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September 5, 2008

**HCJFS REQUEST FOR PROPOSAL
RESIDENTIAL TREATMENT SERVICES RE-RELEASE RFP 08-014**

ADDENDUM 1

To All Potential Providers:

HCJFS is committed to ensuring capacity needs are met for all children in HCJFS' custody. In an attempt to ensure bids submitted by potential providers are deemed qualified and are able to move on to the stage 2 review process, we are offering a new service to interested bidders. HCJFS will host two (2) Proposal Help Days. These days will be used to complete a high level pre-review of your proposal to ensure all required items are included for the proposal to be deemed qualified.

The review will not be for substance or quality – it is just to verify the required checklist documentation is present.

You must call the HCJFS Contact Person – Beverly Donald (513-946-2231) to schedule an appointment to have your proposal reviewed. The appointments will be allotted in 15 minute increments. The dates and times available for a pre-review of your proposal are listed below:

Monday, September 22, 2008 between the hours of 9:00 a.m. and 11:00 a.m.

Wednesday, September 24, 2008 between the hours of 1:00 p.m. and 3:00 p.m.

Changes to RFP

Section 2.5 Personnel Qualifications—replace first paragraph with the following:

For key clinical and business personnel (such as Agency Director, Program Director, CFO and any administrators) who will be working with the program, please submit resumes with the following:

Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid • Mt. Airy Shelter • Tuberculosis Control



Attachment B Sample Contract – Exhibit III Reporting Protocol has been replaced in it's entirety with the following:

Exhibit III Reporting Protocol

ACTIVITY	TIME FRAME	SUBMISSION METHOD	DATA REQUIRED
<p>TREATMENT PLANS</p>	<ul style="list-style-type: none"> • WITHIN 30 DAYS OF ADMISSION • UPDATES EVERY 3 MONTHS 	<ul style="list-style-type: none"> • NETWORK PROVIDERS VIA MCP (Managed Care Partnership) • NON NETWORK PROVIDERS FAX TO 946-1296 	<ul style="list-style-type: none"> • DIAGNOSIS / DATE • OVER GOAL • CLIENT'S STRENGTH • MEASURABLE OBJECTIVES <ul style="list-style-type: none"> ❖ permanency planning ❖ personal ❖ social ❖ educational ❖ medical • OTHER AGENCIES INVOLVED • SERVICE/STAFF RESPONSIBLE • GAL INVOLVEMENT / AGREEMENT • PERMANENCY PLAN <p>All documentation will be reviewed by the Utilization Management (UM) Case Manager during the Concurrent Clinical Review Request (CCSR) process. Treatment Plans not submitted timely or not meeting the required minimum data set will be subject to a pended or denied authorization. Provider will receive notification of a pended or denied authorization.</p>

ACTIVITY	TIME FRAME	SUBMISSION METHOD	DATA REQUIRED
<p>PROGRESS NOTES</p>	<ul style="list-style-type: none"> • MONTHLY 	<ul style="list-style-type: none"> • NETWORK PROVIDERS VIA MCP (Managed Care Partnership) • NON NETWORK PROVIDERS FAX TO 946-1296 	<ul style="list-style-type: none"> • CURRENT DIAGNOSIS • DATE AND LOCATION OF ALL CONTACTS WITH THE CHILD INCLUDING LISTING THOSE WHO WERE PRESENT DURING THE CONTACT • MED SOMATIC • COURT INVOLVEMENT • CURRENT SERVICES BEING PROVIDED • ATTENDANCE AT SERVICES • THE PROGRESS THE CLIENT/FAMILY HAS MADE TOWARD EACH GOAL/OBJECTIVE • SAFETY • PERMANENCY PLANNING/ FAMILY INVOLVEMENT • WELL BEING • DISCHARGE / STEP DOWN PLANNING • VISITATION WITH PARENTS/RELATIVES/ SIBLINGS AND CHILD'S RESPONSE <p>All documentation will be reviewed by the UM Case Manager during the CCSR process. Progress notes not submitted timely or not meeting the required minimum data set will be subject to a pended or denied authorization. Provider will receive notification of a pended or denied authorization.</p>

ACTIVITY	TIME FRAME	SUBMISSION METHOD	DATA REQUIRED
CRITICAL INCIDENT REPORTS	<ul style="list-style-type: none"> PHONE CALLS MADE AS SOON AS POSSIBLE WRITTEN NOTICE WITHIN 24 HOURS OF INCIDENT <p>* PROVIDER MUST ALWAYS FIRST CONTACT 911 EMERGENCY SERVICES WHEN NECESSARY AND APPROPRIATE TO ASSURE THE SAFETY OF YOUTH. THIS PROTOCOL DOES NOT AND IS NOT INTENDED TO SUBSTITUTE FOR 911 EMERGENCY SERVICES.</p>	<ul style="list-style-type: none"> DURING BUSINESS HOURS (8:00-4:30 EST) PHONE CALL TO YOUTH'S CASEWORKER AFTER BUSINESS HOURS OR ANYTIME THERE IS A SUSPICION, THREAT OF, OR OCCURRENCE OF ABUSE OR NEGLECT CALL 241-KIDS AND 946-2159 FAX WRITTEN NOTICE TO 946-1296 <p>THE WRITTEN NOTICE SHOULD INCLUDE THE FOLLOWING:</p> <ul style="list-style-type: none"> - date of the incident - time of the incident - provider - level of care - type of incident - resolution 	<p><u>DEFINED CRITICAL INCIDENTS</u></p> <ul style="list-style-type: none"> SUICIDAL BEHAVIORS SELF-MUTILATION/SELF-ASSAULT ASSAULT ON OTHERS OTHER DANGEROUS BEHAVIOR ALLEGED NEGLECT ALLEGED PHYSICAL ABUSE ALLEGED SEXUAL ABUSE VICTIM OF NEGLECT VICTIM OF PHYSICAL ABUSE VICTIM OF SEXUAL ABUSE AWOL EXTREME DISRUPTIVE/DEFIANT BEHAVIORS WHICH MAY RESULT IN PLACEMENT REMOVAL HOMICIDAL BEHAVIORS USE OF ILLICIT DRUGS/ALCOHOL WHILE IN TREATMENT ABUSE OF OVER THE COUNTER MEDICATIONS OR TOXIC SUBSTANCES WHILE IN TREATMENT ANY PHYSICAL RESTRAINT/ SECLUSION MEDICATION ERROR
CCSR Concurrent Clinical Service Request	<ul style="list-style-type: none"> DURING SUBMISSION WEEK DESIGNATED BY HCJFS 	<ul style="list-style-type: none"> NETWORK PROVIDERS VIA MCP (Managed Care Partnership) NON NETWORK PROVIDERS FAX TO 946-1296 	<ul style="list-style-type: none"> PROGRESS NOTES CURRENT AND COMPLETE TREATMENT PLANS CURRENT AND COMPLETE <p>SERVICE REQUEST MISSING MINIMUM DATA WILL BE PENDED FOR UP TO 8 DAYS THEN DENIED.</p>
Foster Care Contact Requirement Per OAC 5101:2-42-65	<p>Face to Face: Every two weeks with substitute care giver and child within the foster home with each substitute Caregiver receiving one face to face visit in a two month time period when there are two licensed substitute Caregivers for a home.</p> <p>Other Contact: (phone, office, etc.) Weekly</p>	<ul style="list-style-type: none"> NETWORK PROVIDERS VIA MCP (Managed Care Partnership) NON NETWORK PROVIDERS FAX TO 946-1296 <p>TO BE RECORDED ON MONTHLY PROGRESS NOTE</p>	<p>PROGRESS NOTE:</p> <p>CHILD'S SAFETY AND WELL BEING WITHIN FOSTER HOME AS ASSESSED THROUGH PERSONAL OBSERVATION AND INFORMATION OBTAINED DURING COURSE OF VISIT OR COCONTACT (INCLUDE</p> <ul style="list-style-type: none"> a) child's current behavior, emotional functioning and current social functioning b) child's vulnerability c) protective capacities of child's caregivers d) any new information regarding the child, substitute caregiver setting, or substitute caregiver's willingness or ability to care for the child including,

			<p>but not limited to:</p> <ul style="list-style-type: none">- Changes in marital status- Significant changes in the health status to household member.- Placement of additional children- Birth of child- Death of a child or household member- Criminal charge, conviction or arrest of any household member.- Addition or removal of temporary or permanent household members- Family relocation- Child's daily activities- Change in caregiver's employment or other financial hardships <p>e) Any supportive service needs for the child or caregiver to assure the child's safety and wellbeing</p> <p>f) Child's progress toward any goals in the case plan as applicable from information obtained from the child and Caregiver</p> <p>g) Permanency planning in accordance with the Goals on the child's case plan</p>
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ACTIVITY	TIME FRAME	SUBMISSION METHOD	DATA REQUIRED
INVOICES	<ul style="list-style-type: none"> WITH IN 90 DAYS OF SERVICES OR WITHIN 90 DAYS OF THE CREATION OF AUTHORIZATION - WHICH EVER IS EARLIEST 	<ul style="list-style-type: none"> ORIGINAL HARD COPY WITH ORIGINAL SIGNATURE TO STAFF DESIGNATED BY HCJFS <u>CANNOT ACCEPT:</u> <ul style="list-style-type: none"> white-out color paper colored ink other than black or blue highlight markers 	<ul style="list-style-type: none"> CLIENT INFORMATION (NAME/SSN/CASE #) CONTRACT NUMBER PO NUMBER AUTHORIZATION NUMBER LINE NUMBER SERVICE DATES UNITS AMOUNT ORIGINAL SIGNATURE (NO STAMPS/COPIES)
DISCHARGE ACTIVITIES	<ul style="list-style-type: none"> TWO WEEKS PRIOR TO DISCHARGE 	<ul style="list-style-type: none"> NETWORK PROVIDERS VIA MCP (Managed Care Partnership) NON NETWORK PROVIDERS FAX TO 946-1296 	<ul style="list-style-type: none"> UPDATED EVALUATIONS (I.E. DAF, MED SOM, etc.) ANY OTHER INFORMATION THAT WOULD ASSIST WITH DISCHARGE PLANNING AND POST PLACEMENT SERVICES
DISCHARGE SUMMARY	<ul style="list-style-type: none"> 30 DAYS AFTER DISCHARGE 	<ul style="list-style-type: none"> NETWORK PROVIDERS VIA MCP (Managed Care Partnership) NON NETWORK PROVIDERS FAX TO 946-1296 	<ul style="list-style-type: none"> DATE SERVICE TERMINATED DISCHARGE TO WHAT LEVEL OF CARE REPSONSE TO SERVICES DX AT DISCHARGE CURRENT MEDICATIONS SERVICES RECOMMENDED OR IN PLACE AT TIME OF DISCHARGE (formal and informal)
INITIAL PLACEMENT SCREENING	<ul style="list-style-type: none"> WITHIN 30 DAYS OF PLACEMENT ALL CHILDREN 	<ul style="list-style-type: none"> COPY OF RESULTS TO CASEWORKER AND NOTED IN PROGRESS NOTE 	<ul style="list-style-type: none"> AS DESCRIBED IN OAC <ul style="list-style-type: none"> 5101:2-39-08.2 5101:2-42-66.1 5101:2-42-66.2 5101:2-42-90

ACTIVITY	TIME FRAME	SUBMISSION METHOD	DATA REQUIRED
PHYSICAL EXAM	<ul style="list-style-type: none"> • WITHIN 30 DAYS OF PLACEMENT AND ANNUALLY THEREAFTER • ALL CHILDREN 	<ul style="list-style-type: none"> • COPY OF RESULTS TO CASEWORKER AND NOTED IN PROGRESS NOTE 	<ul style="list-style-type: none"> • AS DESCRIBED IN OAC 5101:2-39-08.2 5101:2-42-66.1 5101:2-42-66.2 5101:2-42-90
DENTAL EXAM	<ul style="list-style-type: none"> • WITHIN 30 DAYS OF PLACEMENT AND ANNUALLY THEREAFTER • CHILDREN AGES 3 AND OLDER 	<ul style="list-style-type: none"> • COPY OF RESULT TO CASEWORKER AND NOTED IN PROGRESS NOTE 	<ul style="list-style-type: none"> • AS DESCRIBED IN OAC 5101:2-39-08.2 5101:2-42-66.1 5101:2-42-66.2 5101:2-42-90
LEAD EXPOSURE SCREENING	<ul style="list-style-type: none"> • WITHIN 30 DAYS OF PLACEMENT • CHILDREN BETWEEN 12 AND 72 MONTHS 	<ul style="list-style-type: none"> • COPY OF RESULT TO CASEWORKER AND NOTED IN PROGRESS NOTE 	<ul style="list-style-type: none"> • AS DESCRIBED IN OAC 5101:2-39-08.2 5101:2-42-66.1 5101:2-42-66.2 5101:2-42-90
ADMINISTRATIVE APPEALS FOR DENIAL OF SERVICES	<ul style="list-style-type: none"> • WITHIN 60 DAYS OF THE DENIAL NOTICE • APPEALS WILL BE PROCESSED WITHIN 30 DAYS OF REQUEST 	<ul style="list-style-type: none"> • REQUEST MADE TO DESIGNATED HCJFS STAFF 	<ul style="list-style-type: none"> • DOCUMENTATION RELEVANT TO APPEAL (I.E. PROGRESS NOTES, TREATMENT PLANS)