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## ADDENDUM 4

### HCJFS REQUEST FOR PROPOSAL 07-022 RESIDENTIAL TREATMENT SERVICES

To All Potential Proposers:

Questions and Answers

**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:** *Attached*

**Q22.** Does MCP give statistical data? Could you tell us what it does?

**A:** *Providers have access to Progress Notes, Treatment Plans and Authorizations in MCP. In MCP there are several reports for the providers to access, they are as follows:*

- *Progress Notes Report (multiple selection and sort criterion are possible)*
- *Treatment Plan Reports (Initial Plans, Reviews, and Treatment Plans due)*
- *Authorization Reports (Authorized Requests, Lapsed Authorizations, Not Processed Request, Denied Authorizations, Pended Authorization)*

*HCJFS would prefer all providers to use the MCP system and in most cases we believe it has benefits to both HCJFS and the provider. It makes communication, monitoring progress, authorizations and invoicing much easier. We also realize the expense may not be worth it to a provider and we would negotiate this with you based upon how often you exceed 10 children in the success of your program and each of our commitment to an ongoing, long term relationship.*

**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:** *Yes, if the transitional program is licensed as a residential facility. However, if it is licensed as a group home or semi independent living facility, you will need to formally respond to an RFP specific to that service.*

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



**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: We are unable to answer this question as we are not clear what is being referenced? or what is specifically being asked.*

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

*A: We do not anticipate vendors for the advertised services in this RFP being subject to an A133 audit that result in a contract for this service. It is each individual vendor's responsibility to consult with their independent auditors and determine if their funding for other programs would require an A133.*

**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: Please provide a copy of the organization's Annual Report, even if it is for your larger multi-state corporation it will give us the financial standing for your organization as a whole. If we need additional detail we will ask for the separate cost center for the proposed program. In addition, please provide a copy of your entire organization's annual report.*

*If there isn't an annual report, please provide a written explanation as to why there is no annual report for your organization.*

Name:

DOB: - -

Date: 3/11/2008

**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 violence or aggressiveness toward others prior to 2 years ago.                               |
| <input type="checkbox"/> 2         | 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"/> 3  | 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.  |
| <b>7. Firesetting</b>   |   |
| <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.  |
| <b>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)</b> |   |
| <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.   |
| <b>9. Criminal Activity</b>   |   |
| <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.                           |
| <b>10. Gang Involvement</b>   |   |
| <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.   |
| <b>11. Harm to Self</b>   |   |
| <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  |

|  |  |
|--|--|
| <input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6   | <p>depressed but not suicidal.</p> <p>Child has had suicide attempt during the last year, has been hospitalized before for attempts, another attempt possible.</p> <p>Child has had suicide attempt during the last year; has definite plan for harming self; has been hospitalized before for attempts, another attempt possible.</p> <p>Child is currently at risk of suicide; child has definite plan, another attempt likely, child needs intensive intervention.</p>  |
| <b>12. Cognitive Functioning</b>   |  |
| <input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 5   | <p>Child exercises age-appropriate thinking; no thought disorder reported, no delusions or hallucinations.</p> <p>Child has had difficulty in thought process, but can still function in school and at home.</p> <p>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.</p> <p>Child has serious thought disorder, which affects functioning in school and at home, and is not totally under control.</p> <p>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.</p> |
| <b>13. Alcohol-Drug Use</b>  |  |
| <input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 5   | <p>There is no indication of any drug or alcohol use.</p> <p>Child uses alcohol or drugs occasionally, but use does not interfere with daily activities.</p> <p>Child binges on alcohol or drugs occasionally, but use does not usually interfere with daily activities.</p> <p>Frequent drinking or drug use has resulted in disciplinary or judicial actions in the past; child has been treated and is in recovery.</p> <p>Frequent drinking or drug use has resulted in disciplinary or judicial actions; child has not been treated or not treated successfully.</p>  |
| <b>14. Sexual Behaviors</b>  |  |
| <input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 2<br><input type="checkbox"/> 5<br><input type="checkbox"/> 5<br><input type="checkbox"/> 5 | <p>Child has no inappropriate sexual behaviors.</p> <p>Child behaves in seductive manner, and is inappropriate for age.</p> <p>Child sexually acts out (e.g., frequent masturbation, exposing or frequent touching of genitals)</p> <p>Child has had a history of being sexually abused.</p> <p>Child is suspected in prostitution.</p> <p>Child has been involved in prostitution.</p> <p>Child is an “indicated” sexual perpetrator who has successfully completed treatment.</p> <p>Child is an “indicated” sexual perpetrator who has not been treated, or not treated successfully.</p>   |
| <b>Total:</b>  | <b>Comments by rater:</b>  |

**ENVIRONMENT STRENGTHS (Check all that apply)**

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