REVISED

RESPONSE PACKET

710-24-074

Intensive In-Home Services and Transition Support for Young Adult Services

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation*:*	☐ Individual ☐ Partnership	☐ Sole Proprietorship ☐ Corporation		☐ Public Service Corp ☐ Nonprofit	
Minority and Women Owned Designation**:*	☐ Not Applicable ☐ American Indian ☐ Service Disabled Veteran ☐ African American ☐ Hispanic American ☐ Women-Owned ☐ Asian American ☐ Pacific Islander American				
	AR Certification #: _____ * See *Minority and Women-Owned Business Policy*				

PROSPECTIVE CONTRACTOR CONTACT INFORMATION *Provide contact information to be used for solicitation related matters.*			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

CONFIRMATION OF REDACTED COPY

☐ YES, a redacted copy of submission documents is enclosed.

☐ NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.

COMBINDED CERTIFICATIONS FORM

Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* **may cause the Prospective Contractor's response to be rejected.**

Authorized Signature: _____ **Title:** _____

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

• ***Do not*** *include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

☐ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

VENDOR AGREEMENT AND COMPLIANCE

- *Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.*
- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Printed/Typed Name: _____ **Date:** _____

AREA(S) OF EXPERTISE

- *Select the area(s) of expertise in which your company can provide services.*

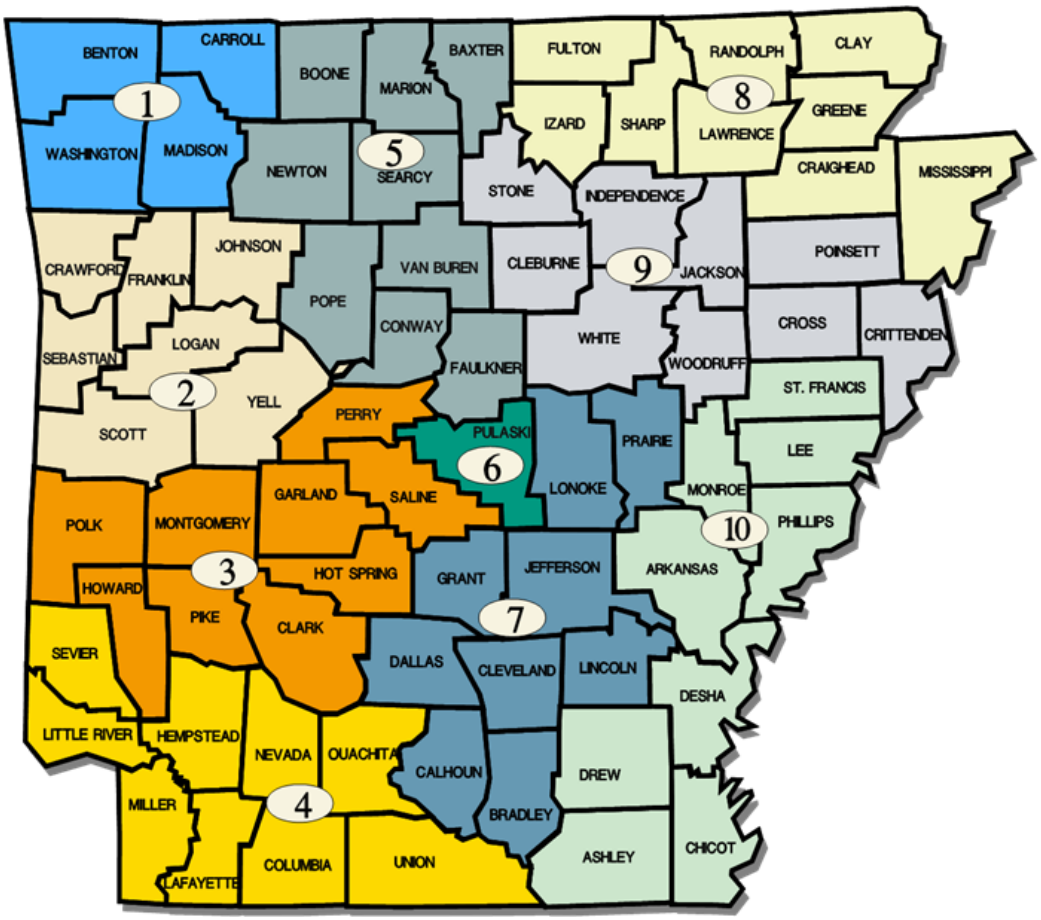
  ○ Intensive In-Home Services

  ○ Transition Support Services for Young Adults

SERVICE AREA(S)

- *Select each area in which services can be provided by the Prospective Contractor based on the area map listed below:*

○ Area 1
○ Area 2
○ Area 3
○ Area 4
○ Area 5
○ Area 6
○ Area 7
○ Area 8
○ Area 9
○ Area 10



DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Intensive In-Home Services provided by Contractor must meet the standards for a "well-supported practice" or "supported practice" as defined by the Family First Prevention Services Act. Prospective Contractor Must complete Attachment I Client History Form.
    - Providers must be licensed in a mental health field (LCSW, LPC, LAC, etc.) and have a minimum of two (2) years' experience in crisis intervention, individual, family, and/or group therapy and a minimum of twelve (12) hours of continuing education. For verification purposes, Contractor must provide a copy of their Provider's license with response submission and must complete Attachment I Client History Form.
    - Providers must have an additional one (1) year experience providing counseling in home, school, community, and office environments. Contractor must complete Attachment I Client History Form.
    - Practitioners must possess, at minimum, a bachelor's degree; however, masters' degrees are preferred. Qualifying degrees include social work, counseling, psychology or a related field. For verification purposes, Contractor must provide a copy of their Practitioner's degree with response submission.
- The Transition Support for Young Adult Services Contractor must meet the following requirements:
    - Practitioners must possess, at minimum, a bachelor's degree; however, masters' degrees are preferred. Qualifying degrees include social work, counseling, psychology or a related field. For verification purposes, Contractor must provide a copy of their Practitioner's degree with response submission.
    - Providers must have a minimum of two (2) years' experience delivering an evidence-based practice designed for a young adult population, and experience with oversight of a clinical model with evidence-based practices. For verification purposes, Contractor must complete Attachment I Client History Form.
    - Providers must be licensed in a mental health field (LCSW, LPC, LAC, etc.) and have a minimum of two (2) years' experience in crisis intervention, individual, family, and/or group therapy and a minimum of twelve (12) hours of continuing education. For verification purposes, Contractor must provide a copy of their Provider's license with response submission and must complete Attachment I Client History Form.
- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- All documents provided in the response packet
- Response to Information for Evaluation
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment H)
- Client History Form (Attachment I)

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- ***Do not** include additional information if not pertinent to the itemized request.*

	Maximum RAW Score Available
E.1 Experience & Staffing *Please note, as this section is holistic, the State may consider information provided elsewhere in a Respondent's proposal when scoring this Section including without limitation Attachment H – Client History Form.*	
Provide a detailed narrative summarizing Practitioner experience specifically around evidence-based services in the office and in other environments outside of the office to children and families.	5 points
Provide a detailed narrative summarizing Clinical Supervisors experience specifically around evidence-based services in the office and in other environments outside of the office to children and families.	5 points
Describe Prospective Contractor's experience in working with other providers, case managers, and court staff.	5 points
Describe how the Prospective Contractor plans to maintain staffing with qualified key personnel to ensure minimal wait time.	5 points
E.2 Confidentiality	
Provide the Prospective Contractor's confidentiality policy and describe how the Prospective Contractor will maintain the confidentiality of all program participants and their families.	5 points
E.3 Referrals	
Describe the Prospective Contractor's approach and methodology for accepting referrals and ensuring admission within timeframe specified in the RFQ.	5 points
Describe how the Prospective Contractor will ensure immediate notification to DHS of any refused referrals and reason(s) or denial of services.	5 points
E.4 Supervision	
Describe your approach to ensuring all practitioners receive supervision through consultation and individual supervision.	5 points
E.5 Interventions	
Describe your approach and methodology for ensuring any gaps related to basic needs such as housing, employment, transportation, food, and healthcare are filled while helping the family plan for long-term sustainability.	5 points
Describe how the Contractor will address all systems affecting the child and family; including school, juvenile justice, and community.	5 points
Describe how the Contractor will work with the family to create and update the treatment plan to reflect the goals of the family and youth.	5 points

Describe how the Contractor will provide a back-up Practitioner to provide services to families when the assigned Practitioner is absent to ensure uninterrupted services.	5 points
Describe how you will ensure that all services are closed within 30 days of DCFS case closure.	5 points
E. 6 Child Safety	
Describe how you will ensure that minimum child safety standards are met.	5 points