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January 5, 2011

**HCJFS & BCCS REQUEST FOR PROPOSAL
RESIDENTIAL TREATMENT SERVICES RFP#SC0510-R**

ADDENDUM 2

RFP Conference Attendees:

Bellefaire JCB
Buckeye Ranch, The
Bunker Hill Haven for Boys
Cornell Abraxas Group, Inc.
Lifeline Youth & Family Services
NECCO Center

Oesterlen Services for Youth
Provo Canyon School
St. Joseph Orphanage
Talbert House
Wernle Children's Home

Questions Received prior to and during the RFP Conference

Q1. If the Provider has recently or is in the process of submitting a first time application to be a Title IV-E eligible Provider (JFS 02911 Single Cost Report) and expects to be eligible prior to contract award, will their proposal be accepted/considered?

A: Yes, Hamilton and Butler Counties will still consider Provider's proposals. Provider needs to submit all of the information that is available, including the 2911 submitted to ODJFS, even if it has not yet been approved. If there is information that HCJFS is requesting to be submitted via hard copy that is not available, Provider needs to mention in the proposal you are currently in the process of obtaining IV-E certified rate ceilings to let Hamilton and butler Counties know why the information is not included.

Q2. On page 18 of the RFP, Section 2.2.2.C.5.V, what is considered a "disruption"?

A: Unplanned and unsuccessful.



Q3. On page 20 of the RFP, Section 2.2.2.G Job Descriptions....do you want all position job descriptions (technically everyone from dietary and housekeeping provide “direct services to youth”?)

A: We define “key clinical and business personnel” as Agency Director, Clinical Director, CFO, any administrators, and any staff providing direct services to youth such as social workers.

Q4. On page 26 of the RFP, Section 2.5 Personnel Qualifications...we currently have over 300 employees at three campuses. Are you asking for each of their resumes with references? Or is it just administrative and management staff?

A: Please refer to response to Q3.

Q5. Is there a page limit or expectation in regards to the narrative response section of the RFP?

A: No. There is no page limit.

Q6. Are the proposals evaluated and awarded independently – by the 2 agencies.

A: Yes, each county will conduct their own evaluation and review of each proposal.

Q7. Is the same proposal used for both counties – just different number of copies?

A: Yes. Please clearly identify which proposals are for Hamilton County and which proposals are for Butler County.

Q8. Personnel Qualifications – Section 2.5, what are you looking for in the personal reference section? A letter or just name and address?

A: A letter.

Q9. What is the URL for downloading and printing the RFP?

A: www.hcjfs.hamilton-co.org

Q10. Are services (therapy) now unbundled?

A: Yes.



Q11. Personnel Qualifications – Section 2.2, should we include:

Mental health therapists;
Cottage/unit supervisors;
Childcare workers; and
PH therapists?

All of them provide key clinical services to clients.

A: Yes. Anyone providing direct, key services to youth should be included.

Q12. We are Indiana providers. What do we submit for budget since we don't submit anything to ODJFS?

A: It is our desire for all Providers to be an Ohio Certified Title IV-E Provider. You will still need to submit hardcopy the required pages from the JFS 02911 Single Cost Report with the proposal, along with an electronic copy of your entire JFS 02911 Single Cost Report.

Q13. Can program manager have less than 3 years experience if his/her direct supervision meets this qualification?

A: Yes.

Q14. Can employee's social security numbers be redacted when submitting forms?

A: Each county does ask for a release from employees. This is to conduct on-site employee file reviews. There is no need to provide social security numbers when submitting forms.



ATTACHMENT A
Cover Sheet Residential Treatment Proposals
Bid No: SC0510-R

Name of Provider _____

Provider Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____
(Please Print or type)

Phone Number: _____ (ext) _____ E-Mail Address: _____

Additional Names: Provider must include the names of individuals authorized to negotiate with HCJFS and/or BCCS.

Person(s) authorized to negotiate with HCJFS and/or BCCS:

Name: _____ Title: _____
(Please Print)

Phone Number: _____ Fax Number: _____ E-Mail: _____

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Please Place an "X" next to each county for which you are submitting a proposal:

County	Place an X if submitting for the County
Hamilton County	
Butler County	

Please Complete Rate Grid located on page 2 of this form.

Service/Year	Total Cost	IV-E Admin Ceiling	IV-E Maintenance Ceiling	For years 2 and 3 only, please list % increase from previous year
RL 1 ((Open/Staff Secure)/Year 1				
RL 1/Year 2				
RL 1/Year 3				
RL 2 (Locked)/Year 1				
RL 2/Year 2				
RL 2/Year 3				
RL 1 Air (Crisis Stabilization)/ Year 1				
RL 1 Air/Year 2				
RL 1 Air/Year 3				
Other/Year 1				
Other/Year 2				
Other/Year 3				

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

Signature - Authorized Representative

Title

Date

By signing and submitting this proposal Cover Sheet, Provider certifies the proposal and pricing will remain in effect for 180 days after the proposal submission date.

Please complete the back of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.

RFP Submission Checklist

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

Action Required	RFP Section	Included
Did you register for the RFP process by January 18, 2010?	3.3	
Will your Proposal be submitted by 11:00 a.m. on January 25, 2011?	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Unit Rate for the Initial Term on the Cover Sheet?	2.1	
Did you include the Unit Rate for the First and Second Renewal Terms on the Cover Sheet?	2.1	
Did you sign the Cover Sheet?	2.1	
Is a response to each Program Component included?	2.2.1	
Is a response to each System and Fiscal Administration Component included?	2.2.2	
Did you submit your ODJFS approved Title IV-E reimbursement ceilings plus Administrative Overhead Cost Pages with your proposal?	2.3	
Did you electronically submit your entire Form 2911 Single Cost Report by 11:00 a.m. on January 25, 2011?		
Are three (3) Customer Reference Letters enclosed or is there a written explanation why a reference(s) is not included?	2.4	
Are required Personnel Qualifications enclosed?	2.5	

ATTACHMENT D

Declaration of Property Tax Delinquency
(ORC 5719.042)

I, _____, hereby affirm that the Proposing Organization herein, _____, is ____ / is not ____ (**check one**) charged at the time of submitting this proposal with any delinquent property taxes on the general tax list of personal property of the County of Hamilton.

If the Proposing Organization is delinquent in the payment of property tax, the amount of such due and unpaid delinquent tax and any due and unpaid interest is \$_____.

State of Ohio
County of Hamilton

Before me, a notary public in and for said County, personally appeared _____, authorized signatory for the Proposing Organization, who acknowledges that he/she has read the foregoing and that the information provided therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at _____, Ohio this _____ day of _____ 20____.

Notary Public

ATTACHMENT E

Ohio Department of Public Safety

Division of Homeland Security

<http://www.homelandsecurity.ohio.gov>

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE NUMBER				

ATTACHMENT E

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

YES NO

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X _____
Signature

Date

ATTACHMENT F

Level VI-A: Residential Treatment --Open

Outcome goals: Provide a structured, living environment to ameliorate emotional and behavioral problems and improve functioning of the child/youth to allow for a less restrictive level of care. Reintegration of the youth into a community based, family setting is the preferred outcome. Permanency and emancipation planning should accompany the individual treatment goals. Family/adult engagement is essential in assuring a smooth transition to home/community.

Core services: RT—Open should be seen as all-inclusive services in a structured setting with professional supervision, including a full range of residential services, on-site or community access to education services, life skills training and therapeutic services to child/youth and family based on need.

Consumer characteristics: The child/youth has generally experienced a high degree of instability in the home and community environment and has demonstrated the need for care in a structured treatment environment. The child/youth may also suffer Mental illness as substantiated by DSM-IV and SED diagnosis, or combined diagnosis of mental illness and addiction disorder. To be eligible for residential treatment, the need for a professionally supervised living environment on a 24-hour basis should be present. Experience in placing child/youth in this level of care shows the following generalized consumer profile:

- ✓ Child is seriously suicidal; has had recent attempt (within the last 90 days) and is at high risk of being considered for hospitalization
- ✓ Child is seriously depressed and is not responding to treatment on an outpatient basis
- ✓ Child's sexual offending behavior cannot be safely managed at a lower level of care
- ✓ Has had fire setting behaviors that have caused damage and risk to others
- ✓ Has shown physical aggression and assaultive behaviors resulting to harm to others
- ✓ Has not responded to a lower level of care

Thresholds for accepting into this level of care and continued stay: High risk and service needs based on the Southwest Level of Care Scales.

Thresholds for reviews: Every month. A stay beyond 6 months should be reviewed for progress and consistency with the permanency plan.

Discharge and retrospective review: Upon discharge to a subsequent level of care, a review is necessary for discharge decision, service outcomes and continuity of care.

VI-B Residential Treatment —Locked

Outcome goals: Provide a structured, living environment to ameliorate emotional and behavioral problems and improve functioning of the child/youth to allow for a less restrictive level of care. Reintegration of the youth into a community based, family setting is the preferred outcome. Permanency and emancipation planning should accompany the individual treatment goals. Family/adult engagement is essential in assuring a smooth transition to home/community.

Core services: A full range of self contained residential and therapeutic services including on site educational services. In addition, this level of care provides a secure setting to address the child/youth's risk behaviors and need for 24-hour professional supervision. RT—Locked may be used for complex cases and children/youth with coexisting disorders. Treatment must include capacity for family treatment, life skills training and community transition and re-integration support.

Consumer characteristics: The child/youth exhibits a high degree of behavioral management problems, including violent behaviors, and may have had juvenile court adjudication of posing risk to community prior to admission. Youth may also suffer mental illness as substantiated by DSM-IV and SED diagnosis or combined diagnosis of mental illness and addiction disorder, with psychiatric and behavioral conditions severe and persistent enough to require a secure and structured treatment environment. Experience in placing child/youth in this level of care shows the following generalized consumer profile:

- ✓ Child's suicidal risk requires 24-hour monitoring in a closed setting
- ✓ Child poses serious harm to others, and cannot be maintained in an open residential setting, with recent (within the last 30 days) injury to others
- ✓ Child's repeated AWOL has posed serious community risk (sexual offending behavior, prostitution and gang involvement)
- ✓ Child has demonstrated an inability to respond to an open setting.

Thresholds for accepting into this level of care and continued stay: High risk and service needs; high safety concerns for child/youth and community based on the Southwest Level of Care Scales.

Thresholds for reviews: Every month or more frequently as the condition requires. A stay beyond 3 months should be reviewed for progress and consistency with the permanency plan.

Discharge and retrospective review: Upon discharge to a subsequent level of care, a review is necessary for discharge decision, service outcomes and continuity of care.

Level V Crisis Stabilization

Outcome goals: Rapid stabilization and reunification of the child/youth with family or back to the community following a temporary emergency respite away from home/placement to reduce symptoms and restore stability for child/youth and family. Changes have been made in the child's environment that would enable child/youth to remain safely at home or community. Safety issues are of paramount concerns and the child has exhibited acute disruptive behaviors.

Core services: May include residential crisis beds, temporary shelter placement, emergency therapeutic foster care, or any other emergency respite in an out-of-home setting. May also include therapeutic services, such as crisis counseling, parenting training, etc.

Consumer characteristics: Child/youth presents moderate to high risk level, serious and persistently disruptive behaviors that have made a milder level of care inappropriate, including serious violent behaviors, unsafe home/community environment, psychiatric and chronic/acute addiction symptoms that require rapid stabilization and alternative care planning.

- ✓ Child is seriously suicidal; has had recent attempt (within the last 90 days) and is at high risk of being considered for hospitalization
- ✓ Child is seriously depressed and is not responding to treatment on an outpatient basis
- ✓ Child's sexual offending behavior cannot be maintained at a lower level of care
- ✓ Has had fire setting behaviors that have caused damage and risk to others
- ✓ Has shown physical aggressive and assaultive behaviors resulting to harm to others

Significant community partners: Child/youth may also be involved with other community services and other children's systems, such as juvenile court. Case workers are expected to provide necessary care coordination and other assistance.

Thresholds for accepting into this level of care and continued stay: Moderate to high risk and service need and safety concerns based on the Southwest Level of Care Scales.

Thresholds for reviews: By definition, emergency respite and crisis stabilization are expected to be time-limited. The review may provide a brief extension, as defined by the review team at the time of the review. Any longer stay needs to be consistent with permanency plan for the child/youth.

Category:	Residential Treatment	Residential Treatment	Residential Treatment
Discrete Service	Residential Treatment Staff secure/open. Authorization and payments are unbundled for: Diagnostic Assessment Individual/Family Therapy Group Therapy Psychiatric Evaluation/Medication Monitoring Polygraphs included if requested by placing agency	Residential Treatment Locked. Authorization and payments are unbundled for: Diagnostic Assessment Individual/Family Therapy Group Therapy Psychiatric Evaluation/Medication Monitoring Polygraphs included if requested by placing agency	Residential Treatment - Crisis Stabilization. Authorization and payments are unbundled for: Diagnostic Assessment Individual/Family Therapy Group Therapy Psychiatric Evaluation/Medication Monitoring Polygraphs included if requested by placing agency
IV-E Provider Y/N?			
Facility IDs and SACWIS Service Descriptions*			
Program Name			
Location			
Ages			
Gender:			
Admission Criteria			
Exclusion Criteria			
Admissions Process			
Intake Contact Person:			
Intake telephone #:			
Clinical Director Contact:			
Clinical Director Telephone #:			
After Hours telephone #:			
Ability to accept ER admissions? [4 hour admission.]			
Estimated projected # slots:			
Agreed projected ALOS			
Estimated # fixed vacancies a month			
Staffing Ratios:			
Agreed rate/unit	Residential Treatment	Residential Treatment	Residential Treatment

**Placement providers with approved ODJFS IV-E rates will have separate Facility IDs (unique Provider ID) for each service approved by ODJFS. Some residential treatment providers have one universal blended rate and Facility ID for all residential treatment levels of care, others will have discrete rates and IDs for each of their residential treatment levels. Providers are to include their IV-E services as they relate to HCJFS' residential treatment levels to insure accuracy. Include additional columns if additional residential treatment levels exist under contract with this provider.*

