



Board of Commissioners:

Denise Driehaus, Stephanie Summerow Dumas, Todd Portune

County Administrator: Jeff Aluotto, County Administrator

Director: Moira Weir

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May 31, 2019

**HCJFS REQUEST FOR PROPOSAL
TRADITIONAL FAMILY FOSTER CARE AND
TREATMENT FOSTER CARE PLACEMENT SERVICES
RFP SC03-19R**

ADDENDUM 1

In the RFP, Replace Page 1 of Attachment A – Cover Sheet for TFC Proposals with revised Page 1.



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

ATTACHMENT A
Cover Sheet for Traditional Family Foster Care
And Treatment Foster Care Placement Proposals
Bid No: SC03-19R

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 HCJFS:

Name: _____ Title: _____
(Please Print)

Phone Number: _____ Fax Number: _____ E-Mail: _____

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

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	\$12.60			
TFC-B/Year 2	TBD			
TFC-B/Year 3	TBD			
Individual Aid/Year 1	\$21.50 per hour			
Individual Aid/Year 2	TBD			
Individual Aid/Year 3	TBD			
***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.

***The Individual Aid rate is an hourly rate set by HCJFS. Please indicate if your agency is capable and willing to provide individual aid services if needed. Yes _____ No _____

***Are you licensed to provide adoption services, if so, are you willing to provide the following adoption services at the rates listed below. Yes____ No _____

*** Payment Rates for Adoptive Placement/Finalization Services

The following rates are the amounts HCJFS will pay Private Child Placing Agencies and Private Non-Custodial Agencies for adoptive placement and finalization services.

SERVICES	RATES OF PAYMENT
Homestudy	\$ 1,500.00 (Per Family)
Adoptive Placement/Supervision	\$ 375.00 (Per month for one child) \$ 125.00 (Per month for each additional child)
Finalization/Post Finalization	\$ 1,950.00 (one child) \$ 500.00 (two or more children)

(The rate of payment for adoptive placement services is based on services for six (6) months. Services beyond six months must be approved by HCJFS).

*****Are you willing to provide Visitation Services. Yes___ No___ if so, are you willing to provide the following visitation services at the rates listed below.**

*****Payment Rates for Visitation Services**

The following rates are the amounts HCJFS will pay for Visitation services

SERVICES	RATES OF SERVICE
Supervised Visitation	\$80.00 per hour
Monitored Visitation	\$50.00 per hour
Community-based visitation	\$85.00 per hour

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

Individual Aid = services provided to children with a developmental disorder, extensive behavior challenges, personality disorder or a medical condition requiring care beyond the scope of service normally provided in therapeutic 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.

Action Required	RFP Section	Included
Did you register for the RFP process by June 14, 2019 no later than 12:00 p.m.?	3.3	
Will your Proposal be submitted by 11:00 a.m. on July 12, 2019?	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?	2.8	



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ADDENDUM 1

In the RFP, Replace the Last Page of Attachment J – Provider Performance Outcome Measures with Revised Page.



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

Exhibit IX - 2020 Provider Performance Outcome Measures- Foster Care - SORC

<p>5. Children will experience improvement in functional ability.</p>	<p>50% of children receiving therapeutic placement services will be stepped down to a lower level of care and maintain 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>NOTE: Children who enter placement in the contract period will be included in this measure. 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 \$250 for successfully transitioning a child into a lower level of care. 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.