



BOB RILEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov



JOHN M. HOUSTON
COMMISSIONER

January 12, 2012

Dear Vendor:

The AL Department of Mental Health (DMH) is requesting proposals from individuals and/or agencies to provide **Interpreter and/or Computer Assisted Real Time Captioning** services. **This advertisement is opened until further notice.**

Employees of DMH may not respond to this Request for Proposal (RFP).

Submission of proposals does not guarantee an award of a contract. *Any contract resulting from this proposal is not effective until it has received all requisite government approval, and Contractor shall not begin performing work under contract until notified to do so by the contracting Facility.* Contractor shall not be entitled to compensation for work performed prior to the effective date of contract.

A standard departmental contract will be required.

If you/agency desire to offer a contract proposal, the following steps must be completed in their entirety:

1. Read the entire contract proposal document.
2. Proposal must be submitted in the format requested.
3. Proposals must be in ink or typed (pencil is unacceptable) and contain original signature.
4. **Return proposal to:**

Bertha M. Lawrence, Director
Office of Contracts & Purchasing
AL Department of Mental Health
100 North Union Street, Suite 570
Montgomery, AL 36104

*Proposals may be returned via Regular Mail or Express/Overnight Mail.
Emailed or faxed responses are not accepted.*

Sincerely,

Bertha M. Lawrence, Director
Office of Contracts & Purchasing

Request for Proposal (RFP)

Organization: Alabama Department of Mental Health

Apply by: **This advertisement is opened until further notice.** *Emailed or faxed responses are not accepted.*

Contact Information: Leola Rogers
Office of Contracts & Purchasing
Alabama DMH
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104
Telephone Number (334) 353-7440
Fax Number (334) 353-7090
Email: leola.rogers@mh.alabama.gov
Submit all RFP questions to the email above.

The Alabama Department of Mental Health (DMH) is seeking agencies and/or individuals to provide **Interpreter and/or Computer Assisted Real Time Captioning (CART)** services in the State of Alabama.

Employees of DMH may not respond to this Request for Proposal (RFP).

Required qualifications:

1. Individuals may meet any of the required qualifications listed in Exhibit DS-I (Attached). The level of certification must be identified in the proposal.

The contractor will provide the following services:

1. Interpreters/CART providers will convey messages between Deaf and/or Hard of Hearing , staff, consumers or other individuals/agencies and hearing staff, consumers, or other individual/agencies through interpreting, transliteration, cued speech, CART, or other language modalities as contracted by the AL Department of Mental Health .
2. Interpreters/CART providers will submit invoices based on certification and instructions as outlined in Exhibit DS-II (Attached).

Proposal Content

Each proposal is to contain **specific responses** to each of the following requests and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. ***Submit with one (1) original and three (3) copies.*** Submit the response to each item on a separate page with the item reproduced at the top of the first page of the response.

Instructions must be followed or responses will not be graded.

1. Submit a cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. Attach general information regarding the respondent including correct address, telephone and fax number (if applicable). Include respondent's previous experience, knowledge of Interpreter/CART services, special training, or any other information pertaining to the respondent's capabilities to carry out this service.
3. Based on fee schedule enclosed, a copy of each pertinent certification must be attached to the proposal.

One original and **three copies** of your proposal must be received at the following address. **This advertisement is opened until further notice.**

Bertha M. Lawrence, Director
Office of Contracts & Purchasing
AL DMH
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104

Proposals must be clearly marked **Interpreter/CART Services for DMH**. All proposals will be received until further notice.

The DMH assumes no responsibility for expenses incurred in the preparation of the proposal. The DMH reserves the right to reject any and all proposals. Additionally, the DMH reserves the right to waive irregularities in any proposals and request clarification of any information, and negotiate with the firm and/or individual submitting the best proposal to secure conditions that are more favorable.

Evaluation Process

The DMH may elect to conduct interviews with finalists.

Selection Criteria

Selection shall be based on factors to be developed by the procuring state entity, which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence, as demonstrated by the proposed approach and methodology to meet project requirements.
2. Resources available to perform the work, including any specialized services within the specified time limits for the project.
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration.
4. Availability to a familiarity with the project locale.
5. Proposed project management techniques.
6. Ability and proven history in handling special project contracts.

Evaluation Criteria

Proposals will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

1. Experience, stability and reputation –35%
2. Understanding of and responsiveness to the Request for Proposal – 25%
3. Expertise and knowledge of interpreter services – 40%

EXHIBIT DS-I

Fee Schedule for Interpreting Services (Hourly) Effective October 1, 2006

Nationally Certified Interpreter holding QMHI (RID certified holding generalist certification, including NIC, CI/CT and/or NAD 4/5 or CDI)	\$50 ⁽¹⁾
Nationally Certified Interpreter with MHIT Training (RID certified, holding generalist certification, including NIC, CI/CT and/or NAD 4/5 or CDI)	\$40 ⁽¹⁾
Nationally Certified Interpreter (RID certified, holding generalist certification including NIC, CI/CT and/or NAD 4/5 or CDI) <i>(1)Acceptable RID generalist certifications include CI, CT, OTC, IC, TC, CSC, RSC, NIC, NIC-Advanced, NIC-Master, CDI or certifications deemed equivalent by the Office of Deaf Services.</i>	\$35 ⁽¹⁾
Licensed/Permitted Interpreter with MHIT Training (NAD 3, EIPA 3.0 or above or other RID certifications as deemed appropriate by the Office of Deaf Services) or otherwise eligible to work at an equivalent level	\$30
Licensed/Permitted Interpreter (NAD 3, EIPA 3.0 or above or other RID certifications as deemed appropriate by the Office of Deaf Services) or otherwise eligible to work at an equivalent level	\$25
Permitted Interpreter (Below NAD 3, EIPA below 3.0 or equivalent standards or otherwise eligible to Work at an equivalent level) <i>(2)Permitted Interpreter with less than an NAD 3 or equivalent certification may only be utilized with pre-approval by the Office of Deaf Services in situations where the service provision would be appropriate, a more qualified individual is not available, the appointment cannot be rescheduled, and all parties are willing to accept the interpreting product.</i>	\$15 ⁽²⁾
Visual Gestural Communication Specialist/Deaf Relay Interpreter With MHIT Training	\$35
Visual Gestural Communication Specialist/Deaf Relay Interpreter	\$25
Support Service Provider (SSP) with MHIT Training	\$25
Support Service Provider (SSP)	\$15
SLPI Evaluator (per interview/evaluation)	\$25
Video Remote Interpreting (Per Minute, no portal or mileage charges, one time \$100 setup fee)	\$3.00 per minute
Certified C-Print (or equivalent) Captionist with MHIT Training	\$25
Certified C-Print (or equivalent) Captionist	\$20
Certified C-Print (or equivalent) Captionist/Interpreter ⁽³⁾ <i>(3)Nationally Certified Interpreters will be paid at the appropriate Interpreter Rate</i>	
Real-time Captionist, CART	\$125

Sign Fluent Therapist <i>(4)Sign Fluent Therapist providing direct therapy, not utilizing additional interpreting support services (Sign Fluent is defined as maintaining an Advanced or higher Sign Language Proficiency Interview (SLPI) score, nationally certified interpreter or equivalent as defined by the Office of Deaf Services.)</i>	\$17.50 ⁽⁴⁾
Portal Rate ⁽⁴⁾ <i>(4) ½ of the Appropriate Hourly Rate Based on qualifying certification and training</i>	½ Hourly
Per Diem <i>(5) Requires pre-approval from the State Director, Office of Deaf Services or State Coordinator, Interpreting, Office of Deaf Services</i>	\$75 for each overnight stay ⁽⁵⁾
Mileage	Current State Rate

DEFINITIONS

Acronyms Used

CART	Computer Assisted Real Time Captioning
CDI	Certified Deaf Interpreter
CI	Certificate of Interpretation
CSC	Comprehensive Skills Certificate
CT	Certificate of Transliteration
IC	Interpretation Certificate
MHIT	Mental Health Interpreter Training
NAD	National Association of the Deaf
NIC	National Interpreter Certification
OTC	Oral Transliteration Certification
QMHI	Qualified Mental Health Interpreter
RID	Registry of Interpreters for the Deaf
RSC	Reverse Skills Certificate
SLPI	Sign Language Proficiency Interview
SSP	Support Service Provider
TC	Transliteration Certificate
VGCS	Visual Gestural Communication Specialist

EXHIBIT DS-II
Alabama Department of Mental Health
Office of Deaf Services

Interpreter Services Invoicing Procedures

To assure that ADMH is using fiscal resources in the most effective manner when providing interpretive services to Deaf or Hard of Hearing clients and/or staff.

I. GENERAL GUIDELINES

Invoices must be submitted in a timely matter from the date of service delivery to the State of Alabama Department of Mental Health through submission of the appropriate payment voucher to the Regional Interpreter Coordinator in the appropriate area of service provision or the State Interpreter Coordinator as appropriate for area of services profession. End of the fiscal year invoices must be received before the cut-off date of the 13th accounting month. ADMH fiscal year runs October 1 – September 30.

Payment will only be provided for services that have been pre-approved for payment by the Regional Coordinators of Deaf Services or by the Office of Deaf Services.

Invoices from the service provider should include the following information:

1. Date of service provision
2. Number of hours
3. Interpreting Rate (according to DMH fee schedule)
4. Portal Rate (if applicable, and must be itemized separately from the interpreter rate.)
5. Name of Interpreter
6. Initials or Client ID Number (when available)
7. Mileage and Mileage Rate
8. Total

Incomplete invoices will result in a delay or denial of payment.

All interpreting services will be provided by qualified individuals eligible to work as interpreters according to Alabama Licensure Law.

Time should be charged in 15-minute increments.

Interpreters are reimbursed one-hour minimum for assignments.

In addition to the hourly rate, interpreters should be reimbursed mileage according to the current state rate.

Portal reimbursement will not be paid except in cases where mileage is beyond a 30 mile radius from the provider's base (defined as their home, unless otherwise noted). In cases where travel extends beyond a 30 mile radius, the interpreter will be paid one-half of their normal hourly rate, as defined in Exhibit DS-I. Time should be charged in 15-minute increments.

In the case of "No-shows" assignments or assignments cancelled with less than 24 hours notice, Interpreters may invoice time allotted per agreement, actual mileage traveled, and actual portal traveled as listed in the Fee Schedule.