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March 10, 2008

ADDENDUM 3

HCJFS REQUEST FOR PROPOSAL 07-022 RESIDENTIAL TREATMENT SERVICES

To All Potential Proposers:

HCJFS Panel Members: Sandra Carson, Christopher Berger, Mark Eling

Registered Providers

Adriel School	Oesterlen Services for Youth
Applewood Centers	Provo Canyon School
Bellefaire JCB	R.I.S.E.N SONS Inc
Belmont Pines Hospital	Rite of Passage Inc
C.O.B.R.A	Safe House Residential Services Division
Carvaka/Necco Center	Sequel Youth Services/Clarinda Academy
Children's Center	St Joseph Orphanage
Cincinnati Children's College Hill Campus	St Joseph Orphanage Altercrest
Correctional Management Company	St Vincent Family Centers
DEBI Inc	Starr Commonwealth
Eastway Corporation, Nothcutt	Talbert House
Fairfield Academy	The Buckeye Ranch
Foundations for Living	The Center for Child & Family Development
Lincoln Behavioral Health Care	The Village Network
Mary Haven Residential	Three Springs, Englishton Park
Mended Reeds	Wernle Children's Home
New Beginnings	

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



Change to RFP

The deadline for HCJFS to issue answers to questions submitted has been extended to March 11, 2008, 5:00 pm.

Section 3.0

3.1 - Program Schedule

Deadline for Proposals Received by HCJFS Contact Person.
Change from March 24, 2008, 11:00pm to March 24, 2008, 11:00am.

Section 4.6 - Stage 4 Evaluation, Part C says:

Fiscal Evaluation, Section 2.2.3 Questions, Cost Analysis and Project Budget are worth 30% of the total evaluation score.

REPLACE WITH:

Fiscal Evaluation, Section 2.3, Cost Analysis and Project Budget are worth 30% of the total evaluation score.

Section 4.6 - Stage 4 Evaluation says:

If HCJFS determines that is not necessary to conduct a Stage 3 review, the evaluation percentages assigned to each section are:

C. Fiscal Evaluation, Section 2.2.3 Questions, Cost Analysis and Project Budget are worth 30% of the total evaluation score.

REPLACE WITH:

C. Fiscal Evaluation, Section 2.3, Cost Analysis and Project Budget are worth 30% of the total evaluation score.

Below is the link to the Provider Manual for the MCP system. This can be helpful information, especially for those who are potential new providers;

http://jfsadwebtst:7777/tmphcifs/MCP_Providers_Manual.pdf



Questions and Answers

- Q1.** Our agency offers two residential programs in one location (crisis stabilization unit and a locked short term program) that our answers to questions in the program component section 2.2.1 would be highly similar. In the last RFP response, we wrote the 2.2.1 section for both programs in one document and when there were key differences these were contained in the response. The budgets were separate which support the different per diem rates.

Is it permissible to write one 2.2.1 document for the two sister programs or should there be one 2.2.1 document for each program?

A: *It is permissible to this. However, you must make sure to highlight key differences in the programs.*

- Q2.** I would like to receive a copy of the Modified Cuyahoga Functioning Scale discussed in Attachment C of the RFP 07-022. If this can be e-mailed that would be great or if there is an available internet website that I can access to achieve.

A: *Will be answered in an addendum to be issued on March 11, 2008*

- Q3.** What format if any agency submits:

- A. > One program for 3 years?
- B. Program to be developed but are not currently available?

- Separate cover sheets, etc. for each program?

A: *We are not clear on the question being asked. However, more than one program can be submitted on the same cover sheet. You just have to amend the cover sheet to allow you to add more programs if needed. You can submit for a program being developed; however, a contract can not be issued until the program is licensed.*

- Q4.** What items should be included in the budget? Does HCJFS pay 100% for non-Medicaid youth?

A: *Room and Board expense.*

Most HCJFS youth are Medicaid eligible. If a youth is not Medicaid eligible, HCJFS is responsible for covering the cost of care due to being the youth's legal guardian. However, we are to be the payor of last resort so Medicaid and any third party insurance should be billed first.

- Q5.** You want the checklist submitted with the proposal? (RFP Checklist)

A: *if you want to. That's optional. This is just to help you ensure that you've submitted all the items requested.*

Q6. Ref: 2.4, page 21 Reference Statements cannot be from JFS employees - or anyone affiliated with JFS.

Just Hamilton JFS?

A: *We cannot accept references from HCJFS employees.*

Q7. So, we could submit a letter from Franklin County?

A: Yes.

Q8. Going back to page 21, Personnel qualifications Section 2.5, you want everyone?

A: *Just key clinical people would be heads of the departments, those responsible for the day to day running of the department (RT facility, Mental Health program, etc). It's the Managers of the various programs in your agency that we are looking for. Some facilities have one person who takes care of everything and that's fine.*

If you have questions about whom you should submit them for and who you shouldn't, we'd rather have more than not enough. We don't need your front line workers.

Q9. The other agency individuals on the evaluation team, who would that be?

A: *I don't have any confirmation right now, but they will be individuals who are involved in this service. There won't be anyone conflicting with this RFP: Contracting, UM, someone outside agency, i.e. FAP, and someone within agency not involved in Children's services and maybe a fiscal person.*

Q10. Could you go back and clarify on your customer references. Do you want more than just the minimal on page 21 or do you want actual narrative statements?

A: *What we've seen in the past is just that someone/some agency says that they have worked with you in the past. We do want to see a letter, not a synopsis. And also contact information. We need a letter with a couple of paragraphs which says you do a good job. Letter that says they have some history with you. We want more than just a list of reference names.*

Q11. Are there a maximum number of providers you are looking for?

A: No limit

Q12. Page 33, point of clarification. Are you referencing exhibit b or attachment b?

A: *Attachment B. In the old days we called them exhibits.*

- Q13.** Could you address how you handle establishment of unit rates at the existing time factor?
A: With people who are currently contracting with us with this RFP will go into negotiations independent of any contract rate in the past.
- Q14.** The 3% is based on whatever you write?
*A: Whatever you currently have in a contract is not affected by this RFP.
The 3% is not addressed in the initial contract. It is for years two and three.*
- Q15.** On page one of the sample contract, you are going with paragraph one and deleting paragraphs two and three?
A: Yes – actually it could be either paragraph one or two.
- Q16.** ‘Will you be providing us copies of all these exhibits we will be working with?
A: Yes. The budget will be in Excel format and the other forms will be in Word format.
- Q17.** When will that be done?
A: That will be when we issue the answers, Mar 10th.
- Q18.** Can we get them sooner?
A: Possibly, but we will have them by that date. Actually, they were issued the afternoon of 2/29/08 to all who supplied a valid email address.
- Q19.** The signed copy of this contract is one of the attachments to the proposal?
A: No, that attachment is a contract draft for your review.
- Q20.** Is that ten clients at any time?
A: Yes ten or more
We will address later how your agency gets hooked up with MCP
- Q21.** Ten or more Hamilton County clients?
A: Yes an average of ten or more Hamilton county kids
- Q22.** Does MCP give statistical data? Could you tell us what it does?
A: Will be answered in an addendum to be issued on March 11, 2008



Q23. Could you restate the Insurance requirements, I'd like to get it word for word?

A: *The amount of coverage we are requiring, we've spelled out how we want that in the boilerplate contract language. If your current insurance meets or exceeds our requirements, we can accept that, as long as we are getting at the level of insurance we are requiring, we are not as concerned as the type of policies you have that bring you up to that level.*

We ask that all providers go over section 37 with their agents to ensure they have necessary coverage before you submit your proposal. We ask for verification in two forms: certificate of insurance coverage and endorsements, printed to show they exist.

NOTE: *it is not a requirement to meet the insurance requirements to submit a proposal. The insurance requirements must be met prior to finalizing a contract.*

Q24. Is anybody experiencing if you subcontract with a psychologist or psychiatrist you, the county, are expecting him to have the same coverage, correct?

A: *Yes at this time. We expect to have the risk coverage, for anyone who works with HCJFS children.*

Do not let what you currently have stop you from submitting a proposal. If we feel it is not adequate, we will not turn your proposal away, we will negotiate with you to reach acceptable requirement.

Q25. Somewhere in here you ask that we waive subrogation. I cannot ask someone that we subcontract with to do that.

A: *Submit that in your proposal. We will run it past our county risk manager. This can be accomplished via your contract with your subcontractor.*

Q26. When you talk about agencies that also provide Medicaid services, when you say days are you also picking up the total cost of the services that are not Medicaid?

A: *Our budget is room and board only. Please refer to the answer in number 4.*

Q27. Can you explain what FAP is?

A: *Family Access Partnership. This is a contract JFS has with Mental Health Board to provide outpatient mental health services.*

Q28. So if we have our rates bundled, you would want us to unbundle them?

A: *No*

What are you including in treatment?

A: *Residential, therapy,*

Q29. Are we referring to Medicaid or non Medicaid billing, or are we talking about blanket billing and keeping all of the services together? HCJFS pays..?

A: *Medicaid would be billed separately....
Typically we are doing room and board. The Medicaid portion of the children served would be billed separately. However, if your current system of billing is via bundled rates, we are not going to force you to unbundle for this contract.*

Q30. Re: On the Budget, item listed as Fundraising events – that would be for all of 2007?

A: *No, going forward. Projected fundraising for the next three years.*

Q31. Should the unit rate be unbundled?

A: *please refer to question 28 for the answer to this question.*

Q32. Do facilities have to be licensed by the State of Ohio to be considered?

A: *If the facility is located in Ohio, yes it has to be licensed by the State of Ohio. Otherwise, the facility must be licensed by the State where it is doing business.*

Q33. Do you contract for a certain number of beds per year or do you pay per placement?

A: *We do not purchase beds in advance. We have master agreements like the attached contract draft. The budget is used to estimate the number of units of service you are able to provide.*

Q34. Can you please clarify what is needed regarding what is meant by a “current endorsement” (Letter F under 2.2.2)?

A: *A current endorsement is an attachment which verifies the required coverage is in place. Endorsements are also commonly referred to as Declarations or Schedules in the insurance industry.*

Q35. In section 1.2.2 Services Components, Part B – housing requirements are addressed. The housing section describes the requirements as “maintain staff secure, locked, self-contained housing settings..” Our program housing units are staff secure and self-contained, but the doors are not locked on egress, would that qualify according to this description?

A: *Yes, this would meet the housing requirements.*



Q36. In the provider's meeting, the question about the MCP program was discussed and we were told that utilization of the MCP is only required if agencies have 10 students at the same time from Hamilton County. We are an organization with 2 different sites in Ohio so we may be presenting two different programs to your county. If you would decided to contract with both programs, would the 10 students be counted from both programs or could each have up to 10 without having to utilize the MCP system?

A: *The total census would incorporate any placements served under an existing contract, regardless of location of youth. However, this can be negotiated if a contract is awarded.*

Q37. We are planning to apply for funding for a transitional new program along with our current residential programs. Can it be included in the same proposal as the other established programs?

A: *Will be answered in an addendum to be issued on March 11, 2008*

Q38. If we are unable to include all our adolescent residential programs in one proposal, may we answer many of the questions in 2.2.1 together or would it be preferred to answer each question in 2.2.1 specifically for each program?

A: *They can be included together. However, make sure key differences are highlighted.*

Q39. I have a question about the cover letter. Unit rate is the daily per diem but I don't know what RL1 RL-2-1 RL 2-2 RL 2 RL 1 AIR mean?

A: *These codes are short descriptions of various levels of care or programming a provider may offer. For the most part they are defined by the provider within the following parameters:*

RL- AIR is a "all inclusive rate" for all levels of care or programming a provider may offer with no difference in cost.

RL- 1 is a staff secure not locked facility

RL- 2 is a locked facility

RL 2-1 and RL 2-2 are locked facilities but at higher levels of care than RL 2 with more intensive or specialized programming. Examples may be a program that serves sexual offenders or has a lower staff to resident ratios that are necessary to address the needs of children with sever, risky behavior problems. These are provider defined but must include some specialized or more intensive programming than RL-2.

As level of care increase from the lowest RL 1 to the highest RL 2-2 there should be increase in the level of care and programming offered that usually, but not always, requires an increase in cost.

Higher levels of care will result in lower authorization periods to ensure there is close monitoring of the continued need for the high level of care.

Also, RL means Residential Living. It is still referencing Residential Treatment services.

1.2.2 Services Components

v. "Provider warrants and represents it will fully comply with ORC 2151.86 and will **annually** complete criminal record checks on all individuals assigned to work with, volunteer with, or transport youth".

Q40. Must all have an annual background check or only applicants before hiring?

A: All employees assigned to work with youth placed in your facility by HCJFS must have annual background checks.

2.2.1 Program Components

B. Licensure, Administration and Training

1. "Identify actions by licensing body that included corrective action plans..."

Q41. Is this a request for a summary or actual actions and corrective action plans?

A: A summary would be sufficient at the time you submit your proposal. If more detail is needed HCJFS will request it during Stage 3 of the evaluation process.

C. Child Welfare Program Outcome Components

5. "Provide information for the last 12 months..."

Q42. Is the request for all clients served or for HCJFS clients only or both?

A: This information should be provided for all children served. However, if you determine that showing a breakdown in recidivism between HCJFS clients and all clients is significant information then you are free to do so.

vi. "Recidivism statistics..."

Q43. What is the standard or definition of recidivism?

A: The definition of recidivism is any child who was discharged from your facility who at a later date was placed again at your facility.

Q44. We are a private non-profit organization which provides Residential and Foster Care services located in West Central Ohio. We currently operate 5 group homes but have plans to open a new 24 bed facility towards the end of next year.

Do we complete the Residential Treatment RFP now or shall we wait another year when we're actually operating the program? Currently our youth meet the criteria in the group home RFP but not the Residential Treatment RFP. Please assist us in deciding the most logical route we should be heading.

A: If the new facility would be offering a program to serve children who meet RT Level of Care then you should submit your proposal now. A RFP has strict time deadlines when proposals can be submitted. If HCJFS does not issue a RFP a year from then a proposal can not be accepted. HCJFS can award a proposal on the condition your program becomes licensed in the future.

Q45. Please clarify the expectations of the site visits and the oral presentations. Are the site visits just for new facilities that have not previously placed youth from Hamilton County? Are the oral presentations provided in lieu of site visits, or are they meant as another method to evaluate all qualified vendors?

A: *Site visits are conducted for all new out of home care Providers and any existing out of home care Providers as HCJFS deems necessary. Site visits will be held at the location where the services are to be provided. The purpose of site visits is to tour the site where youth will be housed. Providers are given an opportunity to show their facility(ies) and act as “tour guides.”*

Oral presentations are conducted to give Providers an opportunity to address any clarifying questions the Evaluation Committee may have after reviewing a Provider’s proposal. A provider may be asked to give an oral presentation only. For this RFP, however, oral presentations and site visits will most likely be conducted simultaneously.

Oral presentations are scheduled for April 10-11, 2008. Site visits are scheduled for April 14-18, 2008. If the Committee chooses to conduct site visits and oral presentations simultaneously, they will be scheduled for April 10-April 18, 2008. Exact times will be determined.

Q46. Section 5.5 states that, “... Insurance shall be purchased from a company licensed to provide insurance in Ohio.” Our organization is not in Ohio, and if awarded a contract our organization would purchase from a company licensed to provide insurance in the state in which we operate. Is this acceptable?

A: *Yes and this language can be negotiated in the contract to reflect the state in which you provide service.*

Q47. What is the procedure for the threshold for reviews and notification to the placement agency when it is done on a monthly basis?

A: *Will be answered in an addendum to be issued on March 11, 2008*

Q48. Will a for-profit corporation be subject to an OMB circular A133 audit?

A: *Will be answered in an addendum to be issued on March 11, 2008*

Q49. Our agency does not have an annual report and our audit is a consolidated statement for the entire corporation, covering multiple states and 90+ facilities. Therefore, this report is not available. How do we proceed?

A: *Will be answered in an addendum to be issued on March 11, 2008*



Questions in response to Addendum 2

Re: Question 20, Audit Responsibility and Compliance

The HCJFS response indicates the first question is semantics. This is NOT semantics when engaging an independent certified public accountant (CPA) to provide a service. No CPA will provide "audit" services on the Cost Report. Further, the Agreed Upon Procedures that are performed on the cost report are NOT conducted in accordance with Government Auditing Standards. Agreed Upon Procedure reports are conducted in accordance with Attestation Standards. Due to the use of the contract draft language, every provider will be in a state of contract non-compliance, which is not favorable to either the provider or HCJFS.

The language listed in the draft contract was previously included in a "Model Contract" promulgated by ODJFS. After bringing this inappropriate language to the State's attention, such language was removed. The new version is as follows:

If a Provider participates in the Title IV-E program, an Agreed Upon Procedures engagement must be conducted by a certified public accountant for the Provider's cost report in accordance with Ohio Administrative Code Rule 5101:2-47-26-2. The procedures are conducted to verify the accuracy of costs used to establish reimbursement ceilings for maintenance and administration costs of children in care. Any overpayments or underpayments of federal funds to the Title IV-E agency due to adjustments of cost report reimbursement ceiling amounts as a result of an audit, shall be resolved in accordance with ORC sections 5101.11, 5101.14.10, and OAC 5101:2-47-01.

This paragraph was excerpted from the document JFS 01703 (1/2008) found on the ODJFS website.

Q50. Can this updated language be substituted in regards to the cost report?

A: *Thank you for the clarification on this matter. This is currently being looked into and will be updated as determined appropriate.*

Q51. Also, a financial statement audit can be conducted in accordance with Government Auditing standards. For the sentence in the contract draft That says "The audit of the Cost Report shall be conducted in accordance with Government Auditing Standards", can the words "Financial Statement" be substituted for "Cost Report"?

2) Section 20, Reports, A on page 57 of Attachment B, Contract Sample, The first sentence refers to Title IV-E foster care reimbursement.

A: *This is being reviewed and will be updated as determined appropriate*

Q52. Should foster care be replaced with residential treatment?

A: *Thank you for pointing this out as this was an oversight. The boiler plate will be updated accordingly.*