



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
 CONTRACTS AND PROCUREMENT SERVICES
 64 NEW YORK AVENUE, 2ND FLOOR, WASHINGTON, DC 20002
 PHONE: (202) 671-3171 ♦ FAX: (202) 671-3395**

April 24, 2013

**COMMUNITY RESIDENTIAL FACILITY (CRF) SERVICES
REQUEST FOR PROPOSAL (RFP)
AMENDMENT NUMBER ONE (1) – RM-14-RFP-100-CRF-XXX-BY4-SC**

TO ALL PROSPECTIVE OFFERORS:

QUESTIONS AND ANSWERS

Question No.	RFP Section	Question
1		Should facilities operated by offerors be identified prior to submission of proposal?
DMH RESPONSE: The Department of Mental Health shall not require a prospective contractor to commit the resources required to obtain a facility prior to the receipt of a contract. However, upon award the Contractor shall be required to identify a facility that meets the licensure requirements specified in Title 22 District of Columbia Municipal Regulations Chapter 38, Community Residence Facilities (CRF) for Mentally Ill Persons.		
Question No.	RFP Section	Question
2		What role does DMH play in the certification process for CRF?
DMH RESPONSE: DMH does not “certify” CRFs. The DMH’s Office of Accountability, Division of Licensure is responsible for the licensure of Mental Health Community Residential Facilities. In addition, in order to be licensed the MHCRF must meet applicable requirements in Title 22B D.C. Municipal Regulations (DCMR) Chapters 31 and 38.		

Question No.	RFP Section	Question
3	C.5.3	What is the definition of "Intensive Residential Mental Health Services."
<p>DMH RESPONSE: Pursuant to DCMR Title 22-3837 (attached), "...an intensive residential mental health service shall be a supportive program that provides 24-hour supervision. The maximum number of residents that shall be served in the facility is eight, excluding staff..." The prospective Contractor is encouraged to read the entire section to obtain information regarding all of the specific service and staffing requirements for providers operating this type of facility.</p>		
Question No.	RFP Section	Question
4	C.6.8	What is Critical Time Intervention (CTI)?
<p>DMH RESPONSE: DMH utilizes the Critical Time Intervention (CTI) model to facilitate community integration of individuals who have lived in institutional settings or in congregate care. CTI is a well-researched, cost effective evidence based practice that has been used to assist individuals to transition from homelessness, psychiatric hospitals, the criminal justice system or other institutional settings into the community. This services and supports provided through this time-limited support model assists extremely low income individuals with mental illness in re-establishing themselves in community-based housing with access to necessary mental health services and housing supports. Within this model, Peer Specialists work with the individual and his/her support network over a nine-month period to ensure successful transition to the community. At the conclusion of that time period, the consumer's mental health provider and other members of his/her support network, take on the responsibility of assisting the individual to manage tasks and stressors related to community living. The implementation of this evidence-based practice has provided persons enrolled in the mental health system the opportunity to live in integrated community settings. A complete description of the model can be found at www.criticaltime.org/model-detail/.</p>		
Question No.	RFP Section	Question
5	C.6.10	Is the statement correctly stated?
<p>DMH RESPONSE: This statement is correct as presented in the solicitation.</p>		
Question No.	RFP Section	Question
6	C.7.9	With the consumers' having a choice in their living selection, how is the process of transitioning clients out of a setting when they don't want to be moved.
<p>DMH RESPONSE: The RFP requires that the Contractor develop a Transition Plan that facilitates integration of the consumer into the community to the greatest extent possible. The goal is to assist the individual in moving to the least restrictive environment. Barriers to integration, including an individual's resistance to moving to a less restrictive living arrangement, must be documented and addressed by the Contractor in collaboration with the individual and his/her treatment team.</p>		

Question No.	RFP Section	Question
7		With housing being at a premium, will vouchers be available to support clients in need of alternative housing?

DMH RESPONSE: Individuals moving from CRFs to the community have been deemed by DMH as a priority population for receipt of vouchers or subsidies.

Question No.	RFP Section	Question
8	C.7.6	Is the contractor expected to reduce slots as stated? If so please explain this requirement.

DMH RESPONSE: Consistent with the recommendations from the CRF Task Force, DMH expects to reduce the total number of contract CRF slots within the system of care by 2015. The specific number of slots reduced by a specific Contractor shall be dependent upon the needs of the consumers assigned to that facility and the overall needs for contracted CRF slots within the system. Each Contractor shall be expected to have a clearly articulated and appropriate Transition Plan that supports community integration for every consumer in the operator's care.

Question No.	RFP Section	Question
9	C.9	"Hours of Operation"

DMH RESPONSE: Delete C.9 in its entirety, as it does not apply to this solicitation.

Question No.	RFP Section	Question
10		Explain the process as it relates to the Regular License as a MHCRF Operator.

DMH RESPONSE: MHCRFs shall need to have a Regular License as a MHCRF Operator. Intensive Mental Services are described in the solicitation, most specifically in Sections C.1, C.4.3 and C.6. In addition, they are described in Title 22B 3837. Successful applicants shall need to demonstrate their qualifications to meet applicable requirements of Section 3837 in order to receive4 DMH Division of Licensure Authorization or a Licensure Endorsement as an Intensive Residence.

Question No.	RFP Section	Question
11		Include a minimum amount in the event you are awarded a contract when there is no opportunity to fund slots due to exceeding number of available slots for the agency.

DMH RESPONSE: A guaranteed minimum Contract Amount of \$2,000 shall be awarded to eligible Offerors identified for a Contract Award if there are not available slots to be offered at the time of the award.

Question No.	RFP Section	Question
12	B.2	How did DMH arrive at the number 200 individuals living in MHCRF?
DMH RESPONSE: This is the current number of slots available in the system.		
Question No.	RFP Section	Question
13		Bidders/Offerors' Certification Form
DMH RESPONSE: This form is a requirement for all District contracts over \$100,000.00 and was omitted from Section J. A link to this form is provided.		
 Bidders Cert 92612.url		
Question No.	RFP Section	Question
14	L.2.3.2.7	Can you be consider for award if you cannot provide a minimum of 3 government agencies as it relates to Past Performance explaining similar or same services that you have provided previously before?
DMH RESPONSE: If government experience is not available, previous experience provided by letters of support for similar or same services shall be acceptable, unless you are a newly form business.		
Question No.	RFP Section	Question
15		List all required documentation needed to be eligible to submit a proposal.
DMH RESPONSE: Compliance documents as contained in Section J; Technical Proposal; Schedule B Pricing, other documentation as dedicated by Sections C, K, L and M.		
Question No.	RFP Section	Question
16		Is it true that a Non-profit cannot be a CBE?
DMH RESPONSE: Yes, it is true that a Non-profit cannot be a CBE in accordance with the DSLBD Certified Business Enterprise (CBE) Program. A link to the website has been provided for your convenience to view at your leisure. http://dslbd.dc.gov/		

Question No.	RFP Section	Question
17		The web addresses for compliance documents are clickable links... but none of them work - even if you copy and paste them. Is there an alternative?
DMH RESPONSE: The initial email dated March 20, 2013 transmitting the solicitation stated the option of calling or emailing if unable to open any web links. Copies of compliance documents shall be provided as an attachment to this amendment.		
Question No.	RFP Section	Question
18		Do we have to include compliance docs J-1, J-2 and J-6 through J-11 in our package or just J-3 thru J-5?
DMH RESPONSE: Compliance documents J-3 through J-5 are required. In addition, J-12 is also required for Proposals over \$250,000.00.		
Question No.	RFP Section	Question
19		<p>Section H.7.1 of the RFP states the following: “For Contracts in excess of \$250,000, at least 35% of the dollar volume shall be subcontracted to certified small business enterprises; provided, however, that the costs of materials, goods, and supplies shall not be counted towards the 35% subcontracting requirement unless such materials, goods and supplies are purchased from certified small business enterprises.”</p> <p>Additionally, Section H.7.5.1 states: ...”is required to submit with its proposal, a notarized statement detailing its subcontracting plan.”</p> <p>We have been diligently searching for a Certified Business Enterprise, but have not found one that fits the sub-contracting requirements for our organization. After contacting Ms. McQueen, General Council for the Department of Dslbd, we were informed that a waiver can only be obtained from the Contracting Officer of the agency that is offering the RFP.</p> <p>Question: How does our organization develop a sub-contracting plan with a CBE company that does not provide the specialized work we require, and specified in this RFP?</p>
DMH RESPONSE: A subcontracting plan is required only if your search for a CBE was successful, and if not, a formal request in writing to the Contracting Officer requesting a waiver because you were unsuccessful is required.		

Question No.	RFP Section	Question
20	C.6.2.1	Medication administration and physical therapy, to be provided by licensed staff on scheduled basis according to the resident's IRP; Does this mean that all staff who supervise the individuals at taking their medication need to become a Trained Medical Employee (TME)? Does a nurse needs to be on site?
DMH RESPONSE: No, supervision (providing 3 prompts to take the medication and staff witnessing the individual take the medication) is distinguished from administration, such as actually giving an insulin injection or staff giving nebulizer treatments. A nurse does not need to be on site. IF medication administration or physical therapy is required, the licensed individual, generally from a Home Health Aide Agency, would visit the consumer to provide the service.		
Question No.	RFP Section	Question
21		One, in the solicitation the C.7.9. it references an Attachment J. I never received that, can I get a copy? Also, do you know if there will be written answers sent out from the meeting?
DMH RESPONSE: See response to Question 4 for a copy of the CTI Model. Answers to questions received in the Optional Pre Proposal are contained within this Amendment.		

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSALS REMAIN UNCHANGED.

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipt of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Administration (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be received by the DMH/CPS no later than the date and time for closing.

Amendment One (1)
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Community Residential Facility Services
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Failure to acknowledge receipt of Amendment One (1) for Solicitation Number **RM-14-RFP-100-CRF-XXX-BY4-SC** may be cause for rejection of any proposal submitted in response to the subject RFP.

Signed:


Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-14-RFP-100-CRF-XXX-BY4-SC**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror