



FAMILIES FIRST PREVENTION SERVICES ACT (FFPSA) PROGRAM IMPLEMENTATION

RFP 2026FFPSAPI

Issue Date: Friday, April 3, 2026

No.	RFP Section & Page	Question
1	Section 2.1 Purpose, p.7–8	What is the expected number of families or children each provider should anticipate serving per month or per year? There is not a set number of referrals that would be sent to receive services. However, we would look at the maximum number of referrals that your agency could handle.
2	Section 2.1 Purpose, p.7–8	How will MDCPS determine which providers receive referrals, and how will referrals be distributed across multiple providers? There will be an alternate schedule and rotation of referrals as they are sent to our Unit for distribution of services
3	Section 2.1 Purpose, p.7–8	What should providers expect if referral volume is significantly lower or higher than projected? If is it higher, we will re-assess the numbers and distribute accordingly, and if lower, we would expect to promote services within the state to increase awareness of the service.
4	Section 2.1 Purpose, p.7–8	Are providers required to deliver all three EBPs (Intercept®, Homebuilders, MI), or can they propose only the models they are qualified to implement? No, the Providers can select which program. We also have the Community Based Services which a Provider can also look at completing a proposal.
5	Section 2.1 Purpose, p.7–8	Are there any additional evidence-based programs (EBPs) identified in the RFP for consideration beyond those already listed? For this proposal, only those Evidenced-Based models are considered.



6	Section 2.1 Purpose, p.7-8	For Intercept®, which is a proprietary Youth Villages model, does MDCPS expect only Youth Villages to propose this service? It is a trademark service
7	Section 2.1 Purpose, p.7-8	Is startup funding allowed for evidence based programs (EBPs), and will funding be made available to cover ongoing licensing costs associated with those EBPs? Ideally, program and agencies who are already established are being sought, and continued licensing/training cost can possibly be included in your budget narrative as ongoing training.
8	Section 2.1 Purpose, p.7-8	For Motivational Interviewing, is MI expected to be delivered as a standalone service or only as a bundled practice within other programs? This specific proposal is for Motivational Interviewing, and it may be bundled with other programs; however, it is specific to MI.
9	Section 2.3 Service Area Description, p.10	Will providers be awarded specific service areas, or can MDCPS assign referrals statewide regardless of the provider’s proposed region? We propose to have the programs statewide; however, specific areas of need will also be considered.
10	Section 2.3 Service Area Description, p.10	How will MDCPS ensure equitable referral distribution across rural, urban, and underserved counties? There will be an alternate schedule and rotation of referrals as they are sent to our Unit for distribution of services
11	Section 2.4 Scope of Services, p.10- 12	What is the expected frequency, duration, and intensity of services for each EBP (Intercept®, Homebuilders, MI)? Services for each of these Evidenced-based programs have a specific duration which is generally 6 months for Intercept, 4-8 weeks for Homebuilders and MI will be varied. Intercept and Homebuilders are intensive in which services are provided up to 20 hours a week based on the models.



12	Section 2.4 Scope of Services, p.10– 12	Are services voluntary for families, or can families be required to participate as part of a prevention plan? These services may be voluntary and/or court-ordered
13	Section 2.4 Scope of Services, p.10– 12	Will MDCPS provide training or certification support for Homebuilders or MI, or must providers secure all training independently? Providers must secure the training based on the model chosen.
14	Section 2.4 Scope of Services, p.10– 12	What are the expectations for 24/7 crisis response or afterhours availability for Intercept® and Homebuilders? These programs have availability of staff for families as they may be on call to address crises or other immediate needs.
15	Section 2.4 Scope of Services, p.10– 12	Will MDCPS provide access to assessment tools, prevention plan templates, or required documentation formats? Assessment tools and other documentation will need to be created by the Provider to address the services that are being provided.
16	Section 2.4 Scope of Services, p.10– 12	What data systems will providers be required to use, and will MDCPS provide training and access? Our new Pathways will have a Providers' portal to upload documentation; however, currently the use of Smartsheet will be utilized. And yes, you will have limited access to our systems in your portal.
17	Section 2.4 Scope of Services, p.10– 12	What specific outcome measures will MDCPS use to evaluate provider performance for each EBP?
18	Section 2.4 Scope of Services, p.10– 12	How should providers document and report when families disengage or decline services? Documentation will need to be relayed to the agency when such happens.



19	Section 1.9 Contract Type & Payment, p.6	How does the cost reimbursement model account for fluctuating referral volume and high travel demands in rural areas? It is based on the pre-determined requirements for the cost of services. If there is an overage, a modification can be requested to adjust.
20	Section 1.9 Contract Type & Payment, p.6	Are travel time, documentation time, and collateral contacts reimbursable? That would be a cost related activity that can be reimbursed.
21	Section 1.9 Contract Type & Payment, p.6	Will MDCPS provide standardized billing templates and reporting forms? Yes, there will be a standard reporting and claim form that will need to be provided monthly.
22	Section 4.2 Evaluation Criteria, p.18–21	Will MDCPS publish scoring rubrics or weighting details beyond the point values listed? No, there will not be any other publishing, only what’s listed in the RFP.
23	Section 1.1.1 Timeline, p.3	Will there be a transition or rampup period before full service delivery begins on June 1, 2026? It will start June 1.
24	Section 5.2 Subgrant Terms, p.24	Will providers be required to participate in fidelity monitoring for each EBP, and if so, what tools or processes will be used? Whatever the Clearinghouse requires for the Evidence-Based models will be a value to the success of the programs which will be monitored.
25	Section 2.1 Purpose, p.7–8	How will MDCPS ensure that prevention plans are updated in a timely manner when providers submit new information? We will have the capacity to upload new information through Smartsheet and our new system.
26	Section 2.4 Scope of Services, p.10– 12	Are providers expected to coordinate with schools, behavioral health agencies, or other community partners as part of service delivery? Yes, Providers will need to maintain collaboration with those entities.
27	Section 2.4 Scope of Services, p.10– 12	What are the expectations for collaboration with MDCPS caseworkers, supervisors, and regional staff? Collaboration is required at the onset of services and throughout the service length.

