Please see Question #38 above.

d. It has been our experience that federal data collection guidelines typically request grantees to report on a Federal Fiscal Year cycle (Oct 1 – Sep 30) and data is often due in December. Please confirm the federal timeline that the Offeror will need to report on and that the national data base system will be accessible to the Offeror during the contract timeframe.
There are quarterly reports that need to be completed as well as an annual report, which is due in December of each year. The National database system will be available to the selected Offeror.

64. Section 3.4 - The offeror must provide information on their current ability to collect required data for the SBIRT project and comply with the requirements of the program evaluation component.

a. Please confirm that the following indicators are the only required data: the number of individuals screened in in the substance abuse and behavioral health areas, the number that screened positive and received a brief intervention, brief treatment or referral to structured treatment and information on the funding sources that are supporting the services provided to the patients (e.g.,).
No, this is not the only information collected on patients involved with the project. Please see the attached GPRA document for additional information.

b. Is the state interested in "sub-populations" of the required indicators above (e.g., # of individuals screened by Gender, Age, etc.)?
Please see Question #6 above.

c. Is the state interested in collecting data in addition to the required indicators (e.g., clinics' perceptions related to implementing SBIRT)?
Please see Question #25 above.

65. Section 4.3 - The offeror **May be** required to submit) a copy of their most recent independently audited financial statements.

a. When will the Offeror know if they will be required to submit this information?
The request will be made prior to the Award Notice.

b. If the Offeror is not required to submit this information, how does the State plan to evaluate Offerors on price and cost data from previous projects for 6.1.3 Record of past performance, including price and cost data from previous projects, quality of work, ability to meet schedules, cost control, and contract

administration?
Please see Question #65 a. above.

66. Section 4.6 - Provide the following information related to at least three previous and current service/contracts performed by the offeror's organization which are similar to the requirements of this RFP. Provide this information for any service/contract that has been terminated, expired or not renewed in the past three years:

    a. Is the state requesting at least three total service/contract which could be previous or three previous and three current for a total of at least six service/contracts?
    Yes, the language specifically states" three previous and current".

    b. Please clarify the second request. It reads as if the state is also asking for information for all of the projects the bidding organization has worked on in the past three years that are not currently active?
    The request is asking for three projects that have ended that the Offeror has worked on during the past three years.

67. Section 5.0 PROPSAL RESPONSE FORMAT

    a. Are there page limits to any of the sections of the proposal other than the executive summary being 1-2 pages?
    There has not been a page limit established for the RFP.

68. 5.2.1 - RFP Form. The State's Request for Proposal form completed and signed.

    a. Please confirm that the RFP Form is the first page of the RFP.

    b. The first page of the RFP is the RFP form.

69. Section 7.0 - Cost Proposal

    a. What is the anticipated budget for this contract?
    Please see Question #1 above.

    b. Can the Offeror include additional information related to the cost proposal?
    Yes, the Offeror can include additional information under the "Other" section of the cost proposal.

70. How many medical clinics and local Behavioral Health service providers does the State anticipate will implement SBIRT during the contract timeframe?
    Please see Question #4 above.

71. RFP #955 SBIRT Community Coordinator Services indicates that there will be a planning phase before activity may begin towards implementation. Does the State have an anticipated timeline for when implementation of SBIRT will begin?
    Implementation for Phase I has already begun in Sioux Falls. Each roll out for the Central and Western parts of the State will have a 6 month planning period.

72. Could you please clarify what elements of this RFP will be established during the planning phase and the implementation phase?
    During the planning phase, the Offeror will work with the State prevention team and with the clinics and providers on educating all partners on the data collection requirements of the grant, the evaluation requirements of the grant, and the follow-up requirements of the grant. During implementation, the Offeror will operationalize these processes.