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April 26, 2016

**HCJFS REQUEST FOR PROPOSAL
GROUP HOME SERVICES**

ADDENDUM 1

- **Attachment H – Performance Outcome Measures have been revised. Remove Attachment H from Group Home RFP SC02-16R and replace with Performance Outcome Measures included as part of Addendum 1.**
- **Performance Incentives Invoice has been added to Group Home RFP SC02-16R and is included as part of Addendum 1.**

Questions asked before RFP Conference:

Q1. With a quick overview of the RFP, I do not see that these services are expected to be physically present in Hamilton County. Am I correct?

A. We prefer to keep youth locally. However, as need arises, we will place outside of Hamilton County based upon local provider capacity to meet youths' needs.

Q2. We are interested in submitting the RFP for Group Home services. We have two (1 female and 1 male) group homes in Indianapolis, IN that we feel could be resources. I wanted to make sure you will accept out-of-state RTF applications for these services.

A: As stated in response to question 1, we prefer to keep youth locally. However, out-of-county placements may need to be utilized. All Providers who are interested in providing these services are highly encouraged to respond to the RFP.



Q3. We have several programs under our organization that we would like to submit to this RFP. Would I need to submit a registration form for each individual facilities group home, or would I submit under our parent company? Note that all of our programs have individual Tax ID and NPI numbers.

A: The answer to this is dependent on your answer to the statements/questions below:

If your parent company will hold the contracts, negotiate the contracts and is legally able to enter into contracts for all facilities; then the parent company can submit one registration form and include a listing of all facilities and their relationship to the parent company. .

If each facility is responsible for negotiating and entering into its own contract with HCJFS, then there must be a separate registration form for each facility.

Q4. When will addendum be sent out?

A: Section 3.0 outlines the program schedule for this RFP. Any questions received prior to the RFP Conference will be answered and distributed at the RFP Conference and by e-mail to Providers who have registered for the RFP process but are unable to attend the RFP Conference.



Exhibit IX - 2014 Provider Performance Outcome Measures- Group Home- SORC

Objective	Measurement	Reporting	Incentive
<p>1. Youth will experience academic success</p>	<p>a. Age appropriate youth will graduate from high school or earn a General Equivalency Diploma (GED)</p> <p>b. Youth will be promoted to the next grade level</p>	<p>Data Collection- Provider will submit reports to confirm achievement of performance measure.</p> <p>Documentation should include the child’s name, dates of placement and a copy of Diploma, GED certificate and/ or final grade report reflecting grade level promotion.</p> <p>Child must be enrolled with the provider a minimum of 90 days And; Child must be enrolled in placement with the provider at the end of the school year for item (b) or at any time during the contract year to qualify for the incentive payment related to achievement of a diploma or GED (a).</p>	<p>Provider will Provider will receive a \$500 incentive for each child who graduates from high school or earns a GED.</p> <p>Provider will receive a \$250 incentive for each child who is promoted to the next grade level.</p>
<p>2. Youth will increase involvement in pro-social activities</p>	<p>a. Youth will be involved in pro-social activities including extra-curricular activities, athletics, faith-based activities, dance, music, art, etc. consistently (6 months out of the year) during the reporting period. Pro-social activities are tailored to the child’s interests, talents, abilities and values and will be documented in SORC Monthly progress reports for each child</p>	<p>a. Data Collection- Provider will document youth’s involvement in pro-social activities in Monthly SORC progress report. Provider will report data on how many children were involved consistently in pro-social activities at the end of the contract year.</p>	<p>Provider will receive \$250 per child involved consistently in pro-social activities during the contract year</p>
<p>3. Youth will</p>	<p>a. Youth will successfully</p>	<p>a. Data Collection-</p>	<p>Provider will</p>

Exhibit IX - 2014 Provider Performance Outcome Measures- Group Home- SORC

<p>experience positive discharges to a least restrictive setting.</p>	<p>transition from group care to lower levels of community care according to their case plan goal. This will include Independent Living placement (IL), foster, kin, planned emancipation or return to parent. Youth must be maintained/ admitted to the group home for at least 90 days prior to discharge.</p> <p>Providers will support this process through partnering with foster, IL, providers, Kin, family and other community partners around pre-placement visits, attending treatment team meetings, coordinating services and supports, etc. that will enhance the likelihood of successful placement for the child in a community setting.</p> <p>Unplanned discharges including requests for removal, elopement or unplanned emancipation will not qualify for achievement of this measure.</p>	<p>Provider will produce data to support attainment of this outcome quarterly or by the end of the annual contract period. Documentation will include name of each youth, dates of enrollment and discharge type/location.</p> <p>b. Supportive planning and coordination efforts must be clearly documented in progress reports.</p>	<p>receive \$250 for successfully transitioning a child into a lower level of care/ community setting. Eligible youth must be maintained at a lower of care for a minimum of 90 days with no return to a higher level of care.</p>
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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 availability of funds.

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



Provider Performance Incentives Invoice		
Name of Network:		
Contact Person Name:		
Contact Person Phone Number and e-mail:		
Signature of Network Representative:	<i>Please submit a signed copy (scanned) and an electronic copy in MS Word when you send it in, so that the results can be sent back to you.</i>	
Vendor Number:		
Total number of pages attached:		Date:
Please note which incentive measure this invoice is for: Foster Care Measures 1-3; Residential Measures 1-3; Group Home 1-4; or Independent Living 1-4. Use a separate invoice for each Measure (For example if invoice is for FC 1 Improve Permanency Options for children through adoption, note: FC 1)		List which measure you are submitting for:

For HCJFS Use Only:

VE #		
Approved for Payment Total:		
Approval Date and By:	Printed Name	Signature:

