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September 19, 2009

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

ADDENDUM 2

To All Potential Providers:

HCJFS Panel: Sandra Carson, Lee Anne Cooksey, Chris Berger, Mark Eling

Agencies Represented:

Beech Brook

New Beginnings

Cornell Abraxas

The United Methodist Children's Home

Damar Services

Tri-State Youth Authority

Berea Children's Home

Clarification:

During the conference on Friday, September 5th, it was stated that the proposed services included in the submitted budgets should only include costs related to the services provided to JFS placements. JFS requests the full cost and full units of the proposed services and the derived unit rate. Only the programs that are not being proposed are listed in the column for Other Direct Services.

For example: If a provider currently has only two residential services and desires to offer these to HCJFS, they should show full cost in the first two columns of the budget. They would also show cost in the Mgmt Indirect Cost. If these were the only programs that the provider operates, then the Other Direct Services column would be blank.

Sample Contract, Attachment B, 5. Billing and Payment, E. Invoice and Payment Procedure paragraph 2. All references to 90 calendar days have been changed to **60** days.

Included with this addendum – Modified Modified Cuyahoga Functioning Scale

Questions and Answers

Q1. Does the checklist (attachment A) need to be initialed by the CEO or included in all the packets or is it just for our help?

A: Correct. This is to assist you in completing the proposal packet. It does not need to be included in your proposal.

Q2. In your outline, you indicated that Section 2.2 be completed for the proposal, there isn't anything listed there to be completed, should there be?

A: No, that is the title section. You will complete sections 2.2.1 and 2.2.2 for Service and Business Deliverables.

Q3. Will we be advised if we reach Stage 2 of what scoring our proposal received?

A: You can request that via the contact person.

Q4. Is there a limit to the length of the RFP proposal?

A: No

Q5. Do you mean just direct child care worker résumés should be included in the proposal?

A: Resumes should be submitted for key personnel. Key personnel is defined as Agency Director, Program Director, CFO and any administrators who will be working with the program.

Q6. You would accept one sample (job description) of each category?

A: Yes.

Q7. You want us to complete a rate setting process in the budget?

A: HCJFS needs you to complete the budget form to justify the rates being proposed. The budget should be a best estimate projection of the expenses you anticipate. A Unit Rate should be listed on each budget (the original contract budget, plus the 2 renewal budgets). The rate should equal the estimated cost, divided by the estimated units. If the rate is different than this calculation, an explanation should be provided in the Budget Narrative. These rates should also match what you have included on your Cover Sheet for the initial contract and two renewals for all services being proposed.

Q8. Re: rate setting on the budget form – you don't want rates produced as a result of other programs? You only want the rate of the residential treatment program?

A: Correct.

Q9. Does MCP (Managed Care Partnership software) allow online data entry?

A: Yes. You can also cut and past into the system.



Q10. Is a software purchase required?

A: No, you will be set up on a VPN, so that you will be able to go through the internet and connect with our system. If you look at Exhibit IV of the sample contract (attachment B) it will show you what we will provide as far as installation and support. Then if you need further support onto your system, what we will provide as a fee for service.

Q11. Can you use the system if you don't hit the 10 children in placement mark?

A: Yes, we would prefer that you use this system. It is a requirement if you hit 10 or more.

Q12. Re: Insurance – do you want the full policy?

A: No, what the insurance company will usually do is print off the certificate of liability and the extra endorsements and provide that to us.

Q13. Unallowable costs – if they relate to other programs, you still want them listed?

A: Yes. It just wouldn't be in our program(s).

Q14. If a provider serves many other customers/agencies, do you want all the costs for all the like services on the budget?

A: Think of the program as what it will cost you to take care of our children. You will have to do some sort of estimation to take your fixed costs, like utilities, and apply them to us. What we represent of your billable units of service. The remaining amount that does not apply to us would go under Other Direct Service column.

Q15. You mentioned that proposals submitted become public record and are listed on the county website, how do we insure the confidentiality of our donors?

A: You can name it private donations and lump them into one item. We just want to get an idea of what your revenues are.

Q16. For the budget narrative, you do not want everything described in the line items?

A: Generally the budget narrative will hit on each of the rows in the summary. Not all the actual individual line items in the budget; unless there was something specific that you want to bring to our attention.

Q17. Scope of Service – you want it separate for different programs? i.e. if the provider has an open residential facility and a drug and alcohol facility.

A: You will need to describe both programs. Preference is for one submission. Answer it as the whole and then break it out for the differences. Define what is different about your drug and alcohol treatment program. Include some brief description about how you allocate the Management Indirect Costs. How do you break out the shared costs.



Q18. For providers who are outside Hamilton County – what would be an ideal visitation plan with families?

A: Minimally acceptable would be arrangement to have the family come up there at least once a month. Or have the child come down here once a month. It would depend on coordination with the caseworker and safety of bringing the child down here. Describe how you would get the family up to your facility/how you would engage them.

Q19. Housing the family should be built into the rate?

A: Yes. That would be something both in your scope and budget narrative that you could explain very briefly how you estimated that cost and show us very briefly if we were to want more visitation services, how that would effect the cost.

Q20. If we have several children in placement and we want to bring them to Hamilton County by bus that would be a legitimate cost?

A: That might help, or vice versa, taking the families up to your facility. To clarify, rarely do the children's appointments and visitations coincide for this type of transportation to be effective.

Q21. Attachment A – the unit rate is listed as RL1, RL2, etc. Is this how we transfer the information over from the budget form?

A: RL1 and RL2 are levels of care. You may call your programs by different name; some providers use the cottage names. If you think all your programs are RL1, then you will add another RL1 program.

Q22. Drug and alcohol treatment – half the cost is billed to Medicaid. If a referral is made that is non-Medicaid eligible, is that a separate program?

A: It would be rare for a child to be non Medicaid but yes, you can do budgets for a bundled and unbundled rate.

Q23. Can we get Attachment A soft copy so that modifications can be made to the form?

A: The following documents were sent soft copy to all registered providers on 9/8/08

Attachment A Cover Sheet (msword)

Attachment D Budget (excel)

Attachment F Declaration of Property Tax Delinquency (msword)

Attachment G Terrorist Declaration (msword)

Attachment H Campaign Contribution Declaration (msword)



Q24. On page 18 of the RFP/contract Section 31 Agreed Upon Procedures and Audits, it states that “c copy of the engagement report shall be submitted to HCJFS within six (6) months after the end of the provider’s fiscal year”...My question is if ODJFS and ODADAS both allow an extension/waiver to this deadline does your contract also allow the same extension and deadline to be submitted to HCJFS? (in most cases the extensions are granted for up to 3 additional months)

A: All providers are required to submit the engagement report within six months after the end of the provider’s fiscal year. This question and answer forum is for clarifications on the RFP. If you have concerns with being able to meet a contract requirement, you may choose to address the concern in your proposal and during negotiations.

Q25. Similarly on page 19 of the RFP/Contract Section 31, #4, the OMB Circular A-133 financial audit extensions/waivers are allowed by both ODJFS and ODADAS, does your contact also allow the same extension and deadline to be submitted to HCJFS? (in most cases the extensions are granted for up to 3 additional months)

A: All providers are required to submit the OMB Circular A-133 financial audit within six months after the end of the provider’s fiscal year. This question and answer forum is for clarifications on the RFP. If you have concerns with being able to meet a contract requirement, you may choose to address the concern in your proposal and during negotiations.

Q26. The educational and credential levels are different for AOD and Mental Health providers of services, are you requiring education or credentialed higher than ODADAS or ODMH’s regulations require?

A: We are unsure of your question since there is no Section referenced. If you are referring to Section 2.5, Personnel Qualifications, the answer is No.



Name:

DOB: - -

Date: 9/19/2008

Modified Modified Cuyahoga Functioning Scale (for children 5 and older)

The weighted scoring for each item is adopted from the Modified Cuyahoga Functioning Scale, however, the tabulation of scores for the total points for determination of levels I through V is different. The total score from the scale should be used in combination with Family and Environment rating table to determine appropriate level of care; additional notations are also added to some of the items, such as AWOL under 3. Acceptance of Adult Supervision, and suspected child prostitution and history of sexual abuse under 14. Sexual Behaviors.

Points	1. School Adjustment
<input type="checkbox"/> 0	Child seems reasonably well adjusted in school, does not cause problem.
<input type="checkbox"/> 1	Occasional problems in accepting school rules or discipline and/or attendance problems.
<input type="checkbox"/> 2	Disrupted behaviors in school that require outside intervention; grades unsatisfactory.
<input type="checkbox"/> 3	School attendance is poor, grades are poor and near failing, constant worry for teachers and/or family or caregivers.
2. Peer Relations	
<input type="checkbox"/> 0	Child is relatively comfortable with peer group
<input type="checkbox"/> 1	Child has some difficulty forming close relationship, but has peers to share activities.
<input type="checkbox"/> 2	Child has frequent fights and disruptive behaviors, complaints from others, or child seems picked on, or has few friends.
<input type="checkbox"/> 3	Child seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers.
3. Acceptance of Adult Supervision	
<input type="checkbox"/> 0	Child may need some reminders but is usually able to follow adult instructions, or has some difficulty accepting adult instructions, which creates some problems at home and at school.
<input type="checkbox"/> 1	Child has recurring problems of following adult instructions, has difficulty accepting responsibilities.
<input type="checkbox"/> 2	Child is a discipline problem with unacceptable behaviors a constant problem, including AWOL with risky behavior.
<input type="checkbox"/> 3	Child is out of control and openly defiant of adult instructions, in need of immediate intensive interventions.
4. Anger Management	
<input type="checkbox"/> 0	Child does not have any problem with anger tolerance or management.
<input type="checkbox"/> 1	Child may have occasional problems with Behavioral outbursts, which do not affect functioning.
<input type="checkbox"/> 2	Child has occasional or frequent behavioral outbursts with destructive results that affect functioning.
<input type="checkbox"/> 3	Child has chaotic and poor control of anger toward self and others with frequency and intensity that needs attention.
<input type="checkbox"/> 5	Child's anger is totally out of control and needs immediate attention and intervention.
5. Emotional Stability	
<input type="checkbox"/> 0	No problems with moods or temperament.
<input type="checkbox"/> 1	Occasional emotional outbursts and mood swings.
<input type="checkbox"/> 2	Frequent emotional outbursts and mood swings.
<input type="checkbox"/> 3	Uncontrollable emotional outbursts and mood swings.
6. Harm to Others	
<input type="checkbox"/> 0	Child does not appear to have aggressive tendencies toward others.
<input type="checkbox"/> 1	Child has been frequently assaultive; no major injuries, minor property damage; problem of

<input type="checkbox"/> 2	violence or aggressiveness toward others prior to 2 years ago.
<input type="checkbox"/> 3	Child has a history of assaultive behavior within the last 2 years; documented injuries to others and property; but no problems within last 6 months; risk of physical assault exists.
<input type="checkbox"/> 5	Child is in serious danger of harming others unless service intervention is provided; has not responded to help from others; frequent and persistent reports of aggressive or assaultive behaviors are a major concern.
<input type="checkbox"/> 5	Child is extremely violent, combative, and out of control; needs intensive intervention.
7. Firesetting	
<input type="checkbox"/> 0	Child has no firesetting tendencies.
<input type="checkbox"/> 1	Child talks about fires, but is not known to have been involved in firesetting; or was around when one fire began but involvement is unclear; or has history of firesetting more than 2 years ago.
<input type="checkbox"/> 2	Within last 2 years, child seems to be around when fires (more than one) begin, although his or her direct involvement is unclear.
<input type="checkbox"/> 3	Within the last 2 years, child has been an active participant in firesetting that has put people or property at risk.
<input type="checkbox"/> 5	Child's firesetting behavior has recently (within last 6 months) put people or property at serious risk and is an immediate concern.
8. Animal Cruelty (Do not include isolated incidents of meanness toward animals, which may be done in anger, unless serious injury to the animal resulted)	
<input type="checkbox"/> 0	Child is not known to have participated in or considered any cruelty toward animals.
<input type="checkbox"/> 1	Child has been suspected of cruelty toward animals in the past, but there have been no incidents in the last 2 years.
<input type="checkbox"/> 2	Child has been known to be cruel toward animals in the past, but there have been no incidents in the last two years.
<input type="checkbox"/> 3	Within the last two years, the child seems to be around when others have been cruel toward animals, and is suspected of having been involved.
<input type="checkbox"/> 5	Within the last 2 years, child has intentionally and maliciously been cruel to animals.
9. Criminal Activity	
<input type="checkbox"/> 0	Child adheres to the laws and has no criminal activity.
<input type="checkbox"/> 1	Child has occasional run-ins with the law, but no pattern of criminal activity, or no activity within last 2 years.
<input type="checkbox"/> 1	Child has been adjudicated unruly within the last 2 years.
<input type="checkbox"/> 1	Child involved in isolated delinquent activity within the last 2 years.
<input type="checkbox"/> 2	Child has had recurring involvement with the legal system, primarily crimes against property, or fighting with peers, no use of firearms.
<input type="checkbox"/> 4	Child has had recurring involvement with the legal system with increasing seriousness of offenses and history of incarcerations, may have had crimes against people, or crimes with firearms.
10. Gang Involvement	
<input type="checkbox"/> 0	Child is not known to be involved with any gang activities.
<input type="checkbox"/> 1	Child hangs around a gang, seems to emulate the lifestyle, is a gang "wannabe," or tolerate the gang for protection of self or family, associates with some gang members, but is not believed to be a gang member.
<input type="checkbox"/> 2	Child is suspected of being a gang member, but doesn't admit to it, or is involved with a gang as a means of protection for self or family.

<input type="checkbox"/> 4	Child identifies with gang, wears gang colors or has gang tattoos, carries gang literature, is or may be involved in gang activities.
11. Harm to Self	
<input type="checkbox"/> 0	Child has no indication of self-harm.
<input type="checkbox"/> 1	Child has some depressive mood, may have some non-lethal injury, or suicidal ideation, but no history of any suicide attempt, no plans toward suicide.
<input type="checkbox"/> 2	Child has had suicide attempt during the last 3 years, but depression is now under control.
<input type="checkbox"/> 3	Child has had suicide attempt during the last 3 years, and depression <u>not</u> under control; child is depressed but not suicidal.
<input type="checkbox"/> 4	Child has had suicide attempt during the last year, has been hospitalized before for attempts, another attempt possible.
<input type="checkbox"/> 5	Child has had suicide attempt during the last year; has definite plan for harming self; has been hospitalized before for attempts, another attempt possible.
<input type="checkbox"/> 6	Child is currently at risk of suicide; child has definite plan, another attempt likely, child needs intensive intervention.
12. Cognitive Functioning	
<input type="checkbox"/> 0	Child exercises age-appropriate thinking; no thought disorder reported, no delusions or hallucinations.
<input type="checkbox"/> 1	Child has had difficulty in thought process, but can still function in school and at home.
<input type="checkbox"/> 2	Child has diagnosable thought disorder, such as delusions or hallucinations, which affects functioning in school and at home, but seems manageable and mostly under control.
<input type="checkbox"/> 3	Child has serious thought disorder, which affects functioning in school and at home, and is not totally under control.
<input type="checkbox"/> 5	Child has serious thought disorder, which affects functioning in school and at home, and is not stable, or child is uncooperative about, or non-complaint with, taking psychotropic medications.
13. Alcohol-Drug Use	
<input type="checkbox"/> 0	There is no indication of any drug or alcohol use.
<input type="checkbox"/> 1	Child uses alcohol or drugs occasionally, but use does not interfere with daily activities.
<input type="checkbox"/> 2	Child binges on alcohol or drugs occasionally, but use does not usually interfere with daily activities.
<input type="checkbox"/> 3	Frequent drinking or drug use has resulted in disciplinary or judicial actions in the past; child has been treated and is in recovery.
<input type="checkbox"/> 5	Frequent drinking or drug use has resulted in disciplinary or judicial actions; child has not been treated or not treated successfully.
14. Sexual Behaviors	
<input type="checkbox"/> 0	Child has no inappropriate sexual behaviors.
<input type="checkbox"/> 1	Child behaves in seductive manner, and is inappropriate for age.
<input type="checkbox"/> 1	Child sexually acts out (e.g., frequent masturbation, exposing or frequent touching of genitals)
<input type="checkbox"/> 2	Child has had a history of being sexually abused.
<input type="checkbox"/> 2	Child is suspected in prostitution.
<input type="checkbox"/> 5	Child has been involved in prostitution.
<input type="checkbox"/> 5	Child is an "indicated" sexual perpetrator who has successfully completed treatment.
<input type="checkbox"/> 5	Child is an "indicated" sexual perpetrator who has not been treated, or not treated successfully.
Total:	Comments by rater:

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ENVIRONMENT STRENGTHS (Check all that apply)

High	Moderate	Low
<input type="checkbox"/> Family motivated for treatment and services <input type="checkbox"/> Social support (available family, relatives for child caring, church and civic group support) <input type="checkbox"/> Stable housing and safe living environment	<input type="checkbox"/> Family/caretaker* motivated for treatment w/ assistance <input type="checkbox"/> some social support available at home or in the community for emergencies only <input type="checkbox"/> Unstable housing and unsafe environment without immediate intervention	<input type="checkbox"/> Negative experience in seeking help from others <input type="checkbox"/> Absence of any social support in time of need <input type="checkbox"/> Inability to function in the home or community <input type="checkbox"/> Chaotic living situation

Family/caregiver includes surrogate family, relatives, or adopted family; it does not denote foster care family who by contract is in partnership with JFS in serving the child.

Overall rating on environment strengths: _____ **High** _____ **Moderate** _____ **Low**

Comments on the family/environment strengths:

SAFETY ASSESSMENT (From Case Record)

	High	Moderate	Low
Present Danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impeding Danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer comments:

Points	Code	Description
10 – 25	TFC-T	Traditional Foster Care
17-26	TFC-1	Therapeutic Foster Care Level 1
21-26	TFC-3	Therapeutic Foster Care Level 3
23-27	RGH	Residential Group Homes
> 26	RL - 1	Open Residential Treatment
> 29	RL - 2	Locked Residential Treatment