

	DHHS Residential Treatment Services	
	Document Submission Checklist	
	Solicitation # DHHS26105	
	<b>Forms</b>	
	Form 1 - Data Sheet	
	Form 2 - State of Utah DHS Substitute Form W9	
	Form 3 - Conflict of Interest	
	Attachment D: Facility Service Selection Template	
	Attachment E: Facility Organization Chart	
	Attachment F: Past Performance	
	Attachment G: Medicaid Services Attachment	
	Technical Proposal including a sample aftercare plan.	
	<b>Mandatory Minimum Requirements</b>	
1	Offeror must have 2 years of experience serving similar populations. Please certify that you meet this requirement.	
2	Offeror must have a physical facility located in the State of Utah. Please certify that you meet this requirement and list the address:	
3	Prior to the contract start date, the Contractor must have a current license from the DHS Office of Licensing ("DHS/OL") for residential treatment or intermediate secure care.	
4	Offeror must have a Clinical Evaluation, Treatment, Wrap Services and Forensic Evaluations contract for psychotherapy services; pharmacological evaluation and management of services; psychosocial rehabilitation services; therapeutic behavioral services; mentoring services; day treatment services; and clinical consultation prior to contracting. Please provide the contract number for your Clinical Evaluation, Treatment, Wrap Services and Forensic Evaluations contract.	
	<b>Technical Proposal</b>	
	Provide a response to all of the evaluation criteria listed below for each facility: 12 point Times New Roman	
	Scoreable Technical Criteria	
	<b>A. APPLICANTS PROGRAM</b>	

	A1. Describe how the applicant will adhere to the admission criteria identified in the scope of work and admit all Persons that meet criteria referred to their program.	
	A2. Describe the program's length of stay and how it aligns with the targeted length of stay criteria described in the scope of work.	
	A3. Submit program manual that describes the evidence- based model used that is shown to reduce recidivism. How it is implemented from clinical intervention to group milieu. Describe the evidence-based treatment models utilized. If you utilize multiple evidence-based models, describe specifically how they are integrated.	
	A4. Describe the behavior intervention system and how it is related to your evidence-based treatments.	
	<b>B. Family Engagement</b>	
	B1. Describe Family Treatment including behavioral skills training for the family.	
	B2. Describe the program's family visitation and other contact.	
	<b>C. Aftercare</b>	
	Submit an example of an aftercare plan.	