STATE OF SOUTH DAKOTA OFFICE OF PROCUREMENT MANAGEMENT 523 EAST CAPITOL AVENUE PIERRE. SOUTH DAKOTA 57501-3182

<u>Juvenile Justice Transitional Healthcare Services</u> <u>Stakeholder Engagement and Project Management</u>

PROPOSALS ARE DUE NO LATER THAN MARCH 27, 2025 BY 5:00PM CST

RFP #13429 BUYER: Department of Social Services POC: Kirsten Blachford

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1. Do you have a budget for the project that you can share?

To allow bidders to propose an approach that is properly scaled to DSS' budget, can the State please provide insight into its budget for this scope of work?

Under "2.0 Standard contract terms and conditions" and bullet 2.5, it seems like the total contract amount is missing. Could the State of South Dakota share more information about this project's budget?

What is the budget that has been approved or allocated for this effort?

What is the project budget for the initial phase of the project?

Do you anticipate the budget will be over \$100,000 (and thus some of the contract terms, such as restrictions on Boycott of Israel will be in effect)?

Is there a budget determined for renewals?

Are the funds from federal and / or state budgets?

Have the funds already been allocated or is there a future allocation process we should anticipate?

Does South Dakota have any price targets for this bid?

Is the State able to provide an estimated budget range for this engagement?

The maximum value of the contract is \$300,000. The State has additional funding available for contract extensions dependant on scope of work outlined in extensions. The contract will be funded utilizing allocated federal grant funding made available to the State.

2. We assume the contract type is T&M; can South Dakota please confirm contract type or provide the alternative contract type.

The State anticipates offering a Time and Materials contract for services provided.

3. Does South Dakota have an estimated level of effort in mind for this project?

The State does not have an estimated level of effort at this time.

4. Is there preference for South Dakota vendors?

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No, preference will not be given to South Dakota vendors. All vendors will be evaluated based on their familiarity with the project locale and their availability, as outlined in Sections 6.1.4 and 6.1.5 of the RFP.

5. Is there a contractor that supported implementation of juvenile justice coverage changes implemented in January 2025? If so, is this entity eligible to apply for this RFP?

Is DSS working with an incumbent vendor on implementation planning efforts for Section 5121 of the Consolidated Appropriations Act, 2023?

No, the State did not engage a contractor to support the implementation of juvenile justice coverage changes implemented in January 2025 and is not currently working with a vendor.

6. Will we be working with an internal partner? What staff resources from your agency will be available for us to partner with? Do you have any information you might share about their availability, capacity, etc.?

The offeror will be appointed a contact person from the Division of Medical Services to serve as liaison. State staff will participate in regular project management status meetings with the vendor. The State anticipates the contractor will provide adequate staffing to perform the items outlined in the scope of work.

7. In the implementation plan, is the anticipated implementation staff that within SD DSS and/or sister South Dakota corrections agencies, or is the intent that the contractor would provide the staffing to support those implementation plan activities?

As indicated above staffing may vary. To the extent the recommendation aligns with State staffing roles and capacity, State staff may take the lead. Contractors may be tasked with more of a project management role or may have a more direct role for some recommendations.

8. How much of the work do you anticipate occurring in person?

Can the State please clarify the degree of contractor on-site presence expected with this scope of work?

Can the State please clarify whether stakeholder engagement sessions are envisioned to be in-person or virtual?

Does the State of South Dakota have a vision for the specific types of methods or formats the contractor should use to conduct stakeholder engagement (e.g., key informant interviews, focus groups)?

What expectations does DSS have for any on-site work by vendors? If onsite work is expected, what amount of time do you expect the vendor to work on-site?

Does DSS expect the vendor to facilitate regular meetings and forums for stakeholders and providers in-person?

For budgeting purposes, does South Dakota require any specific number (or range) of stakeholder activities to be held in person in South Dakota or does DSS anticipate events happening virtually?

Can this work be performed remotely with minimal travel?

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The State is open to approaches and types of engagement, collaboration, and work using in person and virtual methods and anticipates some would likely occur in person. We encourage offerors to describe their proposed strategies.

9. You list your internal stakeholders as including but not being limited to Juvenile Detention Centers, County Jails, State Department of Corrections, State Department of Social Services, relevant Medicaid providers. Are there external stakeholders you hope the contractor will engage with, such as youth, parents, or community stakeholders?

The State is open to proposals regarding other suggested stakeholders that should be engaged.

10. How many meetings and forums for stakeholders and providers should the vendor expect to facilitate? Based on historical data, how many participants does DSS anticipate will attend these meetings or forums?

The State has not specified a specific number of meetings/forums to facilitate. The State would anticipate at least two to three sessions with various stakeholders as well as additional key informant interviews. The number of participants may vary depending on the location or method of the session. We would anticipate most stakeholder sessions to be 30 people or less.

11. Are there currently-planned meetings with any of these stakeholders – such as a provider conference or statewide training – that we could also attend and use for some of our engagement activities? If so, what is the best place to learn about these planned meetings?

The State does not have currently-planned meetings with stakeholders.

12. Are there specific engagement activities you are hoping to see – such as focus groups, surveys, 1:1 meetings, community events, etc.?

The State has not outlined specific engagement activities, but anticipate focus groups, surveys, and key informant interviews may be viable strategies. We encourage offerors to describe their proposed strategies for conducting stakeholder engagement.

13. Do you have facilities in which we can host meetings, workshops, etc., or should we budget for rental space as needed?

The Department of Social Services has offices located across the state which may be made available for in-person engagement. Depending on the location and group size, possible rental space may be needed.

14. Are there major locations you request that we visit in-person during the course of the project, such as facilities, providers, or others? What should we know about your preferences that will help us budget for these visits?

The State has not identified specific locations for stakeholder engagement but reasonably anticipates that some in-person engagement activities will take place. Engagement should include urban, rural, and tribal perspectives.

15. Do you have any existing stakeholder forums that bring together the stakeholders outlined in section 3.2 of the Scope of Work?

The State does not have a current existing stakeholder forum for those outlined in section 3.2.

16. Please confirm the age range for juveniles who would be eligible to participate in the juvenile justice re-entry program.

Does DSS anticipate the vendor providing re-entry services for juveniles who have been adjudicated as adults and being incarcerated in a state adult correctional facility?

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The State has a limited number of juveniles who have been adjudicated as adults. Those juveniles may be located in state, local, federal, or tribal adult correctional facilities. TCM coverage also includes individuals who are in the Former Foster Care aid category age 18-26 and may be located in adult carceral settings. Eligible recipients for Targeted Case Management are defined in the <u>Justice Involved Youth Case Management and Pre-Release Services</u> billing and policy manual.

17. Please describe how many juvenile justice carceral facilities (e.g., detention centers, county jails, correctional facilities, etc.) currently hold or detain juveniles who will be eligible for re-entry services?

Does the scope of this engagement include tribal populations and Indian Health Service (IHS) facilities?

Tribal carceral settings are included as eligible carceral settings under Section 5121 of the Consolidated Appropriations Act, 2023. As such, engagement with tribal carceral settings and tribal healthcare providers should included in the proposal. A list of eligible carceral settings can be found in our January 24, 2025 "Medicaid Coverage of Limited Services of Incarcerated Juveniles" provider bulletin.

- 18. The RFP mentions TCM provider outreach and recruitment. Does this refer to recruiting providers who do not yet provide TCM services at all, or recruiting providers that already provide TCM services but do not currently provide TCM services to youth that meet the criteria outlined in the Consolidated Appropriations Act?
 - a. Does the State of South Dakota have access to a list of current TCM providers, or would the contractor be responsible for identifying the list of providers to recruit from?

For purposes of the RFP, outreach and recruitment pertains to recruiting eligible providers who do not currently provide TCM. The State did not previously cover TCM services before January 1, 2025, as such we do not have a list of current TCM providers. The State may make a list of eligible Medcaid enrolled providers available once the contract is awarded.

19. For the provider recruitment and education materials, are there example products you can share that the State has used in other projects?

The Division of Medical Services has provider bulletins and trainings located on the <u>Medicaid Provider Communications</u> webpage. Examples of materials with graphic design elements that the Department has used for provider and recipient education can be found on the <u>Forms and Publications</u> webpage.

20. Does South Dakota have a sense of the timing of when it would require a draft or final of major deliverables such as the work plan and action plan to be completed?

Are there specific timelines required for completion of stakeholder engagement, delivery of the action plan, beginning of implementation of action plan? If not specific target dates, does South Dakota anticipate all the activities to begin in the first contract period? Or will some (e.g., action plan development) begin in a future period of performance?

The State expects a draft deliverable for item 3.1 in the scope of work within approximately 4 weeks of contract award. It is anticipated the action plan referenced in 3.4 will be compleed by December 31, 2025. Specific timelines may be included/negotiated in the contract.

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- 21. The evaluation criteria references "special project constraints." Can you clarify those constraints for this particular project?
 - Special project constraints are specific limitations a vendor has to meet to successfully complete a project. Constraints include things such as time, cost, resources, and scope. Constraints related to this project include timeliness of completion, budget, and scope.
- 22. Does the State of South Dakota have an anecdotal sense of implementation barriers and challenges that the contractor should consider when designing the project? For example, lack of provider awareness of the law, confusion among providers regarding the law, timing limitations given the short period youth are eligible to receive services, the Medicaid enrollment process, or waitlists?

The State anticipates barriers include a lack of established TCM providers, coordination between the carceral settings and TCM providers, timing limitations surrounding length of carceral stay post-adjudication, and data-sharing limitations.

23. The Centers for Medicare and Medicaid Services required states to have an Operational Plan to implement Section 5121 of the Consolidated Appropriations Act in place no later than January 1, 2025. Can the State please make a copy of its Operational Plan available to bidders?

The State will make the Operational Protocol available upon contract award. As a reminder a bulletin on this subject with a list of carceral settings is available here:

<u>Medicaid Coverage of Limited Services for Incarcerated Juveniles.</u> and a provider manual is available here: <u>Justice Involved Youth Case Management and Pre-Release Services.</u>

24. Does the State have a preferred specified form or format for the cost proposal submission?

The State recommends the cost proposal include estimated number of staff hours for each scope of work item and associated hourly costs as well as any other costs associated with the work.

25. The State is allowing the submission of multiple cost proposals. If a bidder submits multiple cost proposals, should a narrative distinguishing the approach for each cost proposal also be included in the cost proposal?

What would be a reason for an Offeror to submit multiple cost proposals? Would this essentially be proposals to manage different scenarios for the project with varying amounts of resources?

Offerors may submit multiple cost proposals to provide different pricing structures or different levels of intensity of certain scope of work items. A narrative distinguishing the proposals should accompany any submission that includes multiple costs proposals.

26. How will the cost proposal be scored? Please share any rubric or formula you'll be using.

Cost proposals are scored based on the following formula: (Price of Lowest Cost Proposal/Price of Proposal Being Rated) x Total Points available for Cost = Awarded Points.

27. Under "3.0 Scope of work," bullet 3.3 states "conduct a systematic analysis of access to pre-release services and potential enhancements that would facilitate or increase access to service." Does the State of South Dakota have ideas for potential data sources for this task, or a vision for the specific types of methods that the contractor should use to conduct the analysis?

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The contractor is expected to propose an approach that aligns with the project objectives and leverages relevant data sources and methodologies to assess access to pre-release services effectively. Examples of sources for this analysis may include interviews Medicaid eligibility staff and interview or focus groups with carceral settings.

28. Under "3.0 Scope of work," bullet 3.4.4 seems to be missing a clause: "A plan for implementing recommendations including, but not limited to, key steps, staffing, and timelines; and". Can the State of South Dakota clarify whether there should be an additional clause?

This is a typo. There is no additional clause.

29. Under "3.0 Scope of work," bullet 3.5 states "create materials such as documentation or processes or other education materials as needed to facilitate provider recruitment and understanding of coverage." It sounds like there are two purposes for these materials: 1) educate and raise awareness of the law and its requirements among providers, and 2) encourage and recruit providers to provide services to youth as outlined in the new law. Is that accurate?

Yes, the State anticipates a need for recruitment materials as well as educational materials to help establish processes and procedures for providing services as outlined in the <u>Justice Involved Youth Case Management and Pre-Release Services</u> provider billing manual.

30. In Section 3.6 of the scope of work (described on page 8 of the RFP), will the state be implementing the contractor's recommendations, and the contractor will help manage the work, or will the contractor be implementing their vetted recommendations?

Implementation of recommendations will depend on various factors including feasibility, policy considerations, and resource availability. The exact role of the contractor in implementation may vary based on project needs and the nature of the recommendations. For example, State staff that already coordinate Medicaid system enhancements would likely be tasked with a recommendation regarding system enhancements and the contractor would play a minimal role in implementation of the recommendation.

31. We understand that 3.7 of the scope of work is likely intentionally broadly written since needs are not yet known, but can you provide any assumptions for purposes of creating a budget?

The State anticipates needs surrounding TCM provider recruitment and engagement, development of workflows to integrate TCM providers into the carceral system, and recommendations for data-sharing enhancements.

32. In Section 5.2.3.2, the requirement states that responses should provide a specific point-by-point response in the order listed in the RFP. For requirements such as '3.1 Develop a work plan and associated timeline', are offerors expected to provide a detailed sample work plan within the proposal, or should the response focus on describing the approach and methodology for developing the work plan during project execution? Does this expectation apply uniformly across all subsections of Section 3.0 (e.g., 3.2 Stakeholder Engagement, 3.3 Systematic Analysis, 3.4 Action Plan Development)?

The State would accept either approach.

33. The estimated award is in April, but attachment A indicates a start date of June 1, 2025. Can you clarify which is the start date of the contract?

The anticipated start date is June 1, 2025, however, this may change based on contract negotiations

34. Will the contract budget be hourly, fixed price, or deliverable based?

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Can the State please clarify whether the resulting contractor will be paid on an hourly basis, fixed fee per deliverable basis, or other manner?

The State recommends the cost proposal include estimated number of staff hours for each scope of work item and associated hourly costs as well as any other costs associated with the work.

35. Can the State please clarify whether this solicitation is being issued as a task order under a DSS master contract or as a separate solicitation?

This is a separate request for proposals.

36. For workers' compensation Insurance: our organization is self-insured under Minnesota statutes and can provide that insurance if requested. Will that work for the State of South Dakota?

This question to be answered at a later date.

37. In "Attachment A," bullet 1 states that "CONSULTANT'S South Dakota Vendor Number is____. Upon execution of agreement, Consultant will provide the State with Consultant's Employer Identification Number or Federal Tax Identification Number." Wilder is not registered with South Dakota but can provide Unique Entity Identifier and/or federal Number. Will that work for the State of South Dakota? Is Wilder required to be registered with South Dakota? If yes, can we do so after the RFP is awarded and within 3 months of execution of contract? What is the process of registration, if applicable?

The State will assign a vendor number after the RFP is awarded and before the contract is fully executed. Consultants will be required to provide their EIN or Federal TIN upon contract execution.

38. Under "1.14 Length of contract," the RFP states that there will be the option for two extensions. Does the State of South Dakota anticipate that these extensions are likely? Does the State of South Dakota have a preference regarding how proposals should address this possibility (e.g., including ideas for potential additional activities specific to the extended periods)?

Contract extensions will be contingent upon work plan progress and need. The State anticipates at least one extension may be needed. The State does not have a preference for how proposals address the possibility of extensions

39. Section 2.5 states, "The State will not pay Contractor's expenses as a separate item." However, Section 7.0 states, "Any anticipated travel...associated with the work should be estimated separately." Can the State please clarify if travel expenses should be noted separately, if they will be paid, and how it would like travel costs presented?

Travel costs should be listed separatey. Meals and milage will be reimbursed using the state Per Diem rate. Contractors will be required to follow all applicable state and federal regulations regarding travel.

40. Do we need to submit Attachment A with our proposal?

No, Attachment A is a draft of the contract with the State's required standard terms and conditions.

41. Do we need to fill and submit 'CERTIFICATION REQUIRED BY SDCL ch 5-18A'?

No, as indicated on the form no signature is required at this time.

42. Would DSS consider extending the deadline to allow for at least seven business days between receipt of answers to questions and the proposal submission date?

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The State will ensure that answers to questions will be sent back to offerors on or before March 13, 2025 as outlined in the RFP. Submissions are due March 27, 2025.

43. What existing data do you already have about implementation of the limited coverage for juveniles, whether or not they meet the requirements of Medicaid enrollment, have been adjudicated, and are within 30 days of release to the community?

Medicaid enrollment data indicates that Medicaid was aware of approximately 125 juveniles who were incarcerated in SFY23. The State of South Dakota Council of Juvenile Services indicated that in SFY23 1,635 juveniles were admitted to a JDC.

44. In Section 5.0, the RFP outlines the required response format, including Sections 5.2.1 through 5.2.4. Are offerors permitted to add additional sections in their response, such as a section titled 'OTHER DETAILS REQUESTED IN SECTION 6 – PROPOSAL EVALUATION', to address all requirements mentioned in Section 6?

Yes.

- 45. In **Section 5.2.3.2**, the requirement states that responses should provide a specific point-by-point response in the order listed in the RFP. Are offerors required to address **all** sections and subsections of the RFP, including:
 - General Information
 - 2.0 Standard Contract Terms and Conditions
 - 3.0 Scope of Work
 - 4.0 Proposal Requirements and Company Qualifications
 - 5.0 Proposal Response Format
 - 6.0 Proposal Evaluation and Award Process
 - 7.0 Cost Proposal
 - Attachment A (all 38 points)
 - Certification Required by SDCL ch 5-18A

All sections that require responses need to be addressed in the proposal. Attachment A is the expected contract. Offeror should note if there are any issues with compliance for Attachment A.

46. Would the State allow the Transmittal Letter to be placed after the Table of Contents and before the RFP Form?

Yes.

47. Does DSS currently use or prefer a collaboration platform?

The Division of Medical Services currently uses Zoom and Microsoft Teams as preferred communication collaborative platforms. We currently do not have a preferred project management collaboration platform.

48. Are there any specific platforms, software or apps that you use that the contractor will interface with?

For purposes of this contract, the contractor will not be asked to interface with specific platforms, software, or apps.

49. Please provide a link to any current, public documents that describe your Agency's strategic plan or strategic priorities.

The Department of Social Service's <u>strategic plan</u> can be found on the Department's website.

50. What are the file types (e.g., Word, Excel, PowerPoint, other) that might be transferred via the SFTP platform?

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All files must be submitted in accordance with section 1.5 of the RFP.

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