SYT-I RFP Questions and Answers

(inclusive of the original posting of this RFP and revised as appropriate)

Q1- Can Boards in non-rural communities apply if they partner with Boards in rural communities?

 A1- Yes, Boards can work with providers and/or other boards that serve rural/Appalachian counties.

Q2- Is the abstract included in the 8-page limit?

A2- No, it is not. It is in addition to the 8-page proposal.

Q3- Can it be rural non-Appalachian communities that apply?

A3-Yes, the service area can include Appalachian and/or rural (i.e. they can be rural county without having to be Appalachian). See the list of counties categorized as Appalachian or Rural in the RFP.

Q4- Are there currently ICT providers in Ohio?

A4- Yes, 4 teams in 4 counties exist (Franklin, Lorain, Cuyahoga, and Summit)

Q5- Can an ADAMHS Board use a For Profit Provider?

A5- An ADAMHS Board can certainly bring a for-profit provider into the continuum of services. However, the board cannot create a sub-recipient relationship with for-profit organizations using these federal funds.

Q6- We provide ICT services in Lorain County. Is anyone interested in partnering?

A6- The Lorain County ICT Team is interested in partnering.

Q7- Does the agency or the individual provider need to have 2 years' experience?

A7- The provider organization needs to have 2 years' experience.

Q8- Does EACH funded proposal have to serve at least 2 counties which are rural and/or Appalachian? OR will at least 2 funded proposals include rural and/or Appalachian counties? Please clarify.

A8- Each funded proposal has to serve at least 2 counties, one of which must be rural and/or Appalachian. (NOTE THIS IS A CHANGE FROM THE ORIGINAL RFP)

Q9- Is it acceptable to partner with another ADAMHS board on the application?

A9- Yes

Q10- Of the 4 service types listed in the "Scope of Work," can an applicant pick and choose which of these to apply for? Or is the expectation that all will be implemented?

Q10- There is an expectation under section III Scope of Work that A through E will be implemented in each selected proposal site. However, under III B. - An applicant can choose between implementing Motivational Interviewing or MET/CBT. They may also choose both of those EBPs.

Q11- Since the "evidence-based assessment tool (s)" are to be determined and the Fidelity EHR will be developed by OhioMHAS, can the Data Collection portion of the application narrative just state that the grantee will comply with any and all administration of tools/data collection/reporting as dictated by OhioMHAS?

A11- Yes, however you do need to strategize on how that data will be input into the system, and the local accountability point person(s) for data.

Q12 - Does the selected provider of the ICT component have to be certified as an IHBT provider? Or can they just adhere to the model and bill the individual rates (counseling, CPST, etc)?

A12- That decision has not been made, however we would want to learn the reasons behind not wanting to strive for fidelity and eventually billing the services as an IHBT service under Medicaid.

Q13-If partnering with another county, can we coordinate the services with one service provider but maintain treatment teams that are specific to each county? (Since each of those systems already exist, but because separated by county are not currently involved in partnership). Or, does the coordination effort need to be universal across the two counties?

A13-Multiple boards can collaborate and use the same or different providers. The treatment teams can be specific to each county, however we are asking that each counties' residents have access to all of the services in the "section III- Scope of Work."