

STATEWIDE COMMUNITY BASED RFP
RFP 10000190
TECHNICAL PROPOSAL TEMPLATE
Section 2.4
ATTACHMENT E
AMENDMENT 1

Technical Proposal

Instructions: Please supply all requested information in the areas shaded yellow and indicate any attachments that have been included. Document all attachments and which Section and question they pertain to in Attachment E.

Provide the Technical Proposal Section number and name for which this Attachment E is being completed.

2.4.1 Contracted providers are notified via email that they have received a referral, and have 48 hours to review the referral to ensure they are qualified and have capacity to facilitate the needed service. Providers should only accept referral that they can serve, based on the information provided.

Respondent must have an established process to review and accept appropriate referrals and reject referrals that respondent is not qualified to facilitate or do not have capacity to serve.

Please confirm in the affirmative in the yellow section below, that respondent meets this criteria noted above. If the respondent cannot meet please respond NO and explain why the respondent cannot meet the criteria.

2.4.2 Respondent should confirm in the affirmative if they have read and understood the initiation timelines for services to be provided, and have developed a structured plan to initiate services as expected. If responded cannot affirm in the positive please provide why the respondent cannot meet this expectation.

2.4.3 RESERVED - Removed as amendment

2.4.4 Respondent will describe how they will determine a client's level of need for the proposed service being requested. Please note if the process for determination is the same for all proposed services, or clearly explain process for each proposed service.

2.4.5 Respondent will describe the Evidence Based Models utilized by their agency for services being provided. If no Evidence Based Model is required what curricula or other model will be utilized.

2.4.6 Respondent will describe how they monitor staff training, qualifications and caseload sizes for each service being bid under this RFP to meet the Service Standards expectations.

2.4.7 Respondent will describe plan in place and tools utilized to log supervision and track employee performance.

2.4.8 Respondent will review and confirm to the affirmative that they understand and agree to the posted rates for Community Based Services, found in Attachment B.

2.4.9 Providers awarded a contract will be contracted for all Community Based Services. Type 'X' in the yellow box to the right of each service you are currently able to provide, if awarded a contract. Potential providers will also select services in the KidTraks RFP 10000190. Any discrepancies between services marked here and those marked in the RFP will default to the RFP.

In the blue box to the right of that service, indicate which counties you are able to provide the service. A map of Indiana counties and DCS regions is available here: <https://www.in.gov/dcs/contact-us/local-dcs-offices/>

Additional services can be made referable via an Expansion Request.

Service Code	Service Name	Mark the box with an 'X' to indicate intent to provide	Indicate Counties in which you intend to provide this service
XXXXX	Sample Service	X	Marion, Johnson, Hendricks, Boone
10052	Family Preservation		
10942	Comprehensive Services		
10532	Counseling		

10279	Day Reporting		
10806	Withdrawal Management (Detox)		
10534	Diagnostic and Evaluation Services		
10811	DV Batterers Intervention		
10812	DV Victim and Child		
10964	Family Centered Treatment		
10813	Father Engagement		
10536	Functional Family Therapy		
10521	Home Based Family Centered Casework		
10522	Home Based Family Centered Therapy		
10525	Homemaker Parent Aid		
10537	Parent Education		
10538	Parenting/Family Functioning Assessment		
10805	Residential Sub Use Tx		
10552	Truancy Termination		
10810	Resource Family Support		
10539	Sexually Harmful/Reactive Youth		
20800	Specialized Service *Complete Attachment N – Specialized Service Standard and upload as attachment in KT Proposal		
10807	Substance Use Disorder Assessment		
10808	Substance Use Outpatient Tx		
10809	Support Groups for Resource Families		
10551	Transition from Restrictive Placement		
10553	Tutoring/Literacy		
10948	Child Mental Health Initiative		
10512	Med-Assessment for MRO		
10531	Med-Medication Training and Support		

10564	Med-Peer Recovery		
10976	Therapeutic Supervised Parenting Time		
10977	Traditional Supervised Parenting Time		
10982	MST		
10967	Voluntary Residential Services Oversight		

2.4.10 **Physical Location**

Please provide the street address for each of your agency's physical locations. Do not include a PO Box or 'mobile' location. You may add lines as needed.

Location Number	Street Address	City	County	State	Zip Code
1					
2					
3					
4					
5					
6					

2.4.11 For each location, indicate your agency's anticipated capacity to serve clients on the contract start date. This includes the number of qualified staff for each service you wish to offer, and how many clients or families each employee will likely be able to serve.

2.4.12 For each location proposed, provide a description of how that location meets the needs of families in that area given local needs, challenges, geography, and demographics. If your agency does not have a physical location in a region or county you plan to serve, explain how you plan to successfully serve families in that area.