



**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

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

222 East Central Parkway • Cincinnati, Ohio 45202  
(513) 946-1408 • Fax: (513) 946-2384  
Email: [carsos01@jfs.hamilton-co.org](mailto:carsos01@jfs.hamilton-co.org)

February 26, 2014

**HCJFS/BCCS REQUEST FOR PROPOSAL  
INDEPENDENT LIVING SERVICES RFP#SC0713-R**

**ADDENDUM 1**

To All Potential Proposers:

RFP Conference Attendees:

Angels Guarding Youth Services  
CHOICES, Inc.  
Hillcrest Academy/Rite of Passage  
Hope4Change  
Kelly Youth Services

Lighthouse Youth Services  
NECCO  
St. Joseph Orphanage  
SAFY  
Talbert House

**Attachments**

Unlocked Excel Budget  
Attachment A – Cover Sheet  
List of Current Providers and Rates

**Corrections to RFP**

**Section 3.1 – Program Schedule**

Change from:

**Anticipated Proposal Review Completed March 11, 2014**

To:

**Anticipated Proposal Review Completed April 11, 2014**

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



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## Questions Received prior to RFP Conference

**Q1.** For independent living to work best, do you want the youth housed in proximity to their homes?

**A:** This depends on the permanency plan for the child. It will be on a case by case basis. Other considerations are proximity to work and school.

**Q2.** On page 32 of the RFP, I'm confused about the following paragraph: "All revenue sources available to the Provider to serve residential treatment youth identified in the Scope of Service shall be listed in the budget, and utilized where permissible, to reduce the Unit Rate. All costs must be specified for the various parts of the program. Cost must be broken down by type of work as well as classifications for staff, i.e. senior program manager vs. lower level position." I wasn't sure if the highlighted part was a typo or it should read independent living instead.

**A:** You are correct. It should read independent living.

**Q3.** On Attachment A it says Cover Sheet for Residential Treatment proposals and has bid No: RFP #SC0713-R. I'm guessing the residential treatment part is a typo and I wanted to make sure the correct bid number was listed for the independent living youth instead.

**A:** You are correct. Attachment A has been correct and is an attachment to this Addendum 1.

**Q4.** Who are the current providers?

**A:** Please see attached.

**Q5.** What is the current rate for these services? Or rates?

**A:** Please see attached.

**Q6.** Are there any other signature documents that must be submitted besides the cover sheet?

**A:** The budget in excel format and the IL service grid, which are both included as an attachment to this addendum,

**Q7.** On page 34, under 2.5 it states to submit resumes for the Agency Director, CFO, Clinical Director, and Administrators. Do we need to include line staff resumes?

**A:** Any line staff, such as social workers, who provide direct care to youth.



**Q8.** On page 35, under 2.6 it states that “prior to contract award, a copy of the most recent independent annual audit report, most recent single audit, if applicable and the most recent Form 990.” Do we need to submit the documents listed in the 2.6 Financial Documentation section with our proposal?

**A:** No. If selected these documents must be submitted prior to contract implementation.

**Q9.** On page 35, under 2.7 it states “After award of a contract and prior to the time a contract is entered into, the successful bidder shall submit a statement in accordance with ORC Section 5719.042, Attachment E.” Do we need to submit a declaration of property tax delinquency with our proposal?

**A:** No. If selected this document must be submitted prior to contract implementation.

**Q10.** In the past, HCJFS & BCCS has provided budget spreadsheets in excel format to providers. Are the counties going to make those spreadsheets available for this RFP?

**A:** Yes. An unlocked Excel budget is an attachment to this addendum

**Q11.** On page 10, number 6, it states transportation assistance can be provided through bus cards and tokens as appropriate for each individual youth.” If a youth loses their bus card, can these funds be taken out of the youth’s saving account?

**A:** No, unless approved by the PCSA.

**Q12.** On page 10, number 7, it states that personal care items are to be provided. How much funds are to be allocated each month for these items?

**A:** Depends on needs of each youth.

**Q13.** On page 11, letter a it states that clothing should be provided. What should be the clothing allowance for youth?

**A:** They should have 7 full outfits of seasonally appropriate clothing at a minimum.

**Q14.** On page 11, letter b it states that the “provider shall provide a weekly living stipend to youth.” How much should this stipend be?

**A:** This is a program decision. Please include in your RFP.



**Q15.** On page 11, letter c it states “provider shall make adequate and nutritious food available to youth.” Staff usually attends the first couple of grocery shops with the youth and then encourages youth to make shops on their own, is this still acceptable?

**A:** Yes, depending on the needs of each youth and their skills in this area.

**Q16.** On page 12, number 9, it states that “youth shall be provided a computer and internet access on-site for use for education.” Is a computer available within the provider’s office that is dedicated strictly to use for this program acceptable?

**A:** No.

**Q17.** On page 13, letter g it states that “direct, hands-on, one-to-one coaching, teaching and modeling with youth around life skills.” Can these services be provided by a paraprofessional?

**A:** Yes.

**Q18.** On page 14, number 13 it states that the “provider shall offer basic financial support that enable participation in social and recreational activities.” What is the monthly cap for these funds?

**A:** No monthly cap, but funds should be available for each youth.

**Q19.** On page 16, letter h it states that “staff development including evidence-based practices.” Are there any particular evidence based practices that the counties would prefer to see in the proposals?

**A:** Providers should research and identify evidence based practices for the transition age youth population who access these services.

**Q20.** On page 18, number iv it states that “if transitioning from scattered site apartment to independent housing, provider shall release all household items youth.” Does this include furniture? Sometimes our agency leases furniture. What items are to be included in all household items?

**A:** Yes, this includes furniture. Refer to 1.2.2 (1) (a) for household item expectations.



**Q21.** On page 21, it states that under electronic requirements that an “original proposal on a CD or flash drive and one PDF document numbered sequentially.” When submitting the proposal one electronic original proposal must be submitted on a CD and the PDF must be a copy sequentially numbered on a CD? Or should the original proposal documents be on a separate CD?

**A:** The original proposal must be numbered sequentially throughout proposal and must be submitted on a CD or flash drive in PDF format.

**Q22.** On page 27, under letter II “individual aid service- describe what additional services will be provided to a youth including the type of contact and frequency.” What additional services are the counties looking for? Can we bill for these additional services outside the rate?

**A:** We are looking for individual one on one services. Please submit a separate rate/bid for these services in your proposal.

**Q23.** On page 27, under letter KK it states “describe provider’s ability to deliver independent living case management only services to youth who have independent housing or may reside at local college campus.” When housing is needed for these youth during breaks, can an agency utilize a foster home?

**A:** Yes, though the foster care rate would include case management services. KK is geared towards youth who have housing (outside of a paid placement) and only need case management services.



**IL Unit Rates for 2013**

SERVICE DESCRIPTIONS	SERVICE RATES	
	<u>Butler</u>	<u>Hamilton</u>
Independent Living	\$ 78.00	\$79.56
IL - Special Needs	\$ 105.00	\$107.10
Independent Living	\$ -	\$97.59
IL - Baby		\$11.75
Independent Living	\$ 87.35	\$84.27
IL-Baby	\$ 11.50	\$11.75
IL - Special Needs	\$ 88.71	\$87.20
Independent Living	\$ 82.66	\$81.60
IL - Special Needs	\$ 94.32	\$86.70
IL w/ baby	-	\$89.96
IL - Baby	\$ 11.50	\$11.75
Independent Living	\$ 80.67	\$76.50
IL - Baby	\$ 11.50 -	
Independent Living	\$ 72.07	\$67.32
IL - Special Needs	\$ 92.86	\$88.43
IL - baby	\$ 11.50	\$11.75
Independent Living	\$ -	\$163.00
Semi-Independent Living (Reunification)	\$ -	\$147.90
Independent Living	\$ 78.34	\$73.33
IL - Special Needs	\$ 98.04	\$88.43
IL - Baby	\$ 11.50	\$11.75
Independent Living	-	\$100.00
Independent Living	\$ 84.34	\$81.16
IL - Special Needs	\$ 97.87	\$90.31
IL - baby	\$ 11.50	\$11.75

Independent Living	\$ 90.12	\$90.12	
Independent Living	\$ 75.96	\$77.48	

CHANGING THE WORLD

Child Focus

Choices

ENA, Inc.

Hearne House

KELLY Youth Svcs

LIFELINE YOUTH & FAMILY SERVICES, INC.

Lighthouse Youth Svcs

Marsh Foundation

SAFY

ST. JOSEPH ORPHANAGE

Talbert House & Affiliates



**ATTACHMENT A**  
**Cover Sheet for Independent Living Proposals**  
**Bid No: RFP #SC0713-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 BCCS and HCJFS.

**Person(s) authorized to negotiate with BCCS and 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	
Hamilton County	

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

Service/Year	Total Cost	For years 2 and 3 only, please list % increase from previous year
IL/Year 1		
IL/Year 2		
IL/Year 3		
IL-B/Year 1	\$12.00	
IL-B/Year 2	TBD	Not to exceed 3%
IL-B/Year 3	TBD	Not to exceed 3%
IL-SN/Year 1		
IL-SN/Year 2		
IL-SN/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.**

**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

***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 February 28, 2014?	3.3	
Will your Proposal be submitted by 11:00 a.m. on March 21, 2014?	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 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	