



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES

**REQUEST FOR PROPOSALS # 35910-14916
AMENDMENT # 2
FOR ALCOHOL AND DRUG (A&D)
IN-HOME CASE MANAGEMENT SERVICES (TFP)**

DATE: MAY 6, 2026

RFP # 35910-14916 IS AMENDED AS FOLLOWS:

- 1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.**

EVENT	TIME (central time zone)	DATE
1. RFP Issued		APRIL 1, 2026
2. Disability Accommodation Request Deadline	2:00 p.m.	APRIL 6, 2026
3. Notice of Intent to Respond Deadline	2:00 p.m.	APRIL 7, 2026
4. Written "Questions & Comments" Deadline	2:00 p.m.	APRIL 14, 2026
5. State Response to Written "Questions & Comments"		MAY 6, 2026
6. Response Deadline	2:00 p.m.	MAY 14, 2026
7. State Completion of Technical Response Evaluations		MAY 21, 2026
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	MAY 22, 2026
9. Negotiation		MAY 26-27, 2026
10. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	MAY 28, 2026
11. End of Protest Period		JUNE 5, 2026
12. State sends contract to Contractor for signature		JUNE 8, 2026
13. Contractor Signature Deadline	2:00 p.m.	JUNE 10, 2026

- 2. State responses to questions and comments in the table below amend and clarify this RFP.**

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		1. Will all of the referrals for services filter through DCS to the Provider?	Yes
		2. Do you have an estimated volume of clients needing to be served for each RFP specifically for East and Northeast regions?	Please refer to Attachments 6.3 Cost Proposal and Scoring Guide by Region Evaluation Factor for the historical numbers served.
		3. [Is this RFP] fee for service?	This procurement will result in a fee for service contract.
		4. What is the expected number of referrals per month for each provider, and how will DCS make sure referrals are distributed fairly?	Please refer to Attachments 6.3. Cost Proposal and Scoring Guide by Region Evaluation Factor for the available information. One provider will be awarded per region.
		5. How will DCS decide which families get referred to this program, and what criteria make a family eligible?	Families who have come to the attention of DCS due to parental substance abuse and are at risk of the children coming into foster care or to prevent the children coming into foster care.
		6. How often are providers expected to meet with each family, and what is the typical length of service?	Please refer to Attachment 6.6. Pro Forma Contract Section A. 21. and A.22. Length of service is determined by the service model proposed and family need.
		7. Are services voluntary for families, or can families be required to participate?	Both
		8. Will providers be assigned specific counties or regions, or will referrals come from anywhere statewide?	Providers propose the region/s to provide the service in. Awards include the region where referrals and services will occur. Please refer to Section C. Technical Response and Evaluation Guide C.3
		9. What are the expectations for coordinating with DCS caseworkers, courts, and other treatment providers?	Please refer to Attachment 6.6. Pro Forma Contract Section A. that outlines the scope of services and provider expectations that outlines

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			coordinated efforts with DCS and Courts.
		10. Are there required evidence based practices or treatment models providers must use, or can providers propose their own?	There is a preferred model Nurturing Program for Families in Substance Abuse Treatment and Recovery but providers can propose a different EBP that is similar. Please refer to Section C. Technical Response and Evaluation Guide C.2 that provides guidance on how to address in the proposal.
		11. Will DCS provide access to assessment tools, or must providers supply their own?	Providers should use the assessment tools that are supplied with the proposed service model selected.
		12. What documentation system will providers be required to use, and will training be provided?	Please refer to Attachment 6.6. Pro Forma Contract Section A.27. and A.2e. Yes, a provider trainer is available.
		13. Are drug screens reimbursable, and if so, at what rate?	No.
		14. Are providers expected to transport clients, and is travel time billable?	Transportation will be determined on a case-by-case basis in partnership with DCS during child and family planning meetings. The Contractor can only be reimbursed for time spent attempting to provide supervised visitation service or attend court hearings after driving to the site to provide that service under Unsuccessful Efforts in the Goods and Services Table Section C.3.
		15. What are the expectations for crisis response or after hours availability?	Please refer to Attachment 6.6. Pro Forma Contract Section A.19 and Section C. Technical Response and Evaluation Guide C.8. Providers propose how they will meet the needs after hours within their operational capacity.
		16. How will DCS measure provider performance and outcomes?	Please refer to Attachment 6.6. Pro Forma Contract Section A. 20. that outlines reporting measures and

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			Section C. Technical Response and Evaluation Guide C.6 for how providers propose they will measure and monitor outcomes.
		17. What happens if a family disengages or refuses services—how should providers document and report this?	Please refer to Attachment 6.6. Pro Forma Contract Section A. Scope of Services there are several expectations listed. Examples, A.31. and A. 32. Providers are expected to document their concerted efforts and to communicate with DCS for further planning.
		18. Will DCS provide training on safety protocols for in home visits?	Training is not provided by DCS
		19. How does the reimbursement model account for fluctuating referral volume and travel-heavy caseloads?	Please refer to Attachment 6.6. Pro Forma Contract Section C. Payment Terms and Conditions C.1 maximum liability. Providers will need to factor this into the cost proposal. Once awarded there is a maximum liability dollar amount that cannot be exceeded.
		20. Will DCS issue standardized billing templates, or can providers use their own?	Please refer to Attachment 6.6. Pro Forma Contract Section C. Payment terms and Conditions C.5 that outlines Invoice Requirements.
		21. Is the evaluation factor the number of families expected to be referred or the number of billable sessions/activities, not referencing the number of referred families? We understand there's no guarantee of the number, but we wanted clarity on the evaluation factor.	This is based on historical data of number of families and children served.
		22. Are we proposing a per-case cost or a per-session cost?	Per case/per hour. Cost Proposal Evaluation Factor Column is based on historical number of families and children served in the region.
		23. If it is a per session or work task billing process, do we charge for our time in CFTM and meetings with the case worker? Can we bill for activities where the family is not present, such as writing	Please see Attachment 6.6. Pro Forma Contract Section C. Payment terms and Conditions C.3. The Goods and Services tables outlines the allowable

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		reports or attending meetings, or must the family be present for an activity to be billable?	compensations: A&D In-Home Services, Court Testimony, Unsuccessful efforts.

3. Delete RFP 35910-14916 – Attachment 6.3.a., 6.3.b., 6.3.c., 6.3.d., 6.3.e., 6.3.f. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

Amended items detailed on the following pages.

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), the State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to legally bind the Respondent.

RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Region 1- Northeast Alcohol and Drug Case Management Services	\$ Number/ per hour	1,494	
Region 1- Northeast Court Testimony	\$ Number / per hour	40	
Region 1- Northeast Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	\$ Number /per hour	60	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
$\frac{\text{lowest evaluation cost amount from all proposals}}{\text{evaluation cost amount being evaluated}} \times 30 \text{ (maximum section score)} = \text{SCORE:}$			
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RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Region 2- East Alcohol and Drug Case Management Services	\$ Number/ per hour	6,406	
Region 2- East Court Testimony	\$ Number / per hour	40	
Region 2- East Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	\$ Number /per hour	60	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

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RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Region 3 - TN Valley Alcohol and Drug Case Management Services	\$ Number/ per hour	398	
Region 3 - TN Valley Court Testimony	\$ Number / per hour	40	
Region 3 - TN Valley Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	\$ Number /per hour	60	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

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RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Region 4 - Mid-State Alcohol and Drug Case Management Services	\$ Number/ per hour	405	
Region 4 - Mid-State Court Testimony	\$ Number / per hour	30	
Region 4 - Mid-State Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	\$ Number /per hour	45	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

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Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Region 5 - Mid- West Alcohol and Drug Case Management Services	\$ Number/ per hour	575	
Region 5 - Mid- West Court Testimony	\$ Number / per hour	30	
Region 5 - Mid- West Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	\$ Number /per hour	45	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

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RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Region 6 – West Alcohol and Drug Case Management Services	\$ Number/ per hour	13,200	
Region 6 - West Court Testimony	\$ Number / per hour	80	
Region 6 - West Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	\$ Number /per hour	60	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

RESPONDENT LEGAL ENTITY NAME:			
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4. Delete RFP 35910-14916 - Pro Forma section C.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

- a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.
- b. The Contractor shall be compensated based upon the following payment methodology:

Goods or Services Description	Region	Amount (per compensable increment)
Alcohol and Drug Case Management Services		\$ Number / per Hour
Court Testimony		\$ Number / per Hour
Unsuccessful efforts contractor may be reimbursed at 50% of hourly rate.		\$ Number / per Hour

5. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.