

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](http://www.mh.alabama.gov)

May 2, 2024

RFP 2024-18

Dear Provider:

The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) is soliciting proposals for providers to provide **Medicaid Waiver services for the Community Waiver Program (CWP)** in Alabama. RFP responses will be accepted until **2:00pm on Friday, June 7, 2024.**

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected provider shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health  
Office of Contracts & Purchasing  
100 North Union Street, Suite 570  
Montgomery, AL 36104

**MAILING NOTE:** Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: all US Postal mail, including express/overnight mail that is dispatched to any State agency is processed through the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used.

Sincerely,

*Leola Rogers*

Leola Rogers  
Office of Contracts & Purchasing

**Organization:** ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)

**RFP Closing Time & Date:** **2:00pm on Friday, June 7, 2024**  
Review the mailing note.

**RFP Contact Info:** Leola Rogers  
ADMH  
Office of Contracts & Purchasing  
RSA Union Building  
100 North Union Street, Suite 570  
Montgomery, AL 36104  
Telephone Number (334) 353-7440  
Email: [leola.rogers@mh.alabama.gov](mailto:leola.rogers@mh.alabama.gov)

**MAILING NOTE:** Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: all US Postal Service mail, including express/overnight mail that is dispatched to any State agency is processed through the State mail facility before it is forwarded to the appropriate State agency, thus possibly delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used.

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### ADDITIONAL INFORMATION

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1. Who **may** respond to this RFP? Eligible entities may include governmental agencies, nongovernmental public or private organizations who: 1) are legally authorized to conduct business within the State of Alabama; 2) possess the skills needed to perform the services described in this RFP; 3) meet the terms and conditions of the RFP; and 4) can demonstrate the ability to manage Department funds in accordance with Federal and State regulations and guidelines.

Certified Community Providers not yet involved with the CWP and in good standing with the Division of Developmental Disabilities may respond to this RFP. “In good standing” means a provider not on Provisional status or a provider who received a Provisional status but has since completed **one** successful regular certification reviews.

Also, eligible to respond to this RFP are Other Experienced Providers of community services, not yet involved with the CWP or other Division of Developmental Disabilities Waivers, who submit sufficient information supporting their experience, ability and capacity to provide the services sought through this RFP and who indicate in their response a commitment to achieve CWP certification (credentialing) through ADMH’s Division of Developmental Disabilities. “Other Experienced Providers” does not include providers who have been previously decertified by ADMH or who have relinquished their certification during a decertification process.

2. Who **may not** respond to this RFP? Staffing Agencies, Employees of ADMH, and current state employees and providers who do not meet the requirements outlined in 1 above. Additionally, providers of Support Coordination (targeted case management) should not respond to this RFP as these entities are not eligible to provide the services which are sought through this RFP.

3. In order to transact business in the State of Alabama all businesses domestic and foreign must be registered with the Alabama Secretary of State Office. (Domestic means within the State of Alabama. Foreign means out-of-state.) Website: [www.sos.alabama.gov](http://www.sos.alabama.gov)

4. If contracted with the State of Alabama, all vendors must enroll and actively participate in E-Verify. Website: <https://www.e-verify.gov/>

5. All vendors must register with STAARS Vendor Self Service. Website: <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>

6. The ADMH reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

7. **Protest** (Effective 10/1/2022): A bona fide prospective bidder or offeror who is aggrieved in connection with the solicitation of a contract may protest to ADMH Director of Purchasing **within 14 days of the date of issuance** of the solicitation or any amendment to it, if the amendment is at issue.

a. Except as provided in paragraph b., a bona fide actual bidder or offeror who is aggrieved in connection with the intended award or award of a contract may protest to ADMH Director of Purchasing **within 14 days of the date the award or notification of intent to award**, whichever is earlier, is posted in accordance with this article.

b. A matter that could have been raised under subdivision (1) as a protest of the solicitation may not be raised as a protest of the award or intended award of a contract.

c. A protest filed under subdivision (1) or (2) shall be in writing, be filed with ADMH, and set forth the grounds of the protest and the relief requested with enough particularity to give notice of the issues to be decided.

d. ADMH, or his or her designee, may settle and resolve the protest of a bona fide actual or prospective bidder or offeror concerning the solicitation or award of a contract in accordance with rules adopted under this article.

e. If the protest is not resolved by mutual agreement **within 10 days after** the protest is filed, ADMH shall commence an administrative review of the protest and issue a decision in writing within 14 days of the review.

f. A copy of the decision under subsection © shall be mailed or otherwise furnished immediately to the protestor and any other party intervening.

g. A decision under subsection © shall be final and conclusive, unless fraudulent, or a party adversely affected by the decision appeals administratively to the Director of Finance in accordance with Section 41-4-164.

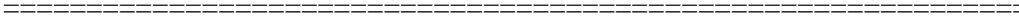
h. In the event of a timely protest under subsection (a) or an appeal under Section 41-4-164, the state may not proceed further with the solicitation or with the award of the contract until five days after notice of the final decision is provided to the protestor, except that solicitation or award of a protested contract is not stayed if ADMH, after consultation with the head of the using agency or the head of a purchasing agency, makes a written determination that the solicitation or award of the contract without further delay is necessary to protect the best interests of the state.

8. **Records Request:** ADMH recognizes and supports the public’s right to inspect/request copies of public records in accordance with State law. Many public records and resources are available on the ADMH website: [www.mh.alabama.gov](http://www.mh.alabama.gov) for review. Please view the website prior to submitting a request for records as your request may be satisfied by the information contained therein.

**RFP Submissions:** Three (3)—1 original, 1 copy, and 1 digital copy on a USB flash drive.

**Submit RFP Responses To:**

AL Department of Mental Health  
Office of Contracts & Purchasing  
RSA Union Building  
100 N. Union Street, Suite 570  
Montgomery, AL 36104



The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) is soliciting proposals for providers to provide **Medicaid Waiver services for the Community Waiver Program (CWP)** in Alabama. Please note all new Medicaid Waiver enrollments of persons with intellectual disabilities, who live in the eleven counties served by the CWP, are into the CWP. The CWP is growing, with **nearly 700 enrollments expected between FY24 and FY26**, which creates the need for more provider capacity.

1. The complete list of services and detailed information for each service is on ADMH website; go to [Scopes-of-Service-rev.-05.17.2022.pdf \(alabama.gov\)](#) for review.
2. Original CWP rates are being paid plus a 30% state dollar enhancement (See Section A of this RFP, column 4 of table, for total reimbursement being paid currently) until the pending CWP waiver amendment is approved by CMS, which is expected later this year. This amendment will include permanent rate increases for CWP services based on the Burns CWP rate study. (See Section A of this RFP, column 5 of table, for the pending rates.) Responders to this RFP will have the option to withdraw their proposal should the pending rates not be implemented.
3. Additionally, within this RFP is a start-up support payment available from ADMH/DDD during FY24 and FY25 for the creation of up to fifty-five (55) Adult Family Homes for CWP participants. Retroactive to start of CWP demonstration year two (10/1/2023), for each new Adult Family Home established in a CWP county by a CWP provider, contracted to provide Adult Family Home services, ADMH will:
  - Authorize the per diem rate of \$197.23/day (344 days/year).
  - Pay 30% add-on (\$59.17) for each day of service rendered.
  - **Authorize a one-time start-up support payment to the Adult Family Home oversight provider of \$5,000 and an additional \$2,500 start-up support payment to be paid directly to the Adult Family Home's primary DSP.**

The per diem rate and 30% add-on will remain in place until the CWP pending waiver amendment is approved by CMS (anticipated 10/1/24) and then the per diem rate will be based on ICAP score. The start-up payments are intended to remain in place until Adult Family Home capacity in CWP counties are determined to be sufficient to meet the needs of Group #4 CWP participants who need and can most benefit from this type of residential option. ***It is critically important that Adult Family Home providers work closely with CWP Support Coordinators to identify new or existing CWP participants who need and could most benefit from an Adult Family Home, so the capacity developed is in line with the needs of the CWP population.*** The initiative is providing for the creation of up to fifty-five (55) Adult Family Homes for CWP participants, with a maximum of ten (10) in any one region to ensure these homes are dispersed throughout all CWP counties. Please note: If unexpected policy or funding challenges arise, these provisions may need to be withdrawn by the Associate Commissioner. Any withdrawal of these provisions will be done in writing and communicated to all relevant parties including contracted providers of Adult Family Home services.

4. ADMH's Division of Developmental Disabilities has a legislative appropriation to assist with provider readiness and ongoing technical assistance to deliver services to be offered in the Community Waiver Program. This funding is utilized to assist providers selected through this RFP process to build knowledge, expertise and capacity to provide the services to be offered, with particular emphasis on services that are new and/or that providers may have limited experience providing. This legislative appropriation is also used to offer pre-employment and supplemental training to direct support personnel, as needed and free-of-charge, to ensure their readiness to provide the services in the Community Waiver Program.

## Section A

### Current and Pending CWP Rates

Procedure Code	Service	Unit	Current Total Reimbursement Paid	Pending CMS Approval of Waiver Amendment
T2016: <b>PENDING</b>	Adult Family Home – Low (344 days/yr)	Day	N/A	\$178.05
T2016: <b>PENDING</b>	Adult Family Home – Mid (344 days/yr)	Day	N/A	\$217.23
T2016	Adult Family Home– High (344 days/yr)	Day	\$256.40	\$256.40
T2029	Assistive Technology and Adaptive Aids ASSESSMENT AND/OR TRAINING	Hour	\$52.00	\$40.00
T2029:SE	Assistive Technology and Adaptive Aids DEVICES	Item	Up to \$5,000.00	Up to \$5,000.00
S5150	Breaks and Opportunities (Planned Respite) 1:1	Hour	\$28.60	\$34.44
S5150: <b>PENDING</b>	Breaks and Opportunities (Planned Respite) 1:2	Hour	N/A	\$20.00
S5150: <b>PENDING</b>	Breaks and Opportunities (Planned Respite) 1:3	Hour	N/A	\$13.00
S5150:HW	Breaks and Opportunities (Planned Respite) - Self-Directed	Hour	\$19.80	\$23.32
S5150:HW:SE	Breaks and Opportunities (Planned Respite) - Self-Directed DAILY	Day	\$142.00	\$202.52
S5150:SE	Breaks and Opportunities (Planned Respite) DAILY 1:1	Day	\$205.40	\$247.97
S5150:SE: <b>PENDING</b>	Breaks and Opportunities (Planned Respite) DAILY 1:2	Day	N/A	\$144.00
S5150:SE: <b>PENDING</b>	Breaks and Opportunities (Planned Respite) DAILY 1:3	Day	N/A	\$97.34
S5150:HW:HI	Breaks and Opportunities (Respite) Emergency Self-Directed	Day	\$170.00	\$380.02
S5150:HI	Breaks and Opportunities (Respite) Emergency 1:1	Day	\$221.00	\$483.34
S5150:HI: <b>PENDING</b>	Breaks and Opportunities (Respite) Emergency 1:2	Day	N/A	\$262.38
S5150:HI: <b>PENDING</b>	Breaks and Opportunities (Respite) Emergency 1:3	Day	N/A	\$174.92
H2021:HN	Community Integration Connections and Skills Training - CWP - 1:1	15 mins	\$12.61	\$13.51
H2021:HO	Community Integration Connections and Skills Training - CWP - 1:2	15 mins	\$10.27	\$10.07
H2021:HP	Community Integration Connections and Skills Training - CWP -1:3	15 mins	\$7.93	N/A: ELIMINATE CODE
T2001:HE	Community Transportation - Agency Paid Driver (With Residential Service)	Mile	\$1.30	\$1.00

T2001:SE	Community Transportation - Agency Paid Driver (No Residential Service)	Mile	\$1.30	\$1.00
T2001:HI	Community Transportation - Agency Paid Driver <b>Stand-Alone Volunteer Driver</b> (With Residential Service)	Mile	\$0.88	\$2.00
T2001	Community Transportation - Agency Paid Driver <b>Stand-Alone Volunteer Driver</b> (No Residential Service)	Mile	\$0.88	\$2.00
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Low; Up to 3 Beds</b>	Day	\$275.19	\$275.19
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Low; 4 Beds</b>	Day	\$257.57	\$257.57
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Low; Up to 3 Beds; w/Remote Supports Overnight</b>	Day	\$232.76	\$232.76
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Low; 4 Beds; w/Remote Supports Overnight</b>	Day	\$225.85	\$225.85
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Mid; Up to 3 Beds</b>	Day	\$372.80	\$372.80
T2016:SE	Community-Based Residential Services- <b>Mid; 4 Beds</b>	Day	\$330.77	\$330.77
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Mid; Up to 3 Beds; w/ Remote Supports Overnight</b>	Day	\$330.37	\$330.37
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>Mid; 4 Beds; w/ Remote Supports Overnight</b>	Day	\$299.06	\$299.06
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>High; Up to 3 Beds</b>	Day	\$448.84	\$448.84
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>High; 4 Beds</b>	Day	\$387.71	\$387.71
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>High; Up to 3 Beds; w/ Remote Supports Overnight</b>	Day	\$406.41	\$406.41
T2016:SE: <b>PENDING</b>	Community-Based Residential Services- <b>High; 4 Beds; w/ Remote Supports Overnight</b>	Day	\$355.99	\$355.99
T2019	Co-Worker Supports-Employer	15 mins	Up to \$15.00	Up to \$15.00
T2019:SE	Co-Worker Supports-SE Agency Coordination and Oversight 1:1	15 mins	\$13.00	\$12.82
T2025:HO	Family Empowerment and Systems Navigation Counseling	15 mins	\$13.00	\$13.21
H2014	Financial Literacy Counseling	15 mins	\$13.00	\$12.47
T2025	Housing Counseling 1:1	15 mins	\$16.25	\$13.94
T2025:HE	Housing Start-Up Assistance - Costs Other than Direct Service by Waiver Provider	Item	Up to \$1,500.00	Up to \$1,500.00
T2038	Housing Start-Up Assistance - Direct Service by Waiver Provider 1:1	15 mins	\$10.40	\$11.51
T2021	Independent Living Skills Training	15 mins	\$8.45	\$10.90
T2021:HW	Independent Living Skills Training - Self-Directed	15 mins	\$5.85	\$7.48

T1999	Individual Directed Goods and Services	Item or Service	Up to \$10,000.00	Up to \$10,000.00
T2015	Integrated Employment Path Services - 1:1	15 mins	\$12.22	\$12.07
T2015:HW	Integrated Employment Path Services - 1:2	15 mins	\$7.15	\$6.62
T2015:HO	Integrated Employment Path Services - 1:8	15 mins	\$2.21	\$2.01
S5165	Minor Home Modifications	Job	Up to \$5000	Up to \$5000
T2012	Natural Support or Caregiver Education and Training	Cost	Up to \$500	Up to \$500
97535	Occupational Therapy	15 mins	\$18.59	\$25.79
T2013	Peer Specialist	15 mins	\$13.00	\$10.00
S5125	Personal Assistance-Community - 1:1	15 mins	\$7.80	\$12.79
S5125: <b>PENDING</b>	Personal Assistance-Community - 1:2	15 mins	N/A	\$9.52
S5125: <b>PENDING</b>	Personal Assistance-Community - 1:3	15 mins	N/A	\$6.40
S5125:HW	Personal Assistance-Community - Self-Directed 1:1	15 mins	\$5.40	\$8.88
S5125:HW: <b>PENDING</b>	Personal Assistance-Community - Self-Directed 1:2	15 mins	N/A	\$5.49
S5125:HE	Personal Assistance-Home 1:1	15 mins	\$7.28	\$9.30
S5125:HE: <b>PENDING</b>	Personal Assistance-Home 1:2	15 mins	N/A	\$5.50
S5125:HW:HE:HO	Personal Assistance-Home: <del>Family</del> -Self-Directed 1:2	15 mins	N/A	\$3.66
S5125:HW:HE	Personal Assistance-Home-Self-Directed 1:1	15 mins	\$5.04	\$6.20
97110	Physical Therapy	15 mins	\$18.59	\$25.79
H2019	Positive Behavioral Supports: Crisis Intervention and Stabilization	15 mins	\$26.00	\$34.18
H2019:HN	Positive Behavioral Supports: Non-Crisis Consultation Services	15 mins	\$19.50	\$15.55
S5161:HI	Remote Support- Monitoring	Month	Up to \$1,300.00	Up to \$1,000.00
S5160:HE	Remote Supports - Assmt., Plan, Protocols - Back-up Spts Prov.	Plan	\$52.00	\$65.00
S5160:HO	Remote Supports - Assmt., Plan, Protocols - Remote Spts Prov.	Plan	\$84.50	\$65.00
S5160:HI	Remote Supports - Installation of Tech.	Unit	\$325.00	\$250.00
T2017:HO	Remote Supports - On-Call	15 Min	\$1.14	\$0.95
T2012:HW	Self-Directed - Natural Support or Caregiver Education and Training	Cost	Up to \$500	Up to \$500
H2021:HW:HO	Self-Directed Community Integration Connections and Skills Training - CWP - 1:1	15 mins	\$8.73	\$9.48
H2021:HW:HN	Self-Directed Community Integration Connections and Skills Training - CWP - 1:2	15 mins	\$7.11	\$5.86
H2021:HW:HP	Self-Directed Community Integration Connections and Skills Training - CWP - 1:3	15 mins	\$4.88	N/A -ELIMINATE CODE
T2001:HW	Self-Directed Community Transportation	Month	\$250.00	\$250.00



T2001:HW:SE	Self-Directed Community Transportation - With CIE	Month	\$500.00	\$500.00
S9124:HW	Self-Directed Skilled Nursing-LPN	Hour	\$20.80	\$41.13
S9123:HW	Self-Directed Skilled Nursing- RN	Hour	\$36.40	\$56.68
T2019:HW:SE:TF	Self-Directed- Supported Employment-Individual Exploration	Report	\$1,200.00	\$2,252.40
T2019:HW:HO	Self-Directed- Supported Employment-Individual-Career Advancement: Job	Job	\$750.00	\$1,407.75
T2019:HW:HP	Self-Directed- Supported Employment-Individual-Career Advancement: Plan	Plan	\$240.00	\$450.48
T2019:HW:HN	Self-Directed- Supported Employment-Individual-Discovery	Profile	\$1,360.00	\$2,164.74
T2019:HW:TG:HI	Self-Directed- Supported Employment-Individual-Job Coaching: 25+ Months: <40%	15 mins	\$9.00	\$15.00
T2019:HW:TG:HE	Self-Directed- Supported Employment-Individual-Job Coaching: 25+ Months: 40% - 64%	15 mins	\$8.00	\$13.50
T2019:HW:TG	Self-Directed- Supported Employment-Individual-Job Coaching: 25+ Months: 65% - 100%	15 mins	\$7.00	\$12.00
T2019:HW:TF:HN	Self-Directed- Supported Employment-Individual-Job Coaching: Months 13-24: 60% - 74%	15 mins	\$8.00	\$13.50
T2019:HW:TF:HI	Self-Directed- Supported Employment-Individual-Job Coaching: Months 13-24: <60%	15 mins	\$9.00	\$15.00
T2019:HW:TF	Self-Directed- Supported Employment-Individual-Job Coaching: Months 1-6	15 mins	\$9.00	\$15.00
T2019:HW:TF:HO	Self-Directed- Supported Employment-Individual-Job Coaching: Months 7 - 12: 80% - 89%	15 mins	\$8.00	\$13.50
T2019:HW:TF:HP	Self-Directed- Supported Employment-Individual-Job Coaching: Months 7 - 12: 90% - 100%	15 mins	\$7.00	\$12.00
T2019:HW:TF:HE	Self-Directed- Supported Employment-Individual-Job Coaching: Months 7-12: <80	15 mins	\$9.00	\$15.00
H2023:HW	Self-Directed Supported Employment-Individual-Job Coaching: Stabilization and Monitoring	Month	\$156.00	\$230.67
T2019:HW:HK	Self-Directed- Supported Employment-Individual-Job Development	Job	\$1,600.00	\$3,003.20
T2019:HW:HK:SE	Self-Directed- Supported Employment-Individual-Job Development Plan	Plan	\$240.00	\$450.48
S9124	Skilled Nursing - LPN	Hour	\$27.04	\$52.48
S9123	Skilled Nursing - RN	Hour	\$47.32	\$70.16

92507	Speech and Language Therapy	Encounter	\$74.36	\$103.16
G9008	Support Coord. - Adult: Age 22+: Year 1-Group #3	Month	\$658.94	\$658.94
G9008:TF	Support Coord. - Adult: Ages 22+: After Year 1-Group #3	Month	\$590.30	\$590.30
G9008:HO	Support Coord. - Adult: Ages 22+: After Year 1-Group #4	Month	\$356.93	\$356.93
G9008:TG	Support Coord. - Adult: Ages 22+: After Year 1-Group #5	Month	\$219.65	\$219.65
G9008:HI	Support Coord. - Adult: Ages 22+: Year 1-Group #4	Month	\$425.57	\$425.57
G9008:HE	Support Coord. - Adult: Ages 22+: Year 1-Group #5	Month	\$288.29	\$288.29
G9005:HE	Support Coord. - Child: Ages 14- 21: After Year 1-Group #2	Month	\$288.29	\$288.29
G9005:TG	Support Coord. - Child: Ages 14- 21: Year 1-Group #2	Month	\$356.93	\$356.93
G9005:TF	Support Coord. - Child: Ages 3- 13: After Year 1-Group #1	Month	\$233.38	\$233.38
G9005	Support Coord. - Child: Ages 3- 13: Year 1-Group #1	Month	\$302.02	\$302.02
G9005:HO	Support Coord. - Child: Ages 3- 21: After Year 1-Group #4	Month	\$356.93	\$356.93
G9005:HI	Support Coord. - Child: Ages 3- 21: Year 1-Group #4	Month	\$425.57	\$425.57
T2019:TF:SE	Supported Employment – Individual – Job Coaching: Months 13-24: 75% - 100%	15 min	\$9.10	\$12.00
T2019:SE:TF	Supported Employment-Individual Exploration 1:1	Report	\$1,560.00	\$2,252.40
T2019:HO	Supported Employment- Individual-Career Advancement: Job	Job	\$975.00	\$1,407.75
T2019:HP	Supported Employment- Individual-Career Advancement: Plan	Plan	\$312.00	\$450.48
T2019:HN	Supported Employment- Individual-Discovery	Profile	\$1,768.00	\$2,164.74
T2019:TG:HI	Supported Employment- Individual-Job Coaching: 25+ Months: <40%	15 mins	\$11.70	\$15.00
T2019:TG:HE	Supported Employment- Individual-Job Coaching: 25+ Months: 40% - 64%	15 mins	\$10.40	\$13.51
T2019:TG	Supported Employment- Individual-Job Coaching: 25+ Months: 65% - 100%	15 mins	\$9.10	\$12.00
T2019:TF:HI	Supported Employment- Individual-Job Coaching: Months 13-24: <60%	15 mins	\$11.70	\$15.00
T2019:TF:HE	Supported Employment- Individual-Job Coaching: Months 13-24: 60% - 74%	15 mins	\$10.40	\$13.51
T2019:TG:SE	Supported Employment- Individual-Job Coaching: Months 13-24: 75% - 100% 1:1	15 mins	\$9.10	\$12.00
T2019:HW:TG:SE	Supported Employment- Individual-Job Coaching: Months 13-24: 75%-100%	15 mins	\$9.10	\$12.00

T2019:TF	Supported Employment- Individual-Job Coaching: Months 1-6	15 mins	\$11.70	\$15.00
T2019:TF:HP	Supported Employment- Individual-Job Coaching: Months 7 - 12: <80%	15 mins	\$11.70	\$15.00
T2019:TF:HO	Supported Employment- Individual-Job Coaching: Months 7 - 12: 80% - 89%	15 mins	\$10.40	\$13.51
T2019:TF:HN	Supported Employment- Individual-Job Coaching: Months 7 - 12: 90% - 100%	15 mins	\$9.10	\$12.00
H2023	Supported Employment- Individual-Job Coaching: Stabilization and Monitoring	Month	\$202.80	\$230.67
T2019:HK	Supported Employment- Individual-Job Development	Job	\$2,080.00	\$3,003.20
T2019:HK:SE	Supported Employment- Individual-Job Development Plan	Plan	\$312.00	\$450.48
T2019:HK: <b>PENDING</b>	Supported Employment-Small Group: 2	15 mins	\$6.58	\$11.15
T2019:HK:HE	Supported Employment-Small Group: 3	15 mins	\$6.58	\$7.93
T2019:HK:HI	Supported Employment-Small Group: 4	15 mins	\$4.68	\$5.98
T2032 T2016: <b>PENDING</b>	Supported Living Services: Non- Intensive	Day	Up to \$106.68	\$232.00
T2032 T2016: <b>PENDING</b>	Supported Living Services: Intensive	Day	Up to \$313.30	\$330.00
H2014:SE	Work Incentive Benefits Counseling	15 mins	\$13.00	\$12.48

ADMH is seeking additional provider capacity for the Community Waiver Program in the following services and regions/counties:

Adult Family Home ( <i>start-up support payment available; see page before Section A</i> ) *	<b>Providers Needed in the Following Regions and Counties for All Services Listed in the Left Column:</b>  <b>Region 1 – Limestone, Madison, Morgan</b>  <b>Region 2 – Tuscaloosa, Walker</b>  <b>Region 3 – Mobile, Baldwin</b>  <b>Region 4 – Elmore, Houston, Montgomery</b>  <b>Region 5 - Jefferson</b>
Breaks & Opportunities (Respite-Planned) * applies to out of home only	
Breaks & Opportunities (Respite – Unplanned/Emergency) * applies to out of home only	
Personal Assistance-Home	
Personal Assistance-Community	
Positive Behavior Supports	
Community-Based Residential *	
Community Transportation	
Community Transportation (Stand-Alone)	
Employment Services – Co Worker Supports	
Employment Supports – Individual Employment Support Career Advancement	
Employment Supports – Individual Employment Support Discovery	
Employment Supports – Individual Employment Support Exploration	
Employment Supports – Individual Employment Support Job Coaching	
Employment Supports – Individual Employment Support Job Development Plan	
Employment Supports – Individual Employment Support Job Development	
Employment Supports – Integrated Employment Path	
Employment Supports – Small Group Support	
Financial Literacy	
Housing Counseling	
Housing Start Up Assistance	
Occupational Therapy	
Physical Therapy	
Natural Support or Caregiver Education and Training	
Speech and Language Therapy	
Supportive Living Services	
Minor Home Modifications	
Peer Specialist Services	
Assistive Technology and Adaptive Aids	
Community Integration Connection and Skills Training	
Independent Living Skills Training	
Family Empowerment and Systems Navigation Counseling	
Remote Supports Contractor	
Remote Supports On-Call Back-Up ( <i>paid for as on-call service</i> )	
Skilled Nursing	

\*Services delivered in a provider owned and controlled setting must meet HCBS Setting Compliance.

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**SECTION I**

**MINIMUM AND PREFERRED PROVIDER QUALIFICATIONS:**

**A. Agency Provider Minimum Qualifications:**

- Agency must be qualified to respond to this RFP.
- Executive Director/owner/operator must possess a bachelor's degree from an accredited institution in Public Health, Special Education, Social Work, Business Administration, Public Administration, Psychology, or other Human Services field, or must be a Registered Nurse, **or (subject to CMS approval expected 10/1/24, an associate degree and three (3) or more years administrative experience in a human services organization).**
- Executive Director/owner/operator must possess, or be eligible to qualify for, licensure or certification in their particular field, if applicable.
- Executive Director/owner/operator must have considerable experience (5 or more years) working with individuals with intellectual and developmental disabilities in community settings.
- Agency must be committed to becoming a DDD-Credentialed Provider for the Community Waiver Program
  - When the credentialing process conducted by DDD demonstrates the provider agency is in full compliance with CWP credentialing requirements applicable to the type of waiver service(s) the provider wishes to be approved to provide in the Community Waiver Program, a credential will be issued by the Division of Developmental Disabilities.
  - Subsequent agency site visits shall be scheduled in accordance with policy and procedures of the Community Waiver Program.
- Billing of services shall include information identifying the specific staff person(s) that delivered the billed services to make it possible to verify the staff person is appropriately qualified and trained to deliver the service, per program requirements.
- Each CWP service provider must develop and maintain appropriate and up-to-date staffing schedules for each person served and/or small group of individuals served together if applicable. Staff ratios and staff work schedules shall be maintained to meet the needs of the people served and to adhere to any minimum staffing ratios established for certain services. An emergency, on-call staff person, in addition to those normally required to provide services, shall be available. Staff scheduling and workplace assignments shall be so arranged as to reliably and effectively provide the service as stipulated in its scope of service and in accordance with the person-centered plans for individuals receiving the service. Where individuals do not need continuous staff presence at home, at work or in the community, and the provider is billing for remote 'as needed' support, the involved provider will ensure rapid response capability in the event the person served needs assistance.
- The staff members who deliver services shall meet qualifications set and training requirements for the respective services as detailed in this RFP. The agency:
  - Must conduct statewide background checks of all employees to exclude those with convictions of any crime of violence or any felony.
  - Must maintain an adequate number of qualified personnel to carry out the stated purpose/mission of the organization and its services/supports, including meeting any minimum required staffing ratios for delivery of services the agency provides, and providing adequate supervision to all personnel providing direct services.
  - Must ensure each employee completes required orientation/training (much of which is provided free of charge by the Division of Developmental Disabilities through the online on-demand AL-ECF course. The provider must maintain, on-site, documentation of employee completion of all required training.

- Must ensure minimum personnel qualifications are met for those workers directly providing each specific service the agency provides.
- Subcontracting is not permitted for the provision of services that are the subject of this RFP except subcontracting is permitted for Adult Family Home, Occupational Therapy, Physical Therapy and Speech Therapy. Other subcontracting may only be done with justification and written approval from the Associate Commissioner for Developmental Disabilities.

## **B. Standard Minimum Direct Service Personnel Qualifications**

Qualifications:

Must be Age 18 or over.

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must pass a pre-employment drug screen.
- TB skin test required by Alabama Medicaid Agency.

### **Post-Hire Training Requirements**

Must complete the following training on the schedule noted below. “Before Serving People” must be completed before assigning the direct service staff person to provide direct supports. Courses may be completed prior to the schedule indicated below as long as all training is completed no later than noted below. **Important: Completion of the Alabama ECF DSP training below qualifies the DSP to also serve individuals on the ID and LAH waivers.**

*Note: Access to the Alabama ECF online learning platform is free of charge. Learners receive ongoing support for completion through Success Coaches. Your agency can track their progress through the AL-ECF Provider Portal. If your organization hires someone who has previously successfully completed the AL-ECF course, you do not need to retrain them.*

#### **1. BEFORE SERVING THE FIRST CWP PARTICIPANT, the following training must be completed:**

Alabama ECF Free Online On-Demand Learning Platform (Time to complete = 16 hours):

Welcome to Employment and Community First (Alabama ECF Module)

Orientation (Alabama ECF Module)

Introduction to CWP (Alabama ECF Module)

Supporting People with IDD (Alabama ECF SS Module)

Keys to Independence: Everyone Can Succeed (Alabama ECF Module)

Supporting Community Participation (Alabama ECF Module)

Standard Precautions (Alabama ECF Module)

Signs and Symptoms of Illness/Medication Side Effects (Alabama ECF Module)

Other Required Training:

First Aid (Certification required)

CPR (Certification required)

Incident Prevention & Management System (IPMS): reportable event (critical incident) identification and reporting (Content provided online, free of charge, by ADMH/DDD)

Training on the specific service(s) the DSP will be providing including the service definition, expected outcomes, reasons the service is authorized (Content provided or pre-approved by ADMH/DDD)

Training specific to the individual(s) being served, including training on their person-centered plan, behavior support plan (if applicable), and service implementation plan(s)

**2. The following courses need to be completed no later than 30 days after starting to serve the first CWP participant:**

Alabama ECF Free Online On-Demand Learning Platform:

- Disability Rights Movement (Alabama ECF Module)
- The Importance of Full Citizenship and Valued Social Roles (Alabama ECF Module)
- Supporting People to Form and Keep Relationships (Alabama ECF Module)
- The Importance of Employment (Alabama ECF Module)
- Emergency Preparedness (Alabama ECF Module)
- Working with Person Supported, Families/Conservators [a/k/a Guardians] (Alabama ECF Module)
- Supporting Self-Determination (Alabama ECF Module)

**3. The following courses need to be completed no later than 90 days after starting to serve the first CWP participant:**

Alabama ECF Free Online On-Demand Learning Platform:

- Positive Behavior Supports (Alabama ECF Module)
- What Really Keeps People with IDD Safe (Alabama ECF Module)
- Home and Community Based Services (Alabama ECF Module)

Note: The 30-day and 90-day completion deadlines for training outlined above may be extended upon request and approval by ADMH should challenges be related to workforce concerns. However, the training required before a staff person serves the first CWP participant cannot be waived for any reason.

Note: Non-ADMH curriculum must be submitted to the Director of the Community Waiver Program after RFP approval for review and approval, or approval with required changes.

Additional qualification and training requirements applying to certain higher-reimbursed CWP services These additional qualifications can be found at: [CWP-Minimum-Standards-for-Agency-Providers-rev-07.28.2022.pdf \(alabama.gov\)](https://www.alabama.gov/CWP-Minimum-Standards-for-Agency-Providers-rev-07.28.2022.pdf)

### **C. Preferred Provider Qualifications**

Scoring of RFP responses takes account of each agency or individual provider's Preferred Provider Qualifications. Each Preferred Provider Qualification indicator is weighted by being assigned points from 2 to 5 based on the relevant strength of the indicator in predicting the provider's ability to deliver Community Waiver Program (CWP) services effectively. The minimum score to be a Preferred Provider is twelve (12) resulting from a positive score in at least three of the five factors identified below to qualify:

#### Community Waiver Program Preferred Provider Qualifications

##### **I. Experience with Waiver Service Provision**

- A. The provider currently participates in the ID or LAH Section 1915(c) waiver programs for individuals with ID, and its most recent certification score was 90 percent or higher, placing it on a two-year review cycle. (5)
- B. The provider is a contracted provider of HCBS for individuals with ID in another state or the ADMH Autism program. (3)
- C. The provider employs or contracts with an appropriately licensed professional(s) in one (1) or more specialty areas (behavioral services, occupational therapy, physical therapy, speech language pathology, orientation and mobility, nurse education, training, and delegation) and this professional's role will involve training and/or consultation with

direct support staff employed by the provider in supporting individuals with intellectual disabilities enrolled in the Community Waiver Program as verified by the provider's proposed staffing chart for the Community Waiver Program and the licensed professional's position description(s) or contract(s). (3)

## **II. Independent Accreditation**

- A. The provider holds accreditation, or is actively seeking accreditation ("actively seeking" means applied for and paid for accreditation within three months of applying to be part of the Community Waiver Program network) from any of the following nationally recognized accrediting bodies (4):
  - 1. Commission on Accreditation of Rehabilitation Facilities minimum provisional accreditation
  - 2. Council on Quality and Leadership (CQL) accreditation in at least one of the following:
    - i. Quality Assurance Accreditation,
    - ii. Personal-Centered Excellence Accreditation, or
    - iii. Person-Centered Excellence w/ Distinction Accreditation
  - 3. Council on Accreditation (COA) accreditation for Private Organization covering, at minimum, services for people with intellectual and developmental disabilities.
- B. The provider has obtained Systemic, Therapeutic, Assessment, Resources, and Treatment (START) program certification, START network partner certification, or has at least one staff person who has completed START coordination certification and whose time will be at least 50 percent dedicated to serving referrals from the Community Waiver Program, as verified by the provider's proposed staffing chart for the Community Waiver Program. (3)

## **III. Support of Person-Centered Service Delivery**

- A. The provider has demonstrated leadership in assisting individuals with intellectual disabilities to pursue their interests and goals in their local community through community involvement, participation, and contribution, verifiable by documentation of outcomes achieved by individuals with ID (a random sample of 5 percent - minimum 5 persons Selected by ADMH Quality Enhancement staff) served by the organization. (3)
- B. The provider has policies and processes in place to support individuals served to exercise choice with regard to direct support staff assigned to work with them; and the provider has a strategic goal (and documented plan with evidence of implementation occurring) to increase the extent to which individuals served have choice with regard to direct support staff assigned to work with them. (3)
- C. The provider is willing and able to recruit and provide staff who are linguistically competent in spoken languages other than English when one of these languages is the primary language of individuals enrolled in the Community Waiver Program and/or their primary caregivers, verifiable by provider policy and staff position descriptions/contracts. (2)
- D. The provider is willing and able to assign staff that are trained in the use of augmentative communication aids or methods in order to achieve effective



communication with individuals enrolled in the Community Waiver Program and/or their primary caregivers, verifiable by provider policy and staff position descriptions/contracts. (2)

**IV. Support of Independent Living**

- A. The provider has documented experience of providing HCBS to individuals with intellectual disabilities in their own homes or family/natural support homes (not owned or leased by a provider of services) and in integrated community settings (not in provider owned or operated non-residential facilities), verifiable by provider policy, existing HCBS contract(s), and service delivery records. (4)
- B. The provider has assisted a person(s) supported by the agency in residential services to successfully transition into an independent or supported living arrangement, verifiable by provider policy, case examples and service delivery records. (4)

**V. Support of Integrated, Competitive Employment and Community Inclusion**

- A. The provider has experience assisting individuals with intellectual disabilities to obtain and/or maintain individualized, competitive, integrated employment where an HCBS service provider is not the employer of record. This is evidenced by the provider's data, for a three-month period with an end date within six months of applying to become a Community Waiver program provider, showing the percentage of individuals with intellectual disabilities served (regardless of services provided) who are working in individualized, competitive, integrated employment is at least 15 percent. (4)
- B. The provider is a contracted provider for Alabama Department of Rehabilitation Services. (4)
- C. The provider can demonstrate relationships with other non-disability specific and non-Medicaid funded community organizations, associations and/or businesses that can be leveraged to assist individuals with ID in pursuing and achieving employment and integrated community involvement goals, as evidenced by at least three letters of commitment from such community-based organizations to work with the providers in order to help persons supported by the provider to achieve such goals. Three letters of commitment are required per county that the provider is applying to serve through the Community Waiver Program. Letters of commitment from other ID, LAH, CWP, Autism or mental health service providers will not be counted. (4)
- D. The provider is a consumer-led organization with a board of directors, more than 50 percent of whom have developmental disabilities. (2)

- Note: Providers wishing to provide only one or more of the following services **do not** need to meet Preferred Provider Qualifications:

- Natural Support and Caregiver Education and Training
- Community Transportation
- Minor Home Modifications
- Physical Therapy
- Occupational Therapy
- Speech and Language Therapy

## SECTION II. SCOPE OF WORK

In the Community Waiver Program that is the subject of this RFP, services are to be provided to five distinct enrollment groups:

Group #1 Essential Family Preservation Supports: Children with ID, ages 3-13, that are living with family or other natural supports.

Group #2 Seamless Transition to Adulthood Supports: Transition-age youth with ID, ages 14-21, who are living with family or other natural supports, or living independently (18-21).

Group #3 Family, Career and Community Life Supports: Working-age and older adults, ages 22 and older, who are living with family or other natural supports, living independently or able to live in a non-intensive supported living arrangement.

Group #4 Supports to Sustain Community Living: Individuals 3 and older with ID who are not able to live with family or other natural supports, not able to live independently, or not able to live in a non-intensive supported living arrangement.

Group #5 Working age or older adults 22+ with ID and lower level of care needs, who live with family or other natural supports or who can live independently with CWP services. **(Pending CWP amendment lowers the age from 22 to 18 if approved).**

Certain services may only be available to certain enrollment groups. This is noted in the definition for each service. By agreeing to provide a service, the contractor agrees to provide it to all enrollment groups to which the service is being made available, unless specifically articulated in the response to this RFP. For example, any limits on age should be clearly specified and justified in the RFP response. The contractor further agrees to not limit their willingness to provide services based on race, color, national origin, gender, age, disability type, religion or first language.

A complete list of CWP services and detailed information can be found by visiting ADMH website at this web address [Scopes-of-Service-rev.-05.17.2022.pdf \(alabama.gov\)](#) for review.

**See Section A of this RFP for current reimbursement rates and pending reimbursement rates. The list includes enhanced current rates and pending permanent rate increases for many services.**

## SECTION III

### A. Proposal Content

**Instructions must be followed or responses will not be graded.**

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 the response to each item with the item reproduced at the top of the page(s) of the response.

1. Submit a cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. Attach the Vendor Contact Page
3. A Table of Contents of the submitted information. All pages should be numbered consecutively beginning with **number 1** after the cover letter.

4. Attach vendor information to include:

- Statement of the provider’s mission, philosophy, and purpose.
- Documentation of provider’s current qualifications including how the provider meets the minimum qualifications described in this RFP.
- Documentation of how the provider meets each of the Preferred Provider Qualifications described in this RFP that the provider asserts it meets. (Not required if the service or services the provider is proposing to provide do not require providers to meet the Preferred Provider Qualifications. See the discussion of the Preferred Provider Qualifications in this RFP to see the list of providers exempt from this requirement.).
- Documentation of any accolades or awards bestowed upon the provider in recognition of special honors or acknowledgement of merit.
- Description of community relationships/partnerships leveraged to assist persons served on the waiver in pursuit of integrated, competitive employment and other integrated community engagement.
- Details on the leadership of the provider organization including, as applicable, the board of directors, owners, and operational leadership team (current resumes for operational leadership team are also expected to be included).
- Description of the provider’s financial position (attach most recently completed audited financial statements) *and clearly describe ability and willingness to make investments necessary to recruit staff for the CWP* and take other necessary steps to provide the CWP services the provider proposes to provide.
- **Clearly indicate the specific CWP service(s) the provider is proposing to provide.**
- **For each service the provider is proposing to provide, clearly indicate the county(s) where the provider plans to offer the service.** Note if any existing experience providing services in this county(s).
- **Additionally, clearly indicate - for each service - in each county where the service will be provided, the number of referrals the provider can serve in the first quarter under contract and, after the first year under contract, the number of new referrals the provider can continue to serve on a quarterly basis.**

Enter the required information in the **bolded** bullet points above into the Provider Capacity Table (Attachment I). A Word copy of the table is located on ADMH website at [www.mh.alabama.gov](http://www.mh.alabama.gov) for use.

- Description of previous experience relevant to the service(s) the provider is proposing to provide (e.g., waiver or similar services previously/currently offered by your agency) and/or information demonstrating knowledge and understanding of the service(s) the provider is proposing to provide and any special training or qualifications that the provider agency’s staff have relevant to the services.
- For each service the provider proposes to provide, please identify the minimum hourly wage the agency plans to pay direct service workers providing this service, given the **current** total reimbursement rates (see Section A of this RFP) and service requirements for the service. Service requirements can be found by visiting ADMH website at this web address [Scopes-of-Service-rev.-05.17.2022.pdf \(alabama.gov\)](#) for review.
- Description of provider’s processes for development/maintenance of appropriate/up-to-date staffing schedules for each person served and, as applicable, small groups of individuals served.
- Description of how the provider develops and documents the plan its direct service staff will follow for providing a service to a specific individual, to ensure the service is

reflective of the person’s unique outcomes (as documented in the PCP), goals, needs, preferences, etc.

- Description of the disenrollment process when services to a person served on the waiver are terminated by the provider.
- Description (including exact dollar amounts) of any Medicaid (or other) recoupment actions taken against the provider in the past ten (10) years.

5. All pages should be numbered consecutively beginning with **number 1** after the cover letter.
6. Submit one (1) signed original, one (1) copy, and one (1) digital copy on a USB flash drive of your entire proposal.
7. Clearly print on the outside of the envelope **RFP 2024-18-CWP**.

Your entire proposal must be received at the following address no later than **2:00 pm on Friday, June 7, 2024. Please review the mailing note. All proposals received after the deadline will be deemed untimely and will not be reviewed. Emailed or faxed responses are not accepted.**

**Submit RFP Responses To:**

AL Department of Mental Health  
Office of Contracts & Purchasing  
RSA Union Building  
100 N. Union Street, Suite 570  
Montgomery, AL 36104

The Department of Mental Health assumes no responsibility for expenses incurred in the preparation of the proposal and reserves the right to reject any and all proposals. Additionally, ADMH reserves the right to waive irregularities in any proposals and request clarification of any information and negotiate with proposal submitters to secure more favorable conditions.

**B. Evaluation Process**

ADMH will examine each proposal submitted and may elect to conduct interviews with finalists. The department expects a final selection on or before July 9, 2024.

**C. Proposal Evaluation and Selection Criteria**

A. Proposals will be evaluated based on their responsiveness to the items contained in the Proposal Content section of this Request for Proposal. Applications that do not meet the minimum score on the Preferred Provider Qualifications (if provider is subject to these PPQs) will be excluded from additional consideration. The review committee will rate proposals according to the following:

1. Provider’s Preferred Provider Qualifications score.	35%
2. Provider’s knowledge and understanding of the services to be provided, relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the provider agency’s staff have relevant to the services.	20%
3. Size of geographic area (including number of counties) in which the provider is proposing to provide services.	15%
4. Evidence of ability to undertake necessary investments and steps to begin providing services within 60 days of selection.	15%
5. Number of referrals the provider indicates capacity to receive.	15%
TOTAL	100%

B. Proposals that DO NOT have to meet Preferred Provider Qualifications will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. The review committee will rate proposals according to the following:

1. Provider’s knowledge and understanding of the services to be provided, relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the provider agency’s staff have relevant to the services.	31%
2. Size of geographic area (including number of counties) in which the provider is proposing to provide services.	23%
3. Evidence of ability to undertake necessary investments and steps to begin providing services within 60 days.	23%
4. Number of referrals the provider indicates capacity to receive.	23%
TOTAL	100%

The Preferred Provider Qualifications (PPQ) Form is Attachment II. A Word copy of the table is located on ADMH website at [www.mh.alabama.gov](http://www.mh.alabama.gov) for use.

**SECTION IV  
RFP 2024-18: COMMUNITY WAIVER PROGRAM**

**SCHEDULE OF EVENTS**

The following RFP Schedule of Events represents the ADMH’s best estimate of the schedule that shall be followed. *Except for the deadlines associated with the vendor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates.* ADMH reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at [www.mh.alabama.gov](http://www.mh.alabama.gov) for review.

**Please note the date for submitting any questions. ADMH will not accept/answer any questions after this date.** All times are in **Central Time**.

Date	Item	Methods
May 2, 2024	RFP Release	ADMH & STAARs websites and USPS
May 9, 2024 <b>2:00 pm</b>	Deadline to submit RFP questions or requests for clarification in Word	Email to: <a href="mailto:leola.rogers@mh.alabama.gov">leola.rogers@mh.alabama.gov</a>
May 15, 2024	RFP Q&A to be posted for review	ADMH website: <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a>
June 7, 2024	RFP Submissions due: <b>Three (3)</b> 1 original, 1 copy, & 1 digital copy on a USB flash drive	USPS or FedEx or UPS <b>(Review mailing note)</b>
June 7, 2024	RFP Closing Date	USPS or FedEx or UPS <b>(Review mailing note)</b>
July 9, 2024	Notification of selection status	USPS (In writing)
<p><b>Submit RFP Responses To:</b>  AL Department of Mental Health  Office of Contracts &amp; Purchasing  RSA Union Building  100 N. Union Street, Suite 570  Montgomery, AL 36104</p>		

**RFP 2024-18 CWP**

**CONTACT PAGE**

Vendor's Legal Name	
Street Address	
City, State & Zip Code	
Contact Person	
Contact Phone #	

**NOTE:** Attach this page after the cover page.

**Attachment I**

**Provider Service Capacity Table**

Vendor Name: \_\_\_\_\_

<b>Service Name</b>	<b>Service Offered in Which Counties?</b> (If > 1 county, list each county on a separate line)	<b>Initial Capacity</b> (In 1st quarter, what total number of new referrals can be served?)	<b>Established Capacity</b> (After 1 year, what total number of new referrals can be served each quarter? )



## Attachment II

### Preferred Provider Qualifications

Agency: \_\_\_\_\_

#### Experience with Waiver Provision

- Provide proof of providing HCBS services in another state or ADMH Autism program.
- Provide proof of appropriately licensed individual involved in training (behavioral therapy, occupational therapy, physical therapy, speech language pathology, orientation and mobility, nurse education, training, and delegation) in supporting the CWP.

#### Independent Accreditation

- Provide proof of independent accreditation (CARF, CQL, COA) or proof of pursuing accreditation.
- Provide proof of START certification or staff who has completed STRART coordination certification whose time will be dedicated to 50% for CWP.

#### Support for PCP Delivery

- Provide proof of demonstrating leadership in assisting individuals to pursue their interests and goals through community involvement, participation, and contribution.
- Provide proof of policies or process in place to support individuals regarding participants having choice of direct care staff assigned to them.
- Provide proof of policies to recruit staff that are linguistically competent in other languages than English when English isn't the primary language of the person receiving services.
- Provide proof of staff training in the use of augmentation communication aid or methods (provide contact, job descriptions, policy, or certification).

#### Support for Independent Living

- Provide proof of experience of providing HCBS to individual in the own residence or natural supported home (not agency leased/owned) or integrated community setting via policy, contract, or service delivery records. Provide proof of assisting person in transition into an independent or supportive living environment.

#### Support for Integrated Employment and Community Inclusion

- Provide proof of experience of assisting individuals to obtain/maintain competitive integrated employment.
- Provide proof of contracting with Alabama Department of Rehabilitation Services.
- Proof of relationships (commitment letter) with three other community agencies and/or businesses that can be leveraged to assist individuals to pursue and achieve integrated competitive employment. Letter may NOT be from other ID, LAH, CWP, Autism, or mental health providers.
- Provide proof of agency being consumer-led via 50% or more of board having a developmental disability.