Non-profit
Established in community
Supported in community
Know ATR program
Has ability to do clinical assessments and required ASI (licensed staff and equipment)
Has ability to do RSSC assessment and follow-up (staff and equipment)
Has ability to do mobile assessments in catchment area
Has ability to have 5-day-a-week presence in Albuquerque (if offering for that community)
Has ability to do GPRA (staff and equipment)
Has reserves to support program for 60 days until reimbursement can kick in
Can support on-going costs through Assessment, RSSC and GPRA fees
Can secure and maintain records
Has ability to work with current ATR provider network
Must disclose any other state program funding
Must sign assurances of no self referrals

Required start up funds
Level of assessments needed to maintain operations
BHSD, in partnership with OptumHealth New Mexico (OHNH) is soliciting competitive sealed proposals from qualified private and public entities to provide interested in providing Access to Recovery (ATR) Central Intake services in Albuquerque. Organizations interested in providing Central Intake services in Albuquerque shall provide these CI services at least 5 days per week in that community. All interested persons and agencies must submit a response to this Request for Proposals (RFP) regardless of their current contractual relationship with OptumHealth or BHSD.

The schedule for the RFP process is as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>Target Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Issued</td>
<td>October 18, 2010</td>
</tr>
<tr>
<td>Submission of Proposals</td>
<td>November 1, 2010</td>
</tr>
<tr>
<td>Proposal Review</td>
<td>November 2, 2010</td>
</tr>
<tr>
<td>Contract Negotiations</td>
<td>November 3, 2010</td>
</tr>
<tr>
<td>Notification of Outcome</td>
<td>November 5, 2010</td>
</tr>
<tr>
<td>Preparation &amp; Finalization</td>
<td>November 10, 2010</td>
</tr>
</tbody>
</table>

A. **SUBMISSION OF PROPOSAL**

The proposal shall be submitted via **E-Mail and Fax** to the following location:

Troy Fernandez  
OptumHealth New Mexico ATR Liaison  
Fax: (505) 428-6603  
E-Mail: troy.fernandez@optumhealth.com

The proposal must contain signatures. **The deadline for submission of completed proposals is 5:00 p.m. on November 1, 2010.** Proposals not received at the above specified e-mail and fax addresses on or before the specified deadline will not be considered for review.

B. **NOTIFICATION OF OUTCOME**

OptumHealth New Mexico will notify each Offeror of the outcome of the award process by **November 5, 2010.**

C. **FUNDING AVAILABILITY**

Contract awards are contingent upon funds appropriated by the federal Access to Recovery Program. OptumHealth New Mexico reserves the right to adjust any proposed allocations to new or continuation offerors based on review of all the competitive proposals and any legislative mandates included in the appropriations.
D. TERM OF CONTRACT

OptumHealth New Mexico has the discretion to award contracts which are more or less than one year in length. However, federal funds for ATR services are appropriated to for only one State Fiscal Year (July 1 - June 30). Therefore, offerors awarded contracts in excess of one year will be allocated funding not to exceed one fiscal year. At the end of the state fiscal year, a contract amendment may be negotiated to reflect funding of services for the next year of the contract.

II. PROPOSAL FORMAT AND ORGANIZATION

A. REQUIRED FORMAT

The proposal must be completed according to instructions provided in this section. Failure to follow the required format could adversely affect the competitiveness of the proposal or cause the proposal to be rejected as non-responsive.

OptumHealth NM will not collate, merge, copy or otherwise manipulate offerors' proposals. It is the offeror's responsibility to ensure that all pages and appropriate documents are included. Responses consisting solely of marketing materials will not be accepted.

B. INSTRUCTIONS

Proposals submitted must comply with the following instructions:

Step 1. Complete Cover Sheet 1. (See Appendix A).

Step 2. Respond to weighted evaluation factors (see Part III) and complete Appendix B and Appendix C.

C. PROPOSAL ORGANIZATION

The faxed and e-mail versions of the proposal must be the same and must be printable on standard 8 1/2" x 11" paper and contain page numbers.

The completed proposal must be organized in the sequence indicated below:

1. Cover Sheet 1 - Name, Address and Contact Information for Agency
2. Table of Contents
3. Weighted Evaluation Factors
Factor 1: Professional Experience
Factor 2: Central Intake Functions
Factor 3: Program Description
Factor 4: Data Collection
Factor 5: Budget

Completeness, clarity and brevity are encouraged. The use of narrative and/or bullet statements is/are acceptable.

III. ACCESS TO RECOVERY

A. MISSION STATEMENT

Access to Recovery (ATR) is a four year competitive discretionary grant program funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR is a presidential initiative which provides vouchers to clients for purchase of substance abuse clinical treatment and recovery support services (RSS). The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community based providers for clinical treatment and recovery support services.

New Mexico was both an ATR I and ATR II grantee. New Mexico’s ATR program utilizes a Central Intake model to meet the goals of the program which are both effective and efficient, while focusing on the principles of Recovery and Resiliency. Keys to continued successful implementation of ATR II are:

- Ensure genuine, free, and independent client choice of appropriate clinical substance abuse treatment and recovery support services.
- Increase access and capacity for substance abuse treatment and recovery support services.
- Engage faith-based and community based organizations in providing a broader spectrum of treatment services and recovery supports.
- Maintain extensive service linkages with faith based and community based organizations
- Recovery Support Services are critical to the success of the recovery process. For many individuals, the difference between success and failure in recovery will depend upon the access to supportive service.

The New Mexico ATR Program is managed by OptumHealth New Mexico (OHNM) as part of its contract with the Interagency Behavioral Health Purchasing Collaborative (Collaborative) as the Statewide Entity (SE) for behavioral health services in the state. The Behavioral Health Services Division (BHSD) of the Human Services Department is responsible for oversight and joint management of the New Mexico ATR Program in partnership with OHNM.
Target populations are persons 18 years of age and older with a substance abuse problem and who meet the low-income and residential requirements outlined in the grant. Particular emphasis is being placed on accessibility to culturally appropriate services for Native Americans, African Americans and Hispanics, women, women with children, GLBTQ, and National Guard. Included in the target population are persons exiting the corrections system and re-entering society. The goals of ATR III are to improve availability, access, and appropriateness of substance abuse treatment and recovery support services for the target populations mentioned above. The ATR program will also focus on providing services to National Guard’s men and women. The use of the current web-based information system www.atrnm.org ensures effective project monitoring. Successful client engagement will be evidenced by an 80% completion of the 6 month Follow-up GPRA.

Central Intakes are responsible for partnering with the client throughout his or her episode of care. Creating this partnership and level of support provides the client the opportunity to be empowered and make choices without any outside influence. The Central Intake site must reinforce a “Client Driven” philosophy so that at any time during the course of the voucher the individual can be supported in a non-judgmental and empathic manner by the Central Intake site to modify services and/or providers dependent upon his or her individual need or preference. A minimum of two and most often more than two choices of client-centered treatment and recovery support services must be available in every area where ATR is available. This network must be a balanced combination of a faith-based and community based providers as well as offer both Clinical and Recovery Support Services.

Central Intakes duties include:

1) The determination of eligibility for ATR services which is based on established New Mexico criteria.
2) The provision of clinical assessments for each eligible ATR client.
3) The provision of clinical and recovery support vouchers to each eligible ATR client.
4) The development and implementation of a treatment and recovery support service plan for each eligible ATR client.
5) The provision of Recovery Support Coordination Assessment and Management for each eligible ATR client.
6) The administration and recording of federally required GPRA (Government Performance and Results Act) data.
7) The provision of an array of outreach functions, to include potential ATR clients, providers and other community partners.
8) Provide all case management for each eligible ATR Client.
CENTRAL INTAKES MAY NOT PROVIDE ANY SERVICE FOR ANY ATR CLIENT EXCEPT FOR THESE SERVICES.

**Reimbursement rates for CI services are set as follows:**

<table>
<thead>
<tr>
<th>Reimbursement Amount not to exceed $424 per consumer</th>
<th>Definition (please see ATR website for the ATR Provider Manual) currently in revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>$180 per unduplicated person</td>
<td>Clinical Assessment, ASI/MV and initial GPRA (National Guards set aside)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>$148 per unduplicated person as follows:</td>
<td>Recovery Support Assessment, RSS Plan, and ongoing Coordination graduated.</td>
</tr>
<tr>
<td>$30 for RSS Assessment (1)</td>
<td></td>
</tr>
<tr>
<td>$20 for RSS Plan (1)</td>
<td></td>
</tr>
<tr>
<td>Up to $48 for information and referral. One unit per month at a rate of $16 per unit X 3-months</td>
<td></td>
</tr>
<tr>
<td>Up to $50 for recovery support services coordination in months 2 and 3 at a rate of $25 per month</td>
<td></td>
</tr>
<tr>
<td>$75 each consumer if conducted between 5-6 months post discharge.</td>
<td>GPRA Follow-up graduated: those Central Intakes who fail to keep the state GPRA follow-up average at 80% or higher will risk loosing their target voucher allotment up to and including loosing their ability to remain in the ATR program as a Central Intake Provider.</td>
</tr>
<tr>
<td>$50 each consumer if conducted at 7 months post discharge.</td>
<td></td>
</tr>
<tr>
<td>$25 each consumer if conducted at 8 months post discharge.</td>
<td></td>
</tr>
<tr>
<td>$0 each consumer if conducted past 8 months discharge.</td>
<td></td>
</tr>
<tr>
<td>$15 Incentive card 1 per consumer at completion of 6-month GPRA follow-up per unduplicated person.</td>
<td>The Incentive card of $15 is a pass-through amount which is to be used as an incentive to get consumers to complete the GPRA follow-up post discharge.</td>
</tr>
<tr>
<td>Transportation Coordination $3 per monthly bus pass ($9 maximum for life of voucher) $1 per person per shuttle ride</td>
<td>Shuttle ride coordination will be paid at a maximum of $12 for the life of the voucher</td>
</tr>
</tbody>
</table>
B. WEIGHTED EVALUATION FACTORS

All responsive proposals received by OptumHealth New Mexico will be evaluated according to an established set of weighted evaluation factors. All proposals must be formatted according to the specific categories. Offerors must respond to all categories.

Failure to follow this format or furnish information as requested will result in rejection or decreased competitiveness of the proposal.

**Factor I: Professional Experience (10 POINTS) (3 PAGES MAXIMUM)**

1. Describe your agency’s mission and purpose.
2. Describe current and past experience in working with persons with substance use disorders and ATR clients.
3. List and describe your working relationship with current and prospective treatment and recovery support services ATR Providers/agencies, including HMO’s and OptumHealth New Mexico.

**Factor II: Central Intake Functions (30 POINTS) (5 PAGES MAXIMUM)**

1. Submit a detailed staffing plan and credentials of proposed staff who will be provide CI services as listed above. Please include resumes and licensure of each CI staff.
2. Submit a full organizational chart, including CI location within organization.
3. Describe your agency’s ability to begin project(s) by December 1, 2010.
4. Describe CI’s intake function, to include process to determine appropriateness of client for ATR services.
5. Describe agency’s mechanisms to insure genuine client choice.
6. Describe proposed geographical service area and proposed location(s) of service delivery facility(ies). Describe appropriateness and accessibility of these facilities for the target population.
Factor III: **Program Description** (30 POINTS) (5 PAGES MAXIMUM)

1. Describe, in detail, the proposed project and how it will meet the needs of the target population. Identify how CI services will be provided by the agency. Provide a project implementation plan with tasks, time-frames and key staff identified.

2. Provide current letters of support for proposed project from current and prospective treatment and recovery support service ATR providers.

3. Describe your agency’s support of the proposed project to increase the provider network including faith-based, clinical, and recovery support services providers.

4. Describe current and anticipated service barriers that may be encountered by your project and strategies for overcoming these barriers.

5. Describe public awareness/educational activities to the community and potential clients.

Factor IV: **Data Collection** (10 POINTS) (1 PAGE MAXIMUM)

1. All ATR funds including Central Intake funds are reimbursed via the New Mexico Voucher Management System (VMS). The process will be reviewed at the Central Intake that is chosen with designated staff.

2. Describe any technical assistance needs you may have around the ability to utilize the Voucher Management System.

3. Describe process your agency will use to be in compliance with federally mandated GPRA requirements in a timely manner.

4. Describe your agency’s current UR/UM process. How will ATR be included in this process?

5. Describe your agency’s QA process. How will the proposed ATR project be included in this process?
Factor V: **Budget (20 POINTS)**
Scoring will be based on completeness, accuracy, clarity and relevance to the project being proposed.

1. Provide a complete budget for any start-up costs required for the ATR CI project. Include justification for each item being requested.

2. Given that the allotted dollar amount per consumer is $424 for all essential Central Intake duties (please refer to the reimbursement chart above as a guide), provide a complete budget, based on the proposed number of ATR consumers to be served when CI is fully operational. (At this point the proposed target of consumers to be served is between 40-60 per month for Bernalillo County) *This number is subject to change within these parameters.*

3. Provide a staffing pattern and structure which will be utilized to comply with all the duties and assignments of the Central Intake.

4. Given that this program works on a reimbursement system, what are your agency’s 60 day reserves for this project until you can be reimbursed?