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July 8, 2016

**HCJFS REQUEST FOR PROPOSAL
TRADITIONAL FAMILY FOSTER CARE AND
TREATMENT FOSTER CARE PLACEMENT SERVICES**

ADDENDUM 3

- **The deadline for receiving final RFP questions is being extended to July 11, 2016 no later than noon.**
- **The deadline for issuing final RFP answers is being extended to July 12, 2016 by the close of business.**

Providers in attendance at RFP Conference:

Adriel, Inc.
Agape for Youth, Inc.
Angels Guarding Youth Services, Inc.
Bair Foundation, The
Beech Acres Parenting Center
Buckeye Ranch, The
Child Focus, Inc.
CHOICES
Focus on Youth
KidsPeace National Centers

Lighthouse Youth Services
NECCO
Oesterlen Services for Youth
Ohio Mentor, Inc.
Pressley Ridge
St. Joseph Orphanage
St. Vincent Family Center
SAFY
Village Network, The
Youth Advocate Services



Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid •

Questions asked after RFP Conference:

Q1. Is the Provider Certification document required as part of the proposal submission?

A. No. This document will be completed by Contract Services staff for selected Providers only after Contract implementation.

Q2. Will you be sending out Attachment A in a word document?

A: Yes. All registered Providers will receive Cover Sheet – Attachment A in Word format, which was e-mailed as an attachment to Addendum 1.

Q3. Page 66 - Provider warrants and represents all other sources of revenue have been actively pursued prior to billing HCJFS for Services, including but not limited to, third party insurance, Medicaid, and any other source of local, state or federal revenue. Since Medicaid redesign and managed care implementation hasn't been finalized how can we accurately determine offsetting income for these future periods?

A: Please identify as best you can with your current understanding of your revenue streams for your organization.

Q4. Attachment D, Provider Certification: Does HCJFS wish this to be completed and attached to the RFP response? Or wait until HCJFS requests it post the evaluation and award of Contract phase?

A: Please refer to question 1 of this addendum.

Q5. Attachment H, Foster Care Service Grid: Does HCJFS wish this to be completed and attached to the RFP response? Or wait until HCJFS requests it post the evaluation and award of Contract phase?

A: Yes, this should be completed and attached to the RFP response.

Q6. Are attachments D, E, F, H, I, J to be included with the contract (if awarded) instead of with the proposal?

A: Attachment D - Provider Certification document. Please refer to question 1 of this addendum.



Attachment E - Declaration of Property Tax Delinquency. Please refer to Addendum 1, question 18 for response.

Attachment F – Release of Personnel Records and Criminal Record Checks does not need to be returned to HCJFS. Each employee working directly with this service must complete the form and Provider must maintain in each employee’s personnel file.

Attachment H, Foster Care Service Grid: please refer to question 5 of this addendum for response.

Attachment I - SORC Definition of Terms is for your reference.

Attachment J – Performance Outcome Measures explains incentives Providers may receive if the benchmarks outlined are met and required documentation is provided verifying provider’s achievement of the benchmark.

Q7. For Section 1.2.2 Service Components Computers and Internet Access: We have a large number of foster families in Clermont County and Brown County. Many of these homes are rural and do not have access to the Internet. How does this Service Component requirement of providing computers and Internet access apply to those families?

A: Children and youth need to be able to complete homework assignments and be able to job search and college search as appropriate. Please ensure that children/youth have access to the internet at schools, libraries, or community centers etc. in order to complete these tasks.

Q8. For Section 1.2.2 Service Components Computers and Internet Access: At what age or grade level should children be provided with computers and Internet access?

A: As deemed necessary and appropriate by schools and social standards in the foster parent’s community. It will be necessary for youth to have access at age 14 such that IL tasks and skill building can be initiated.



Q9. Section 2.2.1 Program Components, B. refers to Section 1.2.2 - B. However, there is no 1.2.2 - B in this RFP. What specific area of 1.2.2 is this 2.2.1 B. referring to?

A: Please change this to read:

Describe how Provider will ensure all child/youth are provided all basic needs as described in Section 1.2.2 – 5.

Q10. Section 2.2.1 Program Components, C. refers to Section 1.2.2 - C. However, there is no 1.2.2 - C in this RFP. What specific area of 1.2.2 is this 2.2.1 C. referring to?

A: Please change this to read:

Detail how Provider will ensure child/youth are placed in or in close proximity to identified community, school, social and family supports, as described in Section 1.2.2 - 18 a.

Q11. Section 1.2.2 #24 Independent Living, components will include and are not limited to the following: a.) administration of the Daniel Memorial or the Ansell Casey Independent living assessment tool. - Our agency previously used the Daniel Memorial, but then developed our own curriculum and independent living assessment pre- post-test. Do we have to use either the Daniel Memorial or the Ansel Casey assessment tool in order to be an approved provider of this RFP services? Will HCJFS provide the instrument for agencies to use?

A: The state requires either the Daniel Memorial or the Ansell Casey. Yes, we can provide you a copy of one. If your Agency's assessment has been approved by the state we can discuss incorporating it as well.

Q12. Section 1.2.2 #2, *Emergency referrals*, it is expressed in the RFP Conference that this is a new program/concept. Is it mandatory that provider agencies provide this level of service in order to be approved by the RFP? Our agency does not have availability in our foster home capacity for this referral/placement type at this exact time because of user criteria and current placements. We can begin work to recruit this type of family. Will this prohibit an agency from being receiving a contract?

A: An agency does not have to provide this level of service at this time in order to receive a contract. HCJFS would appreciate if Agencies would begin recruiting for this level of care.



Q13. Regarding Emergency Beds – we understand that there is a no eject/reject requirement for emergency beds, but what if the emergency placement child poses a safety risk to children currently placed in the home?
Could foster parents be offered a retainer to hold an emergency bed open?

A: At no time would we put a child at risk by knowingly placing a child in the home that would harm others. Please put your retainer suggestion in your budget so it can be discussed at contract time. Yes I agree

Q14. Regarding the budget – a question was asked regarding the ability to use a federally negotiated indirect rate. Your response was yes. What if that rate exceeds the 15% rate in the RFP?

A: Please provide your documentation supporting the federal indirect rate and we will assess on a case by case basis.

Q15. When asked to include copies of items, such as resumes and policies, do you want them inside the body of the proposal or can they be referenced in the proposal and included at the end as attachments?

A: Either way is acceptable as long as the proposal is submitted in the format described in Section 2.0.

Q16. Regarding Discharge and Transition, b. (p. 15): “Provider shall prepare an updated DAF (diagnostic assessment) or psychological report for any child/youth receiving behavioral health services.”

We update diagnostic assessments on youth annually, or when there is a change such as change in diagnosis or service needs. At discharge we complete a discharge summary which lists beginning and ending diagnosis, treatment summary, and recommendations. Will providing the most recent diagnostic assessment (which would be current since our assessment are updated annually and/or whenever there is a change) and the discharge report meet this requirement?

A: Yes.



Q17. Can you explain more about expectations for adoption services?

A: HCJFS is encouraging dually certified foster care Providers to add adoption services to its continuum of care so they are able to offer or provide foster to adopt homes for youth in permanent custody in Hamilton County. The expectations are for Providers who become licensed to provide adoptive services to follow rules as listed in Ohio Administrative Code 5101:2-48. This will hopefully reduce administrative responsibilities for both Providers and HCJFS. Additionally, if there are specific questions regarding dual certification, it is important to speak with your agency's State Licensing Specialist.

Q18. How many adoptions were completed during the last year?

A: Hamilton County had a total of 102 adoptions finalized in 2015.

Q19. How many adoptions are expected per year going forward?

A: At any point in time there are around 200 children in need of a "forever family". There is no way to anticipate the adoptions that will be finalized. You can base projections/estimations on the 2015 numbers. We cannot guarantee the number of foster to adoption outcomes for future years.

Q20. Where in the RFP response should Providers who are dually licensed for adoption talk about their qualifications/activities specifically for adoption services?

A: Please add WW to section 2.2.1 Program Components – Service Information. Please explain in detail if your organization is currently licensed as foster to adopt and how long you have been providing these services.

If you are not currently dually licensed, please let us know if you intent to obtain licensing to provide adoptive services. Also, if you are currently in the process of obtaining the licensing, please provide an approximate date of licensure.

Q21. Section 2.2.1 – VV, what does Individual Aid services mean?

A: Individual Aid services are a separately authorized service that provides short-term one-on-one services, delivered typically by para-professionals, to support Providers and youth. Individual Aids are expected to work with and assist caretaker/Providers to meet the youths' needs and ensure placement stability.



Q22. Page 11, #11 in the RFP references documented, defined, accessible respite plans being developed for all youth. Should these plans include specific names of families who could provide respite? Inevitably the beds that are available when a child is placed may not be available when respite is needed and other alternatives may need to be explored. Is an updated respite plan to be submitted when a child utilizes respite in a home not identified on the respite plan? What is the expectation?

A: The expectation is that a defined, accessible respite plan should be available. For planned respites, as most should be, the child/youth should know where they are going and who will be caring for them. Children/youth should not be going to strangers for respite hence the need for a plan with specific providers identified.

Q23. Can you please clarify – during the pre-proposal conference you mentioned fancy binding is not necessary. Are 3-ring binders preferred, or would be using a clip or rubber band be better?

A: Preparation of proposal is the sole discretion of Provider. Since the cost of developing proposals is the responsibility of the Provider, we emphasize that expensive binding, colored displays, etc. are not necessary. Emphasis should be concentrated on conformance to RFP instructions.

Q24. In Sec. 2.8, J. (pg. 35) it states we are supposed to provide “Agency’s/Company’s Brochures - A copy of the Agency’s/Company’s brochures which describe the services being proposed.” Then, in Sec. 4.1 Preparation of Proposal it states, “promotional materials, etc. are not necessary.” Can you please clarify the difference between the promotional material we are not required to provide, and the brochures we are required to submit.

A: A copy of Provider’s brochure(s) describing services being provided is a part of proposal submission as described in Section 2.8 of the RFP. Expensive development of the brochure is not necessary. Again, emphasis should be concentrated on conformance to RFP instructions.

Q25. In Section 2.2.1 – P (page 24) it says to reference Section 1.2.2 – 2, 12, 14, 16 and 19. There is no number 16 (see page 13 of the RFP).

A: You are correct. Numbers 15 and 16 were inadvertently omitted. Please remove 16.



Q26. In Section 2.2.1 – W regarding supporting child/youth through a crisis in a safe manner (page 26, formerly NN before Addendum 2) it says to reference 1.2.2 – 20 (page 14-16). Section 1.2.2 – 20 is about discharge planning. Should this instead be Section 12 (page 12) which directly refers to Crisis support?

A: Yes. Please refer to question 12 on page 12 of the RFP for your response.

