Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder should complete all questions in Attachment A

|  |  |
| --- | --- |
| 1. | Describe the ability to provide IOP services throughout the State of Nebraska. Including if located in designated service areas (Omaha and Lincoln).  |
| Response: |

|  |  |
| --- | --- |
| 2. | Describe availability in terms of days of the week, hours in the day, blocks of time, etc.  |
| Response: |

|  |  |
| --- | --- |
| 3. | Describe ability to provide telehealth service. |
| Response: |

|  |  |
| --- | --- |
| 4. | Curriculum should be the same throughout the State. Describe curriculum that would be used. |
| Response: |

|  |  |
| --- | --- |
| 5. | Describe process of therapies/interventions. |
| Response: |

|  |  |
| --- | --- |
| 6. | All staff will be educated/trained in recovery principles and trauma informed care. Describe your company’s policy or practice on educating/training staff in recovery principles and trauma. |
| Response: |

|  |  |
| --- | --- |
| 7. | Describe other 24-hour crisis management, family education, self-help group and support group orientation that could be provided. |
| Response: |

|  |  |
| --- | --- |
| 8. | Provide an example of next steps if an individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan.  |
| Response: |

|  |  |
| --- | --- |
| 9. | Describe an example how co-occurring mental health problems are monitored and stabilized. |
| Response: |

|  |  |
| --- | --- |
| 10. | Describe the admission process. |
| Response: |