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September 1, 2017

**HCJFS REQUEST FOR PROPOSAL
VISITATION SERVICES
RFP SC04-17R**

ADDENDUM 1

Section 3.8 – Addenda to RFP – of the RFP currently reads:

HCJFS may modify this RFP by issuance of one or more addenda to all parties who registered for the RFP, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP Conference. All addenda to the RFP will be posted to <http://www.hcifs.hamilton-co.org> and <http://www.bidsync.com>

Change to read:

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

Section 2.3 – Budgets and Cost Considerations – of the RFP currently reads:

- A. HCJFS anticipates services will begin approximately January 1, 2018. Provider must submit a Budget and a calculation of the *Unit Rate or Cost Reimbursement* for the initial Contract term that Provider understands will be used to compensate Provider for services provided. Provider may submit proposals for one, two or all three service components (Training, Therapeutic Visitation, and Site and Community Visitation). In addition, if Provider is requesting *an increase in costs for renewal years 1 and 2, you must complete the data sheet* in the budget that lists each budget line item with an estimated expense amount and percentage increase from the prior year. Budgets and *Unit Rates or Cost Reimbursement* must be submitted in the form provided as Attachment C. Contracts will be written for the initial term of two (2) years with one (1) one year options for renewal.

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- A. HCJFS anticipates services will begin approximately January 1, 2018. Provider must submit a Budget and a calculation of the *Unit Rate or Cost Reimbursement* for the initial Contract term that Provider understands will be used to compensate Provider for services provided. Provider may submit proposals for one, two or all three service components (Training, Therapeutic Visitation, and Site and Community Visitation). In addition, if Provider is requesting *an increase in costs for renewal years 1 and 2, you must complete the data sheet* in the budget that lists each budget line item with an estimated expense amount and percentage increase from the prior year. Budgets and *Unit Rates or Cost Reimbursement* must be submitted in the form provided as Attachment C. Contracts will be written for the initial term of two (2) years with two (2) one (1) year options for renewal.



Questions asked before RFP Conference:

- Q1.** What do you expect the total budget to be?
- A.** The current contract amount for visitation services is \$2,400,000.
- Q2.** Based on increased need/waiting list/families served by JFS, do you anticipate increasing the total funds available?
- A.** We will expect Providers to work within the budget provided. Further budgetary discussions will occur on an as needed basis.
- Q3.** Will you have specific pools of funding for each service, or will the categories be fluid based on utilization?
- A.** Each contract will be written and signed based on the budget submitted and supported by the Provider for the services defined by Provider in their scope of work.
- Q4.** How many visits do you expect to need per month?
- A.** Refer to Section 1.2.2 – Population – of the RFP.
- Q5.** Will each Provider have a specified cap, or access to a pool of funds based on utilization (understand there would still be a cap) i.e., can funds transfer between Providers based on utilization/capacity?
- A.** There will be a capped contract amount for each selected Provider based on budgets submitted and final negotiated rates. However, depending on actual utilization, there is the ability, to amend contracts to increase/decrease contract amounts as needed.
- Q6.** What is the anticipated funding for therapeutic vs. community-based?
- A.** Refer to Q3 of Addendum 1.
- Q7.** Is it the intent to increase the percentage of community visits vs. in-center visits?
- A.** Yes but would depend on identified threats.



- Q8.** Can you clarify your desire for evidence-based curriculum? If an agency develops their own training, it can't be evidence-based. Is there a specific model that you want Providers to use?
- A.** No. The Provider would develop or select a curriculum that is on the continuum of evidence based that includes research based or emerging best practices.
- Q9.** How many people do you anticipate needing trained?
- A.** Refer to Section 1.2.1 – Population – of the RFP (page 8) for identified population. Estimates will be delivered as a part of an upcoming addendum.
- Q10.** Are you requesting a time-limited training period (all new Providers trained by June 1st), or ongoing training services, either for advanced services or to deal with turnover?
- A.** Yes – initial group of Providers trained by June 1, 2018. Ongoing training will be needed and can be discussed and schedule established after contract award.
- Q11.** Assuming the need for curriculum development, and the need for Provider to hire additional staff, when do expect the training to begin?
- A.** Day 1 of the contract.
- Q12.** Do you have required or preferred number of training hours per participant?
- A.** No – dependent on curriculum and population.
- Q13.** If an organization bids on services but not on training, will those questions be exempt from overall scoring percentage? Do applicants just mark N/A for section G of 2.2?
- A.** Yes, address only portions of the RFP your agency is bidding.
- Q14.** Are you differentiating between therapeutic, center-based services and regular supervised center-based services?
- A.** Yes.



- Q15.** Will you allow a different rate for Masters' level clinicians providing therapeutic visits, and Bachelor's level staff providing more traditional center-based supervised visits?
- A.** Yes. It is up to each Provider to submit their anticipated budgets as they see fit. Please keep in mind that JFS may choose not to pay multiple rates for the same exact service (besides the only defining difference being educational) due to being more complicated to determine if invoicing is accurate.
- Q16.** Will you allow monitored visits in the community?
- A.** Yes.
- Q17.** Will Providers be responsible for coordinating Ride Right/transportation?
- A.** Yes
- Q18.** Will there be a master scheduler of visitation across Providers, or will each agency schedule their own?
- A.** To be determined
- Q19.** If a foster parent provides visits for a child in their care, will the visit be switched to a new Provider if the child switches placements/networks, or will the facilitator follow the visit?
- A.** To be determined
- Q20.** RFP states visits 365 days per year, but also states follow JFS Holiday schedule – do you expect Providers to be open on holidays?
- A.** Providers must be available 365 days per year including holidays.
- Q21.** How will families be assigned to various Providers? If a family moves levels and goes to another Provider, who will coordinate the transition?
- A.** To be determined
- Q22.** Can Providers provide center-based services without offering community-based services?
- A.** No.



- Q23.** Can you clarify expectations for community Providers – will these only be low risk families, or will community-based Providers be providing intensive services to families assessed at higher risk?
- A.** Visitation services will be provided for all families.
- Q24.** How will safety/appropriateness for home and community visits be determined?
- A.** Visitation plans, including location is a family-driven process. The team working with the family including, but limited to, the parents/caregivers, the agency, GAL, and foster parents would determine the appropriateness of locations. HCJFS, as the legal custodian will make the final decision when consensus cannot be reached.
- Q25.** Clarify use of caregiver in the RFP - is this the visiting adult or the foster/kinship Provider?
- A.** Visiting adult.
- Q26.** Will you use any common tools or measures to evaluate success across programs?
- A.** To Be Determined.
- Q27.** Has the RFP been posted to BydSync yet?
- A.** The RFP was only posted onto HCJFS' website at: <http://www.hcjfs.hamilton-co.org> and was not posted onto BydSync. HCJFS rarely uses BydSync for social service contracts. Addendum 1 has removed any reference to BydSync from this RFP.
- Q28.** What staff credentials are required?
- A.** Credentialing of staff should match the level of support or supervision needed for a visit.
- Q29.** What is the staff to family ratio that is required for community-based visitation?
- A:** Refer to Section 1.2.1 – Population – of the RFP.
- Q30.** Are there any rules or requirements for visitation services?
- A:** Refer to Section 1.2.2 – Service Components – of the RFP for Provider's expectations and service measures.



- Q31.** How will HCJFS communicate who can participate in the actual visitation i.e. a parent's new significant other and/or other family members?
- A.** Participants will be outlined in the referral paperwork and additional participants may be added via phone or email communication.
- Q32.** Who determines if the family needs community-based or site based visitation services?
- A:** Refer to Q24 of Addendum 1.
- Q33.** Are there specific goals that the parent should work towards/achieve while visiting with their children?
- A.** The goals would be outlined/defined in the referral paperwork.
- Q34.** What documentation is required?
- A:** Refer to Section 2.2 (F) of the RFP – Service and Business Deliverables.
- Q35.** Do you have specific dollar amounts allocated for each of the three components and if so, how much has been allocated to each of them?
- A.** Refer to Q3 of Addendum 1.
- Q36.** The RFP states there is a three day turnaround for scheduling visit start dates. Are you saying that the visit must take place during that three day period or it needs to be scheduled during that period?
- A:** Must be completed within 3 days.
- Q37.** On average how long are families engaged in visitation services?
- A:** One year and a half (1.5 years).
- Q38.** Is there a protocol for foster parents helping with visitation?
- A:** Refer to Section 1.2 of the RFP for content.



Q39. Will HCJFS pay for transportation for parents/families through this contract?

A: It can be if cost is included in proposal and budget. This is for adults only.

Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid • Mt. Airy Shelter • Tuberculosis Control

