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**HCJFS REQUEST FOR PROPOSAL
IFIS/IFRS RFP SC0212-R**

ADDENDUM 1

Changes to the RFP:

- **Page 26, 2.3 Budget and Cost Considerations. Letter A. should state “HCJFS anticipates services will begin no later than September 1, 2012. Provider must submit a Budget and a calculation of the Unit Rate for the initial contract term (Contract Year 1). Budgets are not needed for the renewal years. You will address rate increase requests on the attachment A, in the boxes labeled renewal year one and renewal year two. The Initial Term Budget and Unit Rates must be submitted in the form provided as Attachment C.**
- **Page 36, Section 4.4 – Delivery of Proposals. RFP should state “One (1) signed original proposal and eight (8) duplicates of the proposal must be received by the RFP Contact Person.....”**

Questions Prior to RFP Conference

Q1. Is respite care a required service for either IFIS or IFRS? If not, is it an allowable service for IFIS?

- A. It is not required for either, but we expect the provider to be able to respond to ongoing service needs that may include short term, time limited placement outside the family for the purpose of crisis response or planned breaks for the child and/ or caregiver.**



Q2. Can the proposals be submitted in a bound format with tabs?

A: Provider may submit proposal in a bound format with tabs. However, as stated in Section 4.1 of the RFP, expensive binding is not necessary. Emphasis should be concentrated on conformance to the RFP instructions.

Q3. Program Components 2.2.1 requests the same staff and licensing information for IFIS on page 21 and for IFRS on page 23. Can we submit one answer for each section (staff, licensing) for both IFIS and IFRS?

A. Yes.

Q4. Section 2.2.2 – System and Administrative Components – N. Licensure requests: Identify any actions to include any documentation of actions taken by ODJFS, ODMH or any other licensing body against your organization or any subsidiaries or business partners over the past 10 years including, but not limited to Corrective Action Plans, temporary licenses or revocations. Does HCJFS want a copy of every correction action plan for the past 10 years?

A. Yes.

Q5. Attachment A has blanks for two proposed hourly rates per year. Does HCJFS want one hourly rate for all IFIS services and one hourly rate for all IFRS services?

A: Yes, we are looking for an hourly rate for each program (IFIS and/or IFRS). All services provided through the programs should be included in the hourly rate.

Q6. If we are submitting for both IFIS and IFRS, do we need to submit 1 budget or 2 separate budgets (one for each service)?

A: Only one budget needs to be submitted for both services. Please refer to the sample budget (Attachment C-1) which shows a separate column for each service.

Q7. Do we need to submit anything with or for the Provider Certification Document with the RFP?

A: No. The Provider Certification process should be completed within 3 months after contract award. Contract Services staff will implement the process.

Q8. Page 19 and page 36 of the RFP disagree on the number of copies and single vs. double-sided. I assume page 19 is correct (1 original, 1 single-sided and 8 double-sided for a total of 8 copies and 1 original)?

A: Yes, you are correct. Please see correction to the RFP at the beginning of this Addendum.



Q9. Will the budgets be sent or posted online in an Excel format? If yes, by what date?

A: Yes. The budget and attachments were sent on 5/7/12.

Q10. Can providers plan/estimate and bill Medicaid for eligible services to offset the overall hourly rate cost to HCDJFS?

Yes.

Q11. Does the unit rate have to be an hourly rate?

A: Yes, for this service, an hourly rate is required.

Q12. There is reference to interpreter costs on page 10. Is the provider expected to pay for all interpreter costs out of the unit rate? If so, is there any historical data available on the amount of time needed for this service annually?

A: Yes, Provider is responsible for interpreter services and must be billed into the unit rate. Unfortunately we do not have historical data as interpreter services were billed into the unit rate. Current Provider does not bill services as a separate cost.

Q13. On page 26, the renewal rates are stated to be capped at up to 3%. Can you please clarify:

- Do we need to submit detailed budgets for Year 2 or just a renewal rate (i.e. Yr 1 + proposed % increase)?
- Is the proposed increase for Yr 2 factored into the cost proposal scoring? If yes, in what way?

A: You only need to submit one detailed budget for year one, which must include a detailed budget narrative explaining your line items on the bottom of pages 2-9. A budget does not need to be completed for renewal year one or renewal year two. You will address rate increases for the renewal years on Attachment A only

When a Provider submits a proposal, the entire proposal is evaluated by the committee. Not only does the committee focus on the best service, but also the costs associated with providing the service. For this service, the fiscal evaluation section is worth a total of 15%. Section 4.6 – Evaluation and Award of Contract, details the evaluation process.

Q14. On the unallowable list of costs (page 28), #14 is “costs related to legal and other proceedings.” Does that mean that providers cannot include routine legal costs/representation in our indirect rates?

A: For normal day -to -day business needs (i.e. retainer fees, routine operation, contract review, risk management, etc.) it would be acceptable to build legal fees into the budget, however any fees associated with start up, litigation, etc. are not acceptable.



Q15. On page 26, it indicates that eight (8) copies of the budget, but on page 36, it states ten (10) copies of the proposal should be submitted. Can you please clarify?

A: Please see correction to the RFP at the beginning of this Addendum.

Q16. Page 8 and Page 14- "Frequency of contact may be decreased as family functioning improves and is agreed upon by HCJFS" What is the process for decreasing frequency of contact? Can please answer this question as it applies to the IFIS service model and IFRS service model?

A: Approval by caseworker and team and Utilization Management Unit, who will authorize service.

Q17. Page 10 and Page 15 "Small Caseloads" – What is the expected range? Can please answer this question as it applies to the IFIS service model and IFRS service model?

A: 5 to 7 cases is preferred.

Q18. Page 10 and Page 14- "Homemaker/Parent Aid Services- in-home support services to help parents building their capacity to fulfill parenting and homemaker responsibilities such as budgeting, cooking, problem solving, advocacy and age appropriate development and discipline. These services are provided as an adjunctive service and shall not be primary interventions delivered to the family"- Do in-support services have to be provided by Parent Aid Services or can they be provided by a case manager? Can please answer this question as it applies to the IFIS service model and IFRS service model?

A: Services can be provided through Case Manager.

Q19. Page 11 and Page 16- "Team Meetings- facilitate routine, monthly progress meetings with family caseworker, and other team members" For HCJFS- To clarify, the provider must hold monthly team meetings for each family? Can please answer this question as it applies to the IFIS service model and IFRS service model?

A. YES, the provider must hold a monthly team meeting.

Q20. Page 11- "The IFRS will have a distinct delivery model and staff difference from intensive placement models recognizing the often traumatic reunion when a child is returned home" To clarify, the provider cannot have staff that serve both programs – even if the services models are different?

A. The provider may utilize staff that serve both programs- however, the provider must be able to demonstrate competencies to manage each program. However, the provider must be able to demonstrate competencies to manage each program. In relation to the budget, Provider will determine how many hours per week this staff person's time is allocated to each program, and list it in the appropriate column. For reference please see Attachment C Budget Instructions, Page 4, Section A Staff Salaries Under Instructions: Column 5-7:



Q21. Page 15-“Referral Response Time- 24 hours/day, 7 days week availability. Provider will respond within 24 hours of receiving referral” –To clarify for the IFRS model, the provider does not have to make direct contact with the family within 24 hours? Also, can you please clarify the expectations for “respond” (i.e. telephone, visit, scheduling, completed visit)?

A. Contact will be made with the family within 24 hours of the referral. Contact can be made via phone to schedule face to face contact. Staff schedule is flexible to accommodate the needs of the family including weekends and holidays. On-call staff are available for emergencies.

Q22. Page10 & Page 15 What does it mean “to act as a broker for community”- What is expected? Can please answer this question as it applies to the IFIS service model and IFRS service model?

A. Assess and locate sustainable community resources for the family.

Q23. Page 9 & Page 15“Assessment and Goal Setting- use of a client-directed assessment across life domains, ongoing child assessments and planning, domestic violence assessment, suicide assessment, and crisis planning” How often should assessments be performed? Please answer this question as it applies to the IFIS service model and IFRS service model?

A. Assessment and goal setting should occur in the first 30 days. Provide may propose options for ongoing assessment.

Q24. Page 20-21 “E. Describe how provider will affect change in parent/caregiver protective capacities.” “H. Describe how Provider will enhance parent/caregiver protective capacities.” Could you please provide more clarification between these two program components for the IFIS service model?

A: Please strike H and amend E to the following:

Describe how the Provider will enhance and effect change in parent/ caregiver protective capacities.

Q25. Page 22- “Describe how Provider will engage child, family, and foster parents in reunification process” - Can foster parents interact with the family in the IFRS service model?

A. That is our desire and most preferred.

Q26 Page 22- “Describe how the provider will assess family needs and establish service interventions based on this assessment” – Is there assessment that HC JFS prefers to be used for the IFRS service model?

A. No, we would like the provider to propose an assessment tool within their response.



Q27. Page 24 “Table of Organization- Clearly distinguish programs.” Is that all programs throughout the agency or just within the Greater Cincinnati Area?

A: For our purposes, we are asking Providers to submit a Table of Organization for the entire company.

Q28. Can you submit a grant for only one of two services: IFIS or IFRS?

A: Yes, you may.

Q29. What is the current average unit cost for IFIS/IFRS?

A: The current unit rate for IFIS service is \$55.00 per hour and the Current unit rate for IFRS services is \$60.72

Q30. Has the current IFIS/IFRS approach used a team or individual case worker approach? For example, some intensive family intervention models have a team of providers (therapist, case manager and clinical supervisor and have regular team meetings and family conferences) while other models use individual clinicians who provide any and all needed services themselves.

A: Services have primarily been delivered through a team of professionals.

Q31. Do you require an evidence-based model for either IFIS/IFRS?

A: No, but evidenced based practices are preferred as part of the model.

Q32. How well will JFS know family risk factors of referred parents, such as criminal record, substance abuse, etc.? Will this information be included in the referral?

A. The Safety Assessment and the Family Assessment will be included in the referral assessment. All information that is known to us in regard to criminal record and family concerns will be shared.

Q33. What is the screening method for assessing family motivation and willingness to participate? Are there criminal offenses that would disqualify a family for being referred for IFIS/IFRS services?

A. A screening tool is included in Attachment I. Please review.

Q34. Who is determining the referred families willingness and investment in participation?

A. A screening tool is included in Attachment I. Please review.

Q35. Can the unit cost include family “no-shows” rates and less than 24 hour cancellations? Or can providers bill for no-shows separately?

A. We will not reimburse for No Shows.



Q36. Is there a cap on the number of no-shows or cancellations before services are terminated?

A. No, to be assessed on a case by case basis

Q37. Can you clarify "booster services"?

A. Periodic follow up visits; short term service interventions that reinforce outcomes.

Q38. What is the average current case load for IFIS/IFRS?

A. 5 to 7 cases.

Q39. Please clarify the 24-hour availability: Does this include initiation contact via phone or face to face visit or an intake?

A. Contact will be made with the family within 24 hours of the referral. Contact can be made via phone to schedule face to face contact. Staff schedule is flexible to accommodate the needs of the family including weekends and holidays. On-call staff are available for emergencies.

Q40. 24-hour staff availability: is this only for current, active families or is this for any family in crisis that needs a referral?

A: Contact will be made with the family within 24 hours of the referral. Contact can be made via phone to schedule face to face contact. Staff schedule is flexible to accommodate the needs of the family including weekends and holidays. On call staff are available for emergencies.

Q41. What is the participation rate/follow through for referred families for both IFIS/IFRS? What is the average no-show rate of both IFIS/IFRS referred families?

**A. These are approximate numbers based on internal tracking;
IFIS: 8 out of 88 families were closed due to failure to respond to services/ attempts.
IFRS: 1 of 40 families were closed due to failure to respond to services/ attempts.**

Q42. Are there any service expectations outside of the direct service to the family that need to be included in the unit cost, such as court appearances, consultation appointments for school conferences and IEP meetings?

A: All costs associated with this service must be billed into the unit rate.

