



Board of Commissioners:

Greg Hartmann, David Pepper, Todd Portune

County Administrator: Patrick J. Thompson

Director: Moira Weir

General Information: (513) 946-1000

General Information TDD: (513) 946-1295

www.hcifs.org

www.hcadopt.org

www.hcfoster.org

22 E. Central Parkway • Cincinnati, Ohio 45202

(513) 946-1408 • Fax: (513) 946-2384

E-mail: carsos01@jfs.hamilton-co.org

June 10, 2010

**HCJFS REQUEST FOR PROPOSAL
FOSTER CARE SERVICES RFP#SC0110-R**

ADDENDUM 3

To All Potential Proposers:

Questions Received post-RFP Conference

Q1. Am I correct in my assumption that this budget, in the end, summarizes ALL expenses that are program related ONLY? In other words, the "other direct service" column can be one lump sum in each category without referring to further details. We have reunification and adoption programs that would be direct service but much like your example on page 3 of the RFP, in Attach. C; therefore I assume that would be "other direct service." **More directly, I am assuming you are NOT planning to try to tie our budget submission to the total budget agency wide, since we would exclude costs not associated with our total programs** (ie, fundraising, admin costs not a part of our indirect program allocation, and the like).

A: The budget should reflect your agency's total budget. The costs that you refer to, such as fundraising and admin costs, would be reflected in the management indirect column but would not be allocated to the direct and Other Direct Services program costs. The reunification and adoption programs would be reflected in the Other Direct Services column and can be lumped together.

Q2. Regarding "management indirect" throughout the proposal: how much detail is required on that? Can we just list an amount in that column? For example, it will be difficult to list a stated number of hours for an indirect employee...in light of the fact that it's an indirect rate applied to an indirect salary population, not an individual employee. I may be able to further specify my question later, but due to the extensive calculations required for the budget (and I won't have those completed by noon tomorrow) my question here at this point is a general one.

A: The amount can be listed in the Management Indirect column. If an explanation for the amount is needed, it can be addressed in the space provided for the narrative. In your example, you are correct. You need to list the position titles for the indirect positions but do not need to list the number of hours for those indirect positions.



Q3. Are we to submit a budget for ONLY one year and an estimate (not to exceed 3%) in the last column on page 2 of the Cover page (Attachment A) for subsequent years? Do you want the actual dollar amount in this column or the percent?

A. Yes, you need to submit a budget for year one only. On Attachment A, you will list the rate for year one based on the submitted budget and for years two and three list the total rate in the first column and the percentage increase in the last column.

Q4. On page 2 of the revised Cover Sheet (Attachment A), the next to last Level of Care is listed as "TFC-B." What is this level and does it apply to all three counties?

A. TFC-B refers to Treatment Foster Care – Baby, for minor mother's who are placed in foster care with their child(ren), and there is no JFS custody of the child. It does apply to all three counties.

Q5. Should provider submit separate certificates of insurance for each county?

A. Each county should have their own original Certificate.

Q6. Is this a renewal for current providers of these services? Is the County open to contracting with providers who don't yet provide foster care services in the three identified counties?

A. No, current Providers are not subject to renewal. Yes – all three counties are interested in securing proposals from Providers with whom they do not currently contract.

Q7. Who are the current service providers of this service in the 3 identified counties?

A. Please see attached.

Q8. Page 5 asks for evidence based services and page 8 asks that bidders incorporate the logic of evidence-based models. Our agency provides services that are evidence-informed. We collect data regarding outcomes and other quality indicators and analyze the information to make program modifications. We use the concepts in our foster care program but we are not certified in a nationally recognized evidence-based model (e.g. Multidimensional Treatment Foster Care) -- is that acceptable?

A. Yes. Please highlight any evidence-based, evidence-informed or promising best practices that your agency uses.



Q9. Page 24 asks for an annual report. If the agency does not maintain an annual report, is there something that should be submitted as a substitute, or is it acceptable to state that the organization does not have an annual report?

A. This is a business decision on how you want to handle this.

Q10. If an agency subcontracts with another organization to provide clinical services, should the primary contractor submit the documentation required in the RFP (e.g. Articles of Incorporation, financial audit, etc.)? Are there any documents that must be submitted by both the primary contractor and the subcontractor (besides references, per p. 22)?

A. Only the primary contractor should submit the required documentation in their proposal. Per page 22 of the FRP, for subcontracts, a letter of intent from the subcontractor indicating their commitment, the services they provide and three (3) references should be submitted. All subcontractors must be approved by HCJFS, BCCS and PCJFS.

Q11. Can providers propose to serve only Therapeutic/Treatment level foster care, or must providers serve both Therapeutic and Traditional levels of children?

A. Providers must be willing to serve a continuum of service levels. Although a child may be placed initially at a treatment level, in some cases, they progress to a level that is considered traditional. Additionally, we have great need to accommodate sibling groups. OAC requires youth to be placed, classified and visited according to their care needs. Paying a Provider a rate that exceeds the child's designated treatment level has created problems within the SACWIS system in regard to monitoring and auditing requirements.

Q12. Attachment I, Foster Care Services Grid, says under Level 3 "Contract Psychologist on grounds monthly" – please clarify what this means. Is this a current requirement?

A. At therapeutic levels of care, it is expected that the Provider has a continuum of treatment services available for the child. This can be part of the agency's continuum or in partnership with another community agency. The agency must coordinate these services on behalf and in cooperation with the PCSA. This column should have been left blank. Please indicate what discreet services your agency has available in this area.



Q13. P. 24 asks for a description of the agency's experience with federal programs – please clarify or provide an example of what you're looking for – do you mean Medicaid and IV-E funding, for example?

A. Yes, experience with delivering federally funded programs.

Q14. Transportation requirements are outlined once a youth is in placement. Upon acceptance of a youth into a foster care placement in an out of county home, will the county provide transportation for the initial placement? Or should we plan to pick up the youth and transport for the initial placement into our home?

A. Typically, the county (PCSA) will provide transportation to placement. In some cases, arrangements may be made to accommodate the needs of the child, but this would be a cooperative agreement between the agency and the PCSA.

Q15. On page 18, Program Components, B.1.o. you ask for Education outcomes for the youth (#11) and for Educational outcomes (#17), can you better define what you are requesting; is this related to academic performance, attendance and/or maintenance in school, etc.? Is this a measure of the status of the youth post discharge, at discharge, or during placement?

A. Pg. 18-19 B. 1. o. # 11 and 17 appear to be duplicative. Indicators of academic outcomes are copies of report cards, attendance records, progress notes, disciplinary actions, IEPs, summary information from school meetings attended by the Provider and the like. Submission of these items to the Agency would satisfy this requirement. Please provide any outcome data you have pertaining to education outcomes for youth during placement or at discharge. Education achievement and stability are all indicators of well being for a child.

Q16. On page 22, 2-C, please define subcontractors. Our organization does not consider independent contractors to be subcontractors. We provide all direct services to consumers through agency staff; our psychiatrist is an independent contractor under our direct supervision. Would you consider the psychiatrist to be a subcontractor?

a. What are you requesting when you ask for references-from whom; is this references received at hire or current/new references?

A. No, the psychiatrist would not be considered a subcontractor.



Q17. On page 24, 2-H, what are you requesting per the daily service/attendance form? Is this a progress note documenting home visits and clinical contacts, an ISP Progress Review form, etc. How does this relate to your SORC progress report? Please clarify.

A. This is your daily census information. You should include any additional forms used to record discreet contacts, incident reports, treatment plans, etc.

Q18. On page 28, Section E, Personnel Qualifications

Submission of a resume would cover all of the components except for your request for a personal reference. In your request for a reference you request company name, contact name and phone number, scope and duration of program. These items do not seem related to a personal reference. Is this actually a request for a professional reference?

What is the purpose for asking for a reference when we as an employer require criminal background checks, personal and professional reference, health screens, etc. of all employees as a part of our hire requirements?

a. What is the time frame for the reference; can we forward references received upon hire? If not, could we assume that a foster parent reference for a direct line staff would meet this need?

A. The word “personal” will be removed and replaced with “professional.” The reference can be from when the employee was hired by your organization.

Q19. There is a blank space following "no eject/reject:" on the foster care service grid, attachment I.

In response to one of the submitted questions, you reference reviewing the agency contracts for their no eject/reject clause. In reviewing the contracts, we cannot find any specific reference of an expectation or definition of no eject/reject policy. Can you specify where this is covered in the contract? Are you asking us to define this? What are you looking for in terms of a policy, practice or expectation?

A. Providers, whenever feasible and in the best interest of the child are expected to preserve and maintain placement for that child. In the event a placement disruption cannot be diverted, the agency must work in good faith and in cooperation with the PCSA and in the best interest of the child to safely transition the child to the most appropriate setting. Non-emergent notification of removal requires a written 30 day notice. Providers must also act in good faith in identifying homes that are able to meet the needs and to make the necessary commitment to a child until that child has achieved permanency.



Q20. "Attachment A"

- a) Is this to be used for all 3 counties?
- b) Please offer an interpretation of the abbreviations for "TFC-B/Year 1" , "TFC-B/Year 2" and "TFC-B/Year 3"-just to be clear.

A. Yes. Please refer to revised Cover Sheet – Attachment A as part of Addendum 3.

Q21. "Attachment F-Declaration of Property Tax Delinquency"-Is this to be used for all 3 counties? Do you need 3 originals?

A. Yes, 1 original is required for each county, for a total of 3 originals.

Q22. You provided 4 "BUDMAST" documents. One of the "BUDMAST" documents clearly indicates it is for all 3 counties and the other 3 are identified as documents for the 3 individual counties.

- a) It appears to be implied that if a Provider is responding to the RFP for all 3 counties that the Provider would use ONLY the BUDMAST document for all 3 counties-is this correct?
- b) If a Provider is responding to the RFP for only one or two of the 3 counties, is the Provider to use only those BUDMAST documents for the one or two counties in which it is responding-or can it use the BUDMAST indicated for use for ALL 3 counties?

A. If the Provider is proposing the same rate for all three counties, they should use the *same rates for all three counties BUDMASTwithnarrative.xls* spreadsheet. If the provider is proposing different rates for each county or only responding to 1 or 2 of the counties, they should use the corresponding budget spreadsheet.

Q23. Is Exhibit G, Terrorist Declaration form, to be used for all 3 counties? Do you want 3 forms with original signatures? (Is this the most current Homeland Security form since the one provided is not dated? It is known that an HLS 0038 form dated 0209 is being circulated and it appears that the one attached for the RFP is from 0206. I have attached a copy of the 0209 form for your review. Obviously, whichever one you want used will be used.)

A. Attached is the DMA from 03-2010 and should be the most recent form, downloaded from Ohio Homeland Security Website.

Q24. Exhibit 1, BCCS Services to be Provided-This Exhibit 1 for BCCS notes 6 other exhibits-A, B, C, D, E and H. Will these be provided prior to the RFP response due date or are they pertinent only at time of contracting? Will the language of these documents still be open to negotiations?

A. See attached Exhibit 1 Attachments. Butler County will not negotiate contract terms or attachments if a Provider's area of concern was not addressed in proposal.



- Q25.** Exhibit 2, BCCS Reimbursement Policy-- This Exhibit 2 for BCCS notes 2 other attachments-A & B. Will these be provided prior to the RFP response due date? Or, are they applicable only at time of contracting or placement? Will the language of these documents still be open to negotiations?
- A.** See attached Exhibit 2 Attachments.
- Q26.** Exhibit III-This exhibit has not been "titled" and it doesn't state for which county or counties it applies. Please clarify.
- A.** Please refer to Addendum I, Q10.
- Q27.** Exhibit XI-the only way it may be known that this is "Exhibit XI" is from the electronic file name. The title of the form is "Release of Personnel Records and Criminal Record Checks". Is this truly "Exhibit XI and does it apply only to HCJFS"?
- A.** Release of Personnel Records and Criminal Record Checks is for Hamilton County only.
- Q28.** Specific to Question 17 of Addendum 1, it states that Foster parents may access NET (non-emergency transportation) reimbursement for medical and therapeutic appointments. Currently we are only set up with Hamilton NET services. Will all three counties provide the authorization and access to their NET services and will this reimbursement cover cross county trips?
- A.** Butler and Hamilton Counties will work with Providers to coordinate NET services for eligible clients. The intent of Preble County is to access NET services by January 1, 2011.
- Q29.** This question does not fit with any others specifically but is related to our current rates vs. the rates we will propose in the RFP. Currently we have a bundled rate with Butler County which includes some mental health. Is it the expectation that we stay with the current rate structure in this application or is it just as acceptable to go with all unbundled rates?
- A.** Butler County expects these services to be unbundled under this proposal.
- Q30.** In attachment I, the Foster Care Services Grid, please clarify what is meant in the discrete services row under Therapeutic Foster Care level 3 where it says "Diagnostic Assessment, Individual Counseling, contract Psychologist on grounds monthly.
- A.** At therapeutic levels of care, it is expected that the provider has a continuum of treatment services available for the child. This can be part of the agency's continuum or in partnership with another community agency. The agency must coordinate these services on behalf of and in cooperation with the PCSA. This column should have been left blank. Please indicate what discreet services your agency has available in this area.



Q31. On page 12 – 1. D-21-c, as amended, the provider is required to supply 60 days of medication and/or updated scripts or appointment. If we are not providing the med somatic service how can we be held responsible for that provider’s willingness to comply with this requirement?

A. If you are providing treatment services for a child you should have psychiatric services available (via sub contract) or access to a community continuum of services for that child. We recognize that in some cases the child will be connected to a stand alone or other community psychiatrist. In these cases the PCSA will coordinate ongoing psychiatric services for the child.

Q32. Under Service Components, #18 on page 11 of the RFP, Quality Improvement Outcomes, and again on letter D on page 22, Statewide Outcomes Project(s) are referenced. Can you clarify what you are requiring for providers in the term “Statewide Outcomes Project”?

A. This was posted in the last bid as a result of an OACCA (Ohio Association of Child Care Agencies) initiative to track and document consumer outcomes for private service providers in Ohio. If this is no longer in operation or you did not participate, indicate non-applicable in your proposal.

Q33. Please confirm that #11 and #17 on pages 18 & 19 under program Components, Service Information, letter o, are duplicates.

A. Yes.

Q34. Under Staff Information on page 21, D, what is meant by the phrase “clearance of any foster parent and employee”?

A. Provider should describe processes used in the hiring, certification and maintenance of any foster parent or employee which would include elements as required by OAC, as well as any additional agency requirements.

Q35. At the Providers’ Conference for the RFP you clarified that only the clinical director would need to submit a resume for this proposal. However, under Personnel Qualifications on page 28 you are requiring the names, role, certification or licensure, work history, and a personal reference for each key staff providing direct service. Since this information basically amounts to a resume, is it permissible to submit resumes for all key staff? Can you clarify what you are requiring from a personal reference? Do you only want contact information or do you want a qualitative reference?

A. A resume would be fine if you prefer. We addressed the second component regarding references in Q18, please remove the reference to personal.



Q36. In Exhibit III under Treatment Plan, you are requiring that the treatment plan meet ODMH certification standards. It is our understanding that Foster Care is regulated by ODJFS, and that the rules governing treatment plans are different. Is the requirement in this exhibit just for the ODMH behavioral services provided to any foster child, or are you saying that every child in foster care must have an ODMH certified treatment plan? If you are requiring an ODMH certified treatment plan, the timeframes are different than the 90 day updates listed on this exhibit. Can you clarify this as well?

A. We require an initial treatment plan/service plan within 30 days of placement and updates every 90 days as applicable. Providers should only submit one treatment plan. The plan should be ODJFS compliant.

Q37. On Attachment A, page 2, please clarify the category “TFC-B.”

A. TFC-B refers to Treatment Foster Care – Baby. It does apply to all three counties.

Q38. When doing the budget, is it just the budget for foster care or the entire agency? (We also have a group home).

A. Please follow the budget directions. Include the entire agency budget following the instructions. Details for other programs other than foster care will be incorporated into the column with the heading “Other Direct Services”. The costs for foster care will be reflected in the direct program columns. Any other programs such as a group home that your agency provides will be listed in the Other Direct Services column.

Q39. Our licensing requires quarterly reporting. Will counties expect that we do their form the month that our quarterly report is due or does our report fulfill that need for that month?

A. No. You must complete the monthly report every month using the SORC form.



- Q40.** Should the same financial budget by line item be used for all 3 counties, if we are proposing on all three (in other words, the same unit of mileage computation on all 3 budgets even though one county's mileage charges may 'actually' be higher). I am assuming here that all the financial data is the same and we just end up with an 'average' calculation for mileage. In other words- the computation to arrive at a price per day, per program, should be the same regardless of County and extra expenses we may feel would factor in more for one than another (as in the case of my mileage example).
- A.** This is a business decision on how you want to handle the budget and proposal for each county.
- Q41.** Based upon the answer to #1, we wondered why a budget for all three counties consolidated was included?
- A.** After some consideration, it was determined that completing the one consolidated budget would be easier for those providers wanting to submit the same rates and proposals to each county.
- Q42.** We don't have a current Hamilton County contract, but have provided for Hamilton County youth on an individual basis in the past. How do we know if we will need to complete the Provider Certification and do we wait until a contract is awarded to do that?
- A.** Please refer to Addendum 1, Question 26.
- Q43.** On page 18 of the RFP, question o. Provide the following information, if applicable, for the last 12 months of service delivery...
Our agency currently serves Ohio, Kentucky and Georgia. Should the response to this question include all states or Ohio only?
- A.** The information should address programmatic services in all states.
- Q44.** On page 18 of the RFP, question o. Provide the following information, if applicable, for the last 12 months of service delivery... Can you please clarify the difference between number 11. educational outcomes for youth and 17. educational outcomes, both under question o.?
- A.** This is a duplicate.



Q45. On page 25 of the RFP, Q. Licensure (If needed) - A copy of appropriate licensure from ODJFS, ODMH or any other licensing body against your organization or any subsidiaries or business partners over the past 10 years including, but not limited to Corrective Action Plans, temporary licenses or revocations. Also provide the outcome of any such actions.

Should the response to the question above be for just Ohio offices or all states where our agency is currently licensed? If it is for all states, is it acceptable to simply indicate that all licenses are current and that all corrective action plans have been accepted?

A. Whether from Ohio or another state, a copy of the appropriate licensure is needed along with copies of the license status documents (such as the corrective action plans, temporary licensures or revocations) and outcomes of any such license actions.

Q46. Is the RFP notification for foster homes only, or are residential group homes allowed to apply.

A. HCJFS welcomes all proposals, however, this RFP is for Traditional Family Foster Care and Treatment Foster Care Placement Services ONLY. Residential Treatment and Group homes are separate services and each RFP will be issued at a later date.

Q47. Is there a page limit/requirement?

A. No. Please refer to Section 4 – Submission of Proposal.

Q48. Are we to complete 3 separate budgets for each county or can we just change the name at the top?

A. Please refer to Addendum 2, question 5.

Q49. Attachment A pg 2- Can you please define what each of the letters stand for. EX. TFC T, TFC 3, TFC B, TRC MR, TFC MH- I want to make sure I have a clear understanding of your definitions

A. Please refer to revised Cover Sheet – Attachment A as part of Addendum 3.

Q50. Attach B- is all 3 contracts. Am I writing an RFP to meet all the contract requirements or am I just focusing on Sections 1,2,3,4 of the RFP

A. Please refer to pg. 35 of the RFP, Section 4.A – Submission of Proposal.



Q51. Attach C- You must complete a separate budget for each service. Please define each separate service. Is TFC 3 a separate service from TFC T or exactly what is a separate service?

A. A separate budget does not need to be completed for each service. Each proposed service (TFC-T, TFC-3, etc) should be reflected separately in the direct service columns. Please refer to the sample budget (Attachment C-1) for more guidance.

Q52. Attach D- Is this for information only? How would this be incorporate into the RFP?

A. Attachment D is for Hamilton County only and will be completed after a Provider has entered into a contract with HCJFS.

