



**Board of Commissioners:**

Greg Hartmann, Chris Monzel, Todd Portune

**County Administrator:** Christian Sigman

**Director:** Moira Weir

**General Information:** (513) 946-1000

**General Information TDD:** (513) 946-1295

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222 East Central Parkway • Cincinnati, Ohio 45202

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June 19, 2013

**HCJFS/BCCS/CCDJFS REQUEST FOR PROPOSAL  
FOSTER CARE SERVICES  
RFP#SC0513-R**

**ADDENDUM 1**

To All Potential Proposers:

**Corrections to RFP**

**Currently reads:**

Page 19, Section 2.0 – Provider Proposal states:

Each submission must have three (3) signed originals and eleven (11) copies;

**Changed to read:**

Each submission must have one (1) signed original proposal for each county your agency is submitting a proposal – up to a total of three (3) original proposals if submitting to all 3 counties. Each original proposal must clearly mark the name of the county which your agency is submitting. Each submission must also have a total of eleven (11) copies. Your submission will have no more than a total of 3 signed original proposals and 11 copies.

**Insertion:**

For Hamilton County – Attachment B, Exhibit I. Insert Statement of Assurance form as part of the RFP.



## Questions Received prior to RFP Conference

**Q1.** Can we obtain electronic copies of documents that need to be filled out? For example – Foster Care Grid, Exhibit 1; the budget templates as required in Attachment C; as well as any other necessary templates that I haven't come across yet?

**A:** Yes. You will receive attachments in an Addendum such as the budget in Excel format, foster care grid, and other attachments including the Cover Sheet - Attachment A.

**Q2.** Are responders expected to submit copies of all Corrective Action Plans for the past ten years? Please clarify exactly what documentation responders should submit for this section.

**A:** Yes, this includes any documentation of any action taken by a licensing body against your organization, any subsidiaries or business partner.

**Q3.** Page 1 of the RFP, Cover Letter, states that we must submit separate proposals for each county for which we are interested in delivering the requested services. Page 18 of the RFP under Section 2.0, Provider Proposal, states that each submission must have 3 originals and 11 copies. If we are interested in providing services in all 3 counties, please confirm that we need to submit 9 originals and 33 copies. If that is the case, should we submit 3 separate proposal submissions, all sent to the same address?

**A:** Please refer to the beginning of this Addendum.

**Q4.** Page 32, 2.6 – Performance Outcomes and Incentives; what are the incentives? Is there a section that defines this further?

**A:** The Performance Outcomes and Incentives are defined in a revised RFP attachment document that is distributed as a component of this Addendum.

**Q5.** Page 39, 4.1 – Preparation of Proposal; can the proposals be submitted in a cost-effective bound format? What is the preferred method?

**A:** The method in which your agency submits proposals is entirely the Provider's decision. Section 4.1 states emphasis should be concentrated on conformance to the RFP instructions. Section 2.0 further discusses the proposal format in which proposals are to be submitted.

**Q6.** Attachment B: South West Ohio Levels of Care – Level II Therapeutic Low: states "It may also be a step-down level from a more intensive and restrictive level of care."  
Could this be a step-down from a residential setting? Please give examples of "a more intensive and restrictive level of care."

**A:** In most cases a youth would not step down from residential treatment to a Level II Therapeutic Low level of care. An example of a step down from a more intensive and restrictive level of care would be from Level III Therapeutic High.



**Q7.** Hamilton County Sample Contract Exhibit 1 – 5 states: “the same youth may receive a maintenance auxiliary check when the season changes during the first year of placement.”  
Is this a current practice with HCDJFS?

**A:** Yes. At the time of the child’s **initial** entry into substitute care, the child is eligible for a 1<sup>st</sup> and then a 2<sup>nd</sup> Seasonal Clothing Voucher, depending on the child’s needs. Beyond the two seasonal vouchers, the child’s substitute caregiver is responsible for utilizing other resources to maintain appropriate clothing for the child.

**Q8.** BCCS Sample Contract Exhibit 1 – 27 states: there can be no more than 6 children total (including FY, bio, and adopted) living in foster homes except with approval from BCCS on a case-by-case basis.  
What about cases of existing placements where additional foster youth are placed or additional children enter the home? Do we need to seek prior approval from BCCS before approving more than 6 children total if a BCCS child is in the home?

**A:** Yes, counties must call BCCS before placing more children in a foster home that would then take the number over 6.





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**Insertion:**

**Section 1.2 – Scope of Service**

In all cases in each county, these youth have a history of abuse, neglect, dependency and juvenile justice involvement. These youth require out-of-home-care placements and will have a range of custody statuses from parental custody, Emergency Orders (EO), Temporary Custody (TC), Planned Permanent Living Arrangements (PPLA), to Permanent Commitments (PC). The primary outcomes for these youth are safety, permanency, and well-being. All service Providers will incorporate these outcomes into their treatment plans and program curriculums.

Many of the youth suffer from emotional, psychological, behavioral and learning problems. Some national estimates indicate approximately 90% of youth in placement have an identifiable behavioral health issue.

These youth are also at greater risk of being placed out-of-county because local services have not been able to effectively engage families, locate alternate permanent placement options, address specific treatment needs or keep the youth safe in a lower level of care (kinship home, family or adoption). These youth are at greater risk of being involved in the child welfare system for a longer period of time and therefore at greater risk for unstable placements and poor overall educational, social, health, and poverty outcomes long-term.

Programs incorporating evidence-based logic and treatment models, and successful histories of effectively working with youth who have complex post traumatic stress disorders, developmental disabilities, juvenile justice involvement, conduct disorders, sexual behavior disorders and other mental health and attachment difficulties are currently needed to improve local services and long term outcomes for high-risk youth. Programs must demonstrate their ability to actively engage youth in all aspects of decision making and planning appropriate to their age, maturity and development.

Provider will recruit employees and foster parents who are trained and competent to respond to youth who have high exposure to trauma. Provider must instill the importance and urgency of legal permanence for youth in foster care that includes adoption, guardianship and reunification.

Adult Protective Services (421-LIFE) • Cash & Food Assistance • Medicaid • Child Care Services  
Child Support Enforcement • Children's Services (241-KIDS) • Workforce Development



CREDIBILITY • INTEGRITY • ACHIEVEMENT

**STATEMENT OF ASSURANCE:  
Provider Provision to Employees and Sub-contractors of the  
Hamilton County Department of Job & Family Services'  
STANDARDS OF CONDUCT:  
Employee and Contractor/Provider Compliance with  
MEPA and Title VI of the Civil Rights Act of 1964  
Effective February 1, 2005  
Updated September 8, 2010**

**Name of Provider Organization:** \_\_\_\_\_

I affirm that I have provided, or ensured the provision of, the Standards of Conduct: Employee and Contractor/Provider Compliance with MEPA and Title VI of the Civil Rights Act of 1964, that became Effective February 1, 2005, to each employee and sub-contractor engaged in the provision of foster care or adoption services on behalf of the Hamilton County Department of Job and Family Services. I will maintain documentation supporting each employee's and sub-Contractor's receipt and understanding of the Standards of Conduct. This documentation shall be maintained in the employee's personnel and sub-Contractor's files should an audit be conducted to verify compliance.

I affirm that these Standards of Conduct were provided to each employee on the following date(s):  
\_\_\_\_\_

If applicable, I affirm that these Standards of Conduct were provided to each sub-contractor on the following date(s): \_\_\_\_\_

I further affirm that I will provide these Standards of Conduct to each new employee or new sub-contractor within thirty (30) days of hire date or the effective date of Contract.

If these Standards of Conduct are revised, I affirm that I will provide a copy of the revised Standards of Conduct to each employee and sub-contractor within thirty (30) days of receipt from the Hamilton County Department of Job and Family Services of the revised Standards of Conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

**This Statement of Assurance must be returned no later than 30 days after Contract finalization to:**

**Contract Services  
Hamilton County Department of Job & Family Services  
222 E. Central Parkway  
Cincinnati, OH 45202**

Foster Care Grid

<b>Category:</b>	<b>Therapeutic-Basic Traditional Foster Care</b>	<b>Therapeutic-Basic Traditional Foster Care</b>	<b>Therapeutic- Basic Traditional Foster Care</b>	<b>Treatment Foster Care</b>
<b>Discrete Service</b>	<b>Foster Care - Traditional</b>	<b>Therapeutic Foster Care Special Needs</b>	<b>Therapeutic Foster Care Level 1</b>	<b>Therapeutic Foster Care Level 3</b>  <b>Diagnostic Assessment</b>  <b>Individual Counseling</b>  <b>Contract Psychologist on grounds monthly</b>
<b>IV-E Provider Y/N?</b>  <b>Facility IDs and Service Descriptions*</b>				
<b>Program Name</b>				
<b>Location</b>				
<b>Ages</b>				
<b>Gender</b>				
<b>Admission Criteria</b>				
<b>Exclusion Criteria</b>				
<b>Admissions Process</b>				
<b>Intake Contact Person</b>				
<b>Intake telephone #</b>				
<b>Clinical Director Contact</b>				

<b>Clinical Director Telephone #</b>				
<b>After Hours Telephone #</b>				
<b>Ability to accept ER admissions?</b> [4 hour admission]				
<b>Estimated projected # slots:</b>	N/A			N/A
<b>Projected ALOS</b>	N/A			N/A
<b>Estimated # fixed vacancies a month</b>	N/A			N/A
<b>Staffing Ratios</b>				
<b>Agreed rate/unit</b>	<b>TFC-T</b>	<b>TFC-SN</b>	<b>TFC-1</b>	<b>TFC-3</b>

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

**ATTACHMENT A**  
**Cover Sheet for Traditional Family Foster Care**  
**And Treatment Foster Care Placement Proposals**  
**Bid No: SC0513-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.

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

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
Butler County	
Clermont County	
Hamilton County	

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



Service/Year	Proposed Unit Rates	IV-E Admin Ceiling Cost	IV-E Maintenance Ceiling Cost	For years 2 and 3 only, please list % increase from previous year
TFC-T-Year 1				
TFC-T-Year 2				
TFC-T-Year 3				
TFC-1-Year 1				
TFC-1-Year 2				
TFC-1-Year 3				
TFC-3-Year 1				
TFC-3-Year 2				
TFC-3-Year 3				
TFC-SN/Year 1				
TFC-SN/Year 2				
TFC-SN/Year 3				
TFC-B/Year 1				
TFC-B/Year 2				
TFC-B/Year 3				
Individual Aid/Year 1				
Individual Aid/Year 2				
Individual Aid/Year 3				
***Other/Year 1				
***Other/Year 2				
***Other/Year 3				

\*\*\*If you intend to bid for “Other” ancillary services your agency may provide to assist with keeping a child in placement, a brief service description must be included in the proposed services section of the RFP.

**DEFINITIONS:**

TFC T = Traditional Family Foster Care

TFC 1 = Treatment Low (defined by LOC tool)

TFC 3 = Treatment High (defined by LOC tool)

TFC SN =Treatment Foster Care Special Needs (a child whose LOC score exceeds Treatment High but can be safely maintained in foster care, may include medically fragile)

TFC B= Traditional Foster Care-Baby rate for non-custodial infants accompanying parent into foster care

**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.

<b>Action Required</b>	<b>RFP Section</b>	<b>Included</b>
Did you register for the RFP process by June 24, 2013?	3.3	
Will your Proposal be submitted by 11:00 a.m. on July 26, 2013?	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 1) a report to include all of the Outcome Measures for the last twelve (12) months, 2) a narrative description of data sources for the Objective Measures and 3) a narrative description of reporting methodology to produce the Outcome Measures report?	2.6	

**EXHIBIT II**

**CONTRACT BUDGET**

AGENCY:

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM:

TO

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00	0.00	0.00
G. INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00	0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00	0.00
ALLOCATION OF MGT/INDIRECT COSTS						0.00
<b>TOTAL PROGRAM EXPENSES</b>	0.00	0.00	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE  
TO BE PROVIDED:

			UNIT =
--	--	--	--------

TOTAL PROGRAM COST/TOTAL UNITS  
OF SERVICE = UNIT COST:

#DIV/0!	#VALUE!	#VALUE!
---------	---------	---------

<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00	0.00	0.00
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EXHIBIT II

A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

POSITION TITLE	# STAFF	HRS WK	Annual Cost				MGMT INDIRECT	OTHER DIRECT	TOTAL EXPENSE
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
<b>TOTAL SALARIES</b>			0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Salaries Narrative.** Describe how each position relates to the service proposed.   
 Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>B.PAYROLL TAXES</b>						
FICA %						0.00
WORKER'S COMP. %						0.00
UNEMPLOYMENT %						0.00
<b>BENEFITS</b>						
RETIREMENT						0.00
HOSPITAL CARE						0.00
OTHER (SPECIFY)						0.00
						0.00
<b>TOTAL EMPLOYEE PAYROLL TAXES &amp; BENEFITS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Employee Payroll Taxes & Benefits Narrative.**

Please type narrative here.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
						0.00
						0.00
						0.00
						0.00
<b>TOTAL PROFESSIONAL FEES &amp; CONTRACTED SERVICES</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Professional Fees & Contracted Services Narrative**

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>D.CONSUMABLE SUPPLIES</b>						
OFFICE						0.00
CLEANING						0.00
PROGRAM						0.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
<b>TOTAL CONSUMABLE SUPPLIES</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Consumable Supplies Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>E. OCCUPANCY COSTS</b>						
RENTAL @ PER SQ. FT.						0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						0.00
MAINTENANCE & REPAIRS						0.00
UTILITIES (MAY BE INCLUDED IN RENT)						
HEAT & ELECTRICITY WATER						0.00
TELEPHONE						0.00
OTHER (SPECIFY)						0.00
						0.00
						0.00
<b>TOTAL OCCUPANCY COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Occupancy Costs Narrative**

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						0.00
VEHICLE REPAIR						0.00
VEHICLE LICENSE						0.00
VEHICLE INSURANCE						0.00
OTHER (PARKING)						0.00
MILEAGE REIMBURSE.@ _____ PER MILE						0.00
CONFERENCES & MEETINGS, ETC.						0.00
PURCHASED TRANSPORTATION						0.00
<b>TOTAL TRAVEL COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Travel Costs Narrative**

Please type narrative here.

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS						
LIABILITY						0.00
PROPERTY						0.00
ACCIDENT						0.00
OTHER						0.00
<b>TOTAL INSURANCE COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Insurance Costs Narrative**

Please type narrative here.

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
<b>H.EQUIPMENT COSTS</b>						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						0.00
						0.00
						0.00
<b>TOTAL SMALL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						0.00
						0.00
						0.00
						0.00
<b>TOTAL EQUIPMENT &amp; REPAIR</b>	0.00	0.00	0.00	0.00	0.00	0.00
EQUIPMENT LEASE COSTS (DETAIL)						0.00
						0.00
						0.00
<b>TOTAL LEASE COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL EQUIPMENT COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)**

Please type narrative here.





EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
<b>I. MISCELLANEOUS COSTS</b>						0.00
						0.00
						0.00
						0.00
						0.00
<b>TOTAL MISCELLANEOUS COSTS</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>J. PROFIT MARGIN (For profit entities only)</b>						0.00
<b>K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Miscellaneous Costs Narrative.**  
Please type narrative here.

**A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.**

**Mgmt/Indirect Cost Narrative.**  
Please type narrative here.

**Profit Margin Narrative (for profit entities only).**  
Please type narrative here.

EXHIBIT II

REVENUES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
<b>A. GOVERNMENTAL AGENCY FUNDING</b> (specify agency & type)						
						0.00
						0.00
						0.00
<b>B. OTHER FUNDING</b>						
FEES FROM CLIENTS						0.00
CONTRIBUTIONS						0.00
						0.00
						0.00
						0.00
AWARDS & GRANTS						0.00
						0.00
OTHER (specify)						0.00
						0.00
<b>TOTAL REVENUE</b>	0.00	0.00	0.00	0.00	0.00	0.00

**Revenue Narrative**

Please type narrative here.



222 East Central Parkway • Cincinnati, Ohio 45202-1225

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[www.hcjfs.org](http://www.hcjfs.org)

[www.headopt.org](http://www.headopt.org)

[www.hcfoster.org](http://www.hcfoster.org)

Employer Name:			
Employee Name:			
Employee Address:			
Authorization Date:		Expiration Date:	

#### RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

Whereas R.C. 2151.86 requires the Hamilton County Department of Job and Family Services (HCJFS) to obtain a criminal records check on each employee and volunteer of a HCJFS Provider who is responsible for a consumer's care during service delivery, and

Whereas HCJFS, and HCJFS' funding organizations, may be required to audit the records of Providers to ensure compliance with provisions relating to criminal record checks of Providers' employees who are responsible for a consumer's care during service delivery, and

#### NOW THEREFORE

I authorize HCJFS, and those entitled to audit its records, to review my personnel records, including, but not limited to, criminal records checks. This authorization is valid for this, and the three subsequent fiscal years of HCJFS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### A. Criminal Record Check

Provider shall comply with R.C. Sections 2151.86 and 5153.111. Generally these require that every employee or volunteer of Provider who has contact with a Consumer have an effective criminal record check. Notwithstanding the aforesaid, an employee or volunteer, without an effective criminal record check, may have contact with a Consumer if he/she is accompanied by an employee with an effective criminal record check. As used in this section an "effective criminal record check" is a criminal record check performed by the Ohio Bureau of Criminal Identification and Investigation, done in compliance with ORC 2151.86, which demonstrates that the employee or volunteer has not been convicted of any offense listed in R.C. Section 2151.86(C).

ATTACHMENT E

**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

## REGISTRATION FORM

### RFP: SC0513-R, Traditional Family Foster Care and Treatment Foster Care Placement Services, May, 2013

All inquiries regarding this RFP are to be in writing and are to be mailed, email or faxed to:

**Sandra Carson**  
**Hamilton County Job and Family Services**  
**222 E. Central Parkway Contract Services, 3<sup>rd</sup> Floor**  
**Cincinnati, OH 45202**  
**Fax#: (513) 946-2384**  
**Email: carsos01@jfs.hamilton-co.org**

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no bidder may contact any HCJFS, county official, employee, project team member or evaluation team member.* Providers are not to schedule appointments or have contact with any of the individuals connected to or having decision-making authority regarding the award of this RFP. **Inappropriate contact may result in rejecting of the Providers Proposal, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf.**

By faxing this completed page to the HCJFS Contract Services Department, you will be registering your company's interest in this RFP, attendance at the Provider's Conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page. Due date for Registration Form is **June 24, 2013**.

<b>DATE:</b>	
<b>COMPANY NAME:</b>	
<b>ADDRESS:</b>	
<b>REPRESENTATIVE'S NAME</b>	
<b>TELEPHONE NUMBER</b>	
<b>FACSIMILE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NUMBER OF PEOPLE ATTENDING PROVIDERS CONFERENCE:</b>	
<b>SIGNATURE:</b>	

Registration helps insure that providers will receive any addenda to or correspondence regarding this RFP in a timely manner. The HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

**Please fax this completed page to HCJFS Contract Services at (513) 946-2384.**

2014 Provider Performance Outcome Measures- Foster Care- SORC

Objective	Measurements	Reporting	Incentive
<p><b>1. Improve permanency outcomes for children through adoption.</b></p>	<p>a. Provider will be certified to recommend approval for foster care and adoption</p> <p>b. Provider approves homes for both foster care and adoption, preferably at the initial point of licensure.</p> <p>c. Children, who are legally free for adoption and have resided in the foster home for at least 6 months, &amp; have their adoption finalized within 6 months.</p> <p>*Hamilton County kin families who wish to adopt will receive targeted support &amp; assistance in the licensing process.</p>	<p><b>a. Data Collection</b> - Provider will produce ODJFS certificate to recommend approval for adoptive homes.</p> <p><b>b. Data Collection</b> - Provider will submit adoption home studies within 10 business days of request from the PCSA.</p> <p><b>c. Payment Point</b> - Provider will track and produce data quarterly with the total number of finalizations. Data will be confirmed through SACWIS.</p> <p><b>NOTE:</b> Provider will not be eligible for incentive dollars if the custodial agency or Provider completes an expedited home study to facilitate the adoption.</p>	<p>Provider will receive \$2000.00 per child incentive for each <i>finalized</i> adoption that occurs within 6 months of the child being legally free for adoption and where Provider completed the Adoption Homestudy. Measured quarterly during the contract period. Adoption must be finalized to receive incentive dollars.</p>
<p><b>2. Children will experience placement stability and will be placed in their own communities in close proximity to schools and family.</b></p>	<p>a. Children will remain in the same home throughout their stay in care exit into a Positive Permanency setting.</p> <p>b. Children will be placed in their county of residence upon entry into care.</p> <p>c. Children will be placed in their home school upon entry into care</p> <p>The CFSR measures are:              86% of children will have 2 or fewer moves within 12 months.              66% of children will have 2 or fewer moves within 12 to 24 months.              42% of children will have 2 or fewer moves in 24 + months.</p>	<p>a., b. &amp; c. Provider will produce placement stability data at the end of the contract period. Data will be compared and confirmed through SACWIS.</p> <p><b>NOTE:</b> Positive Permanency is defined as adoption, reunification, guardianship or emancipation.</p> <p>Any youth who is enrolled in placement with the Provider at the commencement of the contract period will be counted in this measure.</p>	<p>a. Provider will receive a \$500.00 incentive for each child who has experienced no placement changes &amp; resides within their county of residence, &amp; :</p> <ol style="list-style-type: none"> <li>1. is within their initial placement into care &amp; has an exit to adoption, guardianship, reunification or emancipation; or</li> <li>2. has had 12 + months of placement stability &amp; has an exit to adoption, guardianship, reunification or emancipation.</li> </ol>

2014 Provider Performance Outcome Measures- Foster Care- SORC

Objective	Measurements	Reporting	Incentive
<p><b>3. Children will experience academic success</b></p>	<ul style="list-style-type: none"> <li>a. Age appropriate children (30 in 2013) will graduate from high school or earn a General Equivalency Diploma (GED)</li> <li>b. Age appropriate children (258 as of 6-1-13) will be enrolled in a head start or community based early childhood educational program part or full time.</li> <li>c. School age children will be on target with educational milestones and at appropriate grade levels.</li> </ul>	<ul style="list-style-type: none"> <li>a. <b>Payment Point</b> Provider will produce reports at the end of the contract period to confirm achievement of performance measure. Data will be compared and confirmed through SACWIS.</li> <li><b>b. &amp; c. Data Collection</b> Provider will produce reports confirming children are enrolled in head start or another type of community based early childhood education program and children are on target with educational milestones and grades.</li> </ul> <p><b>Note:</b> Child must be enrolled with Provider a minimum of 90 days and must be enrolled in placement with the Provider at the end of the school year to qualify for the incentive.</p>	<p>Provider will receive a \$500.00 incentive for each child who graduates from high school or earns a GED when verified by case worker and a copy of an official diploma or GED.</p>
<p><b>4. Children will experience improvement in functional ability.</b></p>	<p>Children receiving therapeutic placement services will be stepped down to a lower level of care and maintained for at least 90 days.</p>	<p>Provider will produce data at the end of the contract period. Data will be compared and confirmed through MCP and SACWIS reports.</p> <p><b>NOTE:</b> Children who enter placement in the contract period will be included in this measure.</p> <p>Acceptable step downs are where children are maintained with the same home and caregiver, and the child's level of care is reduced.</p>	<p>Provider will receive an incentive of \$100.00 for any child placed in a therapeutic setting who is stepped down to a lower level of care and it is maintained for at least 90 days or further stepped down to a lower level of care.</p>

Provider must be in good standing as determined by PCSA who holds contract to be eligible for Incentive Payment.

Incentive Payments are based on populations specific to each custodial PCSA and are subject to each county's availability of funds.

PCSA makes final interpretation and determination regarding achievement of outcome measures.