Q1. Section 3.2.1, pg.18, 3.2.1-h
Please clarify who is eligible (i.e. vendor's staff and/or foster parent) to provide the ten (10) hours of basic living skills training and three (3) hours of group basic living skills training. What is the maximum number of hours per week that can be provided?

R1. Either vendor's staff or foster parents may provide the individual BLS training. Group BLS would routinely be provided by vendor's staff. Maximum number of hours per week that these services can be provided is 10 for individual BLS and 3 for group BLS unless approved by the ISP team.

Q2. Section 3.3, pg.20, Rejections

Please clarify what types of situations will constitute rejections. Specifically, how will situations that involve lack of availability of an appropriate home be counted? How will rejections will be counted?

R2. If the vendor has agreed to provide "x" number of TFC homes and the number of homes being utilized is less than that number, then vacancies exist per the contract. When an appropriate TFC referral is received by the vendor who subsequently says the youth cannot be served by the program while having vacancies, then rejection occurs and is tracked.

Q3. Section 3.3, pg. 20, Discharge
What is the Department's definition of a "successful discharge"?

R3. A successful discharge would be one where the youth has successfully benefited from the agency's treatment milieu and is ready to step down to a less intensive/restrictive placement?

Q4. Section 3.6, pg. 21, Tracking
To whom in the State DHR office and the local county office(s) do the monthly reports need to be sent?

R4. Progress notes, all clinical notes including summaries and other reports that the county staff need to determine how the youth is progressing in care, should be sent to the county authorizing the placement. All other required information should be sent to Dorothy Smith in the Resource Management Division.

Q5. Section 3.7, pg. 22,D.- 7) Psychological
How will placement eligibility for TFC/TFC-Enhanced be determined? Please include specifically how placement decisions for either step down or movement up in the intensity of care will be made. What role will the MAT play in making that decision?

R5. Initial placement for TFC requires a current psychological (within the last 12months) indicating a diagnosis in the 290-316 range of the DSM-V. For those children over the age of six, a MAT indicating the need for that therapeutic level of care is necessary for

TFC eligibility. The MAT is the primary vehicle for making all decisions to step up or step down.

Q6. Section 5.0, pg.29, Cost Proposal
Is the total cost of reimbursement for basic living skills in addition to the daily of rate $95 per child per day?

R6. No. The foster parents receive a board payment from the state based on the age of the youth. The vendor only receives reimbursement for services billed under the Medicaid Rehab Option if the youth is Medicaid eligible, and an equivalent payment from the state if the youth is not Medicaid eligible.

Q7. Page 24, I noticed that there are several types of tabs that are not acceptable and so wanted to confirm that plastic divider tabs would be acceptable?

R7. Yes, but no paper inserted tabs.

Q8. Are the pages of the last external audit and the audit and management letters from the 2 previous years counted in the 100 page limit for the proposal? The budget for 3 years? I am concerned as we have developed a significant amount of material for our foster care programs in accordance with best practice guidelines and so will struggle to get all our information into 100 pages.

In 3.5 it says the agency is required to submit their Quality Assurance Policy. Our Performance and Quality Improvement Policy is 32 pages by itself. We also have manuals we have created for foster parents, staff, recruiter/trainer, and the child and family. So we are very concerned about our ability to keep our proposal within the 100 pages and still showcase the sections of our materials that speak to all the elements of the RFP.
Can there be an exception to the 100 page limit?

R8. Yes.
Yes.
No but, a copy of the table of contents can be included referencing the policy or an outline or summary on what the policy covers.

Q9. Page 26. In the RFP it speaks to providing 2015 audit and audit letters from 2013 and 2014. We have a more recent audit (2016), so would you prefer the 2016 audit and the audit and management letters from 2014 and 2015?

R9. No.

Q10. Page 11, 29 and 32. Appendix E: Cost Proposal Form
Under each year of the rate information section:
I am not clear what we list for Proposed cost for FY18_____ Number of TFC-Enhanced Slots_____
Is an annual budget required in addition to the cost proposal form?

R10. Please list your proposed cost for three years, FY18, FY19 and FY20 and proposed slots.
No.

Q11. Appendix C: Trade Secret Affidavit—Do we need to complete this form to cover our audit and audit and management letters? We are a privately held company so these are confidential of course.

R11. Yes.

Q12. Under 4.2.5.4, 4.2.5.4.1, 4.2.5.4.2, 4.2.5.4.3, 4.2.5.4.4, 4.2.5.4.6, 4.2.5.4.7, it says vendor must attest to these items. What is the format for that? Is that just a paragraph in the submission that has the cover page signed or do those statements have to be individually listed and individually signed by someone?

R12. Each statement should be listed individually and acknowledged by your organization.

Q13. What is the typical range of rates that the Department paid in 2016 and 2017 for TFC services? The rates for TFC-Enhanced are listed in Appendix F but there is no rate that I could find for TFC except that it must be less than $95 per day so I would like a little better idea of what is typical for this.

R13. Range of payment to the vendors varies entirely on what is billed for services. No state payment or guaranteed rate is made / paid. For non-Medicaid youth the state will reimburse for services provided at the approved Medicaid rates.

Q14. Under 3.2.1 h, it states in the RFP …"Assist the child with the development or maintenance of skills by the provision of no more than 10 hours weekly of individual basic living skills training/structured daily activities and no more than 3 hours per week of group basic living skills training/structured daily activities including the development, improvement, and reinforcing of age-appropriate social, communication and behavioral skills. "
Can these services be provided by the foster parent or is the expectation that a staff member will provide this each week?

R14. See R1.

Q15. Is there an expected caseload maximum for the social workers in TFC and TFC Enhanced?

R15.Unless superseded by information contained within the *Minimum Standards for Child Placing Agencies*, the *Minimum Standards for Foster Family Homes*, and the *Therapeutic Foster Care Manual,* there is no stated maximum.

Q16. Under 3.2.1 s and t, it says that "vendors are not mandated to provide or pay for this service as a part of core services". If the vendor has these services available, can the vendor provide them and bill for this separate from Foster care payment or must they refer out to another agency?

R16. To receive reimbursement for the service, it must be authorized in the ISP. If it is and can be provided by the vendor, it may be billed.

Q17. Under 3.2.1 b, are providers expected to provide the pre-placement visit for free or is there a reimbursement for this?

R17. No, payment for the visit will occur. Documentation of the preplacement visit, including the length should be sent to Resource Management.

Q18. By reviewing 3.2.1, it appears that at minimum an agency would need to provide under TFC, at least 2 visits per week with the child, group counseling at least once per week, 2 hours of visitation to birth families or relatives, weekly contact with foster families, and up to 10 hours per week of individual basic living skills and up to 3 hours per week of group basic living skills and arrange/offer individual therapy and medication management as needed. Is that a good basic overview? Obviously this doesn't include collaborative meetings for ISP, discharge, coordination and medical/school appointments, etc.

R18. Minimum requirements per the RFP under 3.2.1 require one visit per week with the child. Frequency of BLS (individual and group) is determined by the needs of the youth with a ceiling for provision listed. There is no specific requirement for frequency of group therapy/counseling in this section. If this is necessary, it will be noted in the family's ISP. Section 3.2.2 addresses family visitation. Your time frame is correct.

Q19. Under 3.3, How would DHR like the vendors to respond with answers about accepting or rejecting clients, particularly ones where there are no available slots.

R19. See R2.

Q20. Under 4.2.1, I do not see an attached format for the Cover Page. Do we develop that? What statement should be included by the signer who is legally authorized to bind the vendor to the proposal? Just that?

R20. In the RFP, please refer to page 24, Section 4.2.1 Cover sheet.

Q21. Section 3.2 page 17

…it says that differences for TFC and TFC-E will be highlighted in red.

Question - Are there sections that should be highlighted in red? None were noted

R21. The RFP document was changed subsequent to the initial writing. This section was not deleted. There are no red, highlighted sections.

Q22. 3.2.1 Page 18, section h.
Is the number of BLS units limited to 10 hours or up to the ISP team for discussion and authorization?

R22. The number of BLS units provided should ultimately be dependent on the needs of the youth. Based on Medicaid caps, the number of daily BLS units cannot exceed 20 (five hours). Annual caps can be exceeded based on an EPSDT screening lifting the caps based on an identified need, but daily caps are fixed.

Q23. Section p. Will The TFC manual later be updated to include TFC-E and other changes?

Example: It lists up to 17 hours of Individual BLS a week vs the 10 hours mentioned above.

R23. Information will be forthcoming, so please monitor the department's website.

Q24. 3.2.2 page 19
How will TFC agency staff meet these required services , bullet c and d, when all slots are "statewide" as Previously noted(page 7 1.0 project overview)

R24. These services are part of the requirements to provide TFC. It would seem that arrangements could be made with the county of referral to work collaboratively to see that this was being provided. Other options exist including arrangements with other service providers to do the services. It might also be worth evaluating placing a youth from a county significantly removed from your service area, into your program if the various costs (travel, staff time, etc.) of providing required services are prohibitive.

Q25. 3.3 Reject/ Discharge page 20
Where did 10% come from as appropriate for rejections? Can Safety and risk of harm to self and/ or others be considered with no penalty?
What if providers have slots but no home that matches needs of the youth referred?

R25. (a) It is a comparison marker to be used to see how responsive programs can be to the needs of the Department. If a vendor has a large number of slots, but is not utilizing them in service provision, we want to know.

(b) If the youth is an inappropriate referral for TFC and the county can be convinced of this, then issues of safety, risk of harm, etc. can be dealt with on the front end of the process. The tracking data does require the reason/s for rejection.

(c) The youth being referred should meet all of the requirements for TFC referral. If the homes you have available are not designed to serve a broad range of youth (age, sex, etc.), then you are limiting your abilities to provide the services to the population in need.

Q26. 3.4 Outcomes page 21
Will children/teens who stay longer than 18 months reflect poorly on providers? Will stability of placement be considered positive or negative if longer than 18 months?
Do you want providers to utilize the GAF and MGAF as measurements when they are not in the DSM 5?

R26. (a)TFC is designed as a short-term intervention. The intent is to prepare the youth to return to their permanent placement in a relatively short time frame. Having said that, if after 18 months the MAT still reflects the need for therapeutic placement, then so be it. The question then becomes are the therapeutic interventions being offered by the program effective? The Department expects services to result in the youth being able to function at a less therapeutic level. (b) The GAF and MGAF were offered as a measure of progress over time that are reasonably easy to use and are reliable. They are not the only tools available that will get at functional improvements. If you wish to propose an alternative that will provide such measures then we are open to hearing them. Please provide program alternatives in the RFP response.

Q27. Page 22, 3.7 section D., 7 Psychological-
How do you want providers to handle the many inquiries for placement when this evaluation has not been done?

R27. Ask the county if they have a current MAT or psychological on the youth they wish to place. If not, you run the risk of serving someone in your program without verification that they meet the criteria for TFC.

Q28. Cost proposal, page 29
What portion of the $95 is to be paid as days of care and what drawn down by Medicaid? Is it possible for $$ to be paid to providers for days of care like it was before 2010?
Is it possible for additional Medicaid services to be billed if identified in ISP as indicated in the note? Would you explain the note at the bottom of the page by example such as how the billable services will exceed the daily rate?

R28. See R13.

Q29. Page 7 of the RFP states that there are 750 slots of TFC services and at least 100 slots of TFC-enhanced. What is the anticipated Tier mix of kids among the Enhanced TFC since those Enhanced TFC slots have various rates ($160/day, $200/day, $230/day, $290/day, & $350/day)?

R29. There is not an "anticipated" Tier mix to offer. Numbers will be based on the needs of the youth needing services.

Q30. Page 20 of the RFP states there will be mileage reimbursement for appointments, visits, etc. if they are outside of a 50 mile radius. Does the state have a set mileage rate that we are not allowed to exceed?

R30. Yes, the mileage rate is .535 / mile.

Q31. Please verify that the Cost Proposal (Appendix E) is the only thing we need to fill out. Or, do we need to supply a complete line item budget to justify the rates & cost?

R31. Yes.

Q32. Page 17 (3.2.1 Services to Foster Children from the Agency) letter L: states that the vendor is provide group therapy sessions for TFC/Enhanced children by a qualified child and adolescent services. What about individual counseling if the vendor has that personnel on staff?

R32. The vendor may provide this service if it is authorized in the ISP and would bill via a purchase order.

Q33. Page 19 (3.2.2 Services to Birth Families or Relatives of Children in TFC/TFC-Enhanced Placements) letter C states the vendor will (2) hours of therapeutic foster care visitation coaching with children and their families per week. To clarify, this is for youth who have reunification as their permanency goal? Can this be done by phone?

R33. (a) This demonstrates another reason for vendor agreement in the ISP process. The intent, while in placement, is to work with whoever will be the permanency option or goal for the youth. This may be birth family relatives, foster parents or potential adoptive parents. This should be a point of discussion during ISP meetings. (2) No.

Q34. Page 19 (3.2.3 Services to TFC/TFC-Enhanced and Stepdown TFC Families from the TFC Agency) letter A state that all contracts between foster parents and the TFC agency are considered subcontracting arrangements and, therefore require prior approval from State DHR. What does prior approval consist of and in what form should this be carried out?

R34. This would entail ensuring that any foster parent the vendor licenses goes through all of the required protocols that anyone seeking foster parent licensure must complete. Please refer to the appropriate manual on Foster Family Homes, or Child Placing Agencies.

Q35. Section 3.0 – Page 16 Can you provide the protocol that providers should follow for the Federal Psychotropic Drug Protocol in regard to use and monitoring of psychotropic medications?

R35. Reference is made to the 2015 American Academy of Child and Adolescent Psychiatry (AACAP) Article titled, "Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems". The Department will provide a specific protocol in the near future.

Q36. Section 3.0 –H- Page 18 What should a provider do if a child needs more than 10 hours weekly of individual basic living skills training?

R36. See R22. Work with the ISP team.

Q37. Section 3.4- Outcomes- page 21 What is an acceptable frequency for administering the Global Assessment of Functioning Scale or Modified Version (GAF/MGAF)?

R37. This is fairly flexible. An initial response would be to use at admission and re-test / score every six months, also, see R26.

Q38. Section 3.4 OUTCOMES, Page 21 of 40 references the Global Assessment of Functioning(GAF) or the modified GAF. Is this the required assessment instrument to be utilized for evaluating outcomes. Is the vendor required to conduct this assessment at the beginning of a child's placement and subsequently on an annual basis.

R38. See R26 and R37.

Q39. Page 16 of the RFP, paragraph two states, "Children served in a TFC foster home must have a Diagnostic and Statistical Manual, Fifth Edition (DSM-V) Axis 1 diagnosed mental illness within the range of 290-316." This appears to be a typo. The DMV-5 does not provide for diagnosis on an Axis system. There are no Axis 1 diagnoses in the DSM-5. Will this statement be amended?

R39. Yes, the applicable part would be a diagnosis within the range of 290-316.

Q40. Page 17, section 3.2 references a 50% reduction in the TFC vendor's daily rate during Stepdown. Does this mean a daily rate will be offered for this contract? We have not received a daily rate for TFC services since 2010.

R40. There is no daily rate that will be offered with this contract. Please see R6. Having said that, the expectation is that if a child has stepped down, there is not the need for the extensive service array provided during TFC. Billing should subsequently decrease to a level approximating 50% of the original billing rate.

Q41. Page 18, "f" refers to "Specialized TFC children". Does this statement pertain to TFC- Enhanced youth?

R41. Yes.

Q42. Page 20, in regards to rejections, it reads, "Vendors will be able to reject nor more than 10% of the referrals appropriate for TFC (as determined by DHR) in any program year, except when it can be documented that here are no available slots. This is a new requirement. How will this be tracked? The only exception is "no available slots", but there is no exception related to "no appropriate match" as required in Section 3.2.1, paragraph a. Can this be amended to include rejections related to not having an appropriate match? For example, we have had calls for a TFC placement an 18 year old male sex offender. We cannot make placement of this youth in the home of a single female foster parent. If our only opening is the single female parent, we cannot safely or appropriately accept this referral.

R42. (a) See section 3.6 TRACKING of the RFP document. The information noted, as well as other critical data elements is provided in this section. This will be sent to Dorothy Smith in the Resource Management Division monthly. (b)This requirement will not be amended. The example cited would be listed as a reason for rejection. The Department is intent on getting services that meet the need of the children and youth in care. Many of these youth are teens and older with multiple problems. If the vendor is unable to serve the population necessary with the foster parents available, then perhaps recruitment should be expanded.

Q43. Page 7, Section 1 references "statewide slots." Can a provider propose to provide services/accept referrals in certain regions of the state?

R43. The Department is seeking TFC slots statewide. It does not preclude you proposing slots in a specific area. For instance, if you were a TFC provider in Madison County you would not be expected to routinely service Mobile County children?

Q44. Page 24, section 4.2 states "All proposals must include labeled tabs that correspond with the bolded sections and subsections (titles and numbers)..." Please confirm that tabs shall begin with Section 4.2.1 and end with Section 5. Please also clarify whether or not "subsections" refers to the 4.2.5.1 level of sections.

R44. No.

Q45. Furthermore, it is not explicitly stated whether or not Section 5.0 Cost Proposal needs to be submitted separately from the Technical Proposal.

Can you please advise whether we are to include the Cost Proposal in the complete proposal submission, after the Technical Proposal's attachments OR to submit the Cost Proposal separately from the Technical Proposal?

R45. Submit Cost proposal in a separate section from technical proposal but make sure it includes a tab.

Q46. Page 24, section 4.2. Please confirm that proposal submissions may be submitted in three-ring binders.

R46. Yes.

Q47. Page 24, Section 4.2 stipulates a 12 point font. Are graphs, images, and charts exempt from the 12 point font requirement?

R47. No.

Q48. Page 24, Section 4.2 stipulates black print. Please confirm that colored images, graphs, and charts may be included in our submission.

R48. Yes.

Q49 Page 25, section 4.2.5 Technical Proposal, states: "The Technical Proposal must prescribe to sections 4.2.5.1 through 4.2.5.4.6 below." Is 4.2.5.4.7 Vendor Work Product also to be included as part of the Technical Proposal?

R49.Yes.

Q50. Page 26, section 4.2.5.2, requests an audited financial statement for 2015 and letters from the auditor(s) for 2014 and 2013. As our 2016 audited financial statement is available, may we include the 2016 financial statement and letters from the auditor(s) for 2015 and 2014 and remain compliant

R50. No.

Q51. Page 26, section 4.2.5.2. Please confirm that full copies of our 2013 and 2014 audits are not required to be submitted, but rather just the Independent Auditor's Report letter for each.

R51. A complete audit report is not required but; due to page limitations, financial statements for each year is accepted.

Q52. Page 36, Appendix C: Trade Secret Affidavit. Shall we mark the Trade Secret Affidavit form as not applicable if we are not identifying any parts of our proposal as confidential?

R52. Yes.

Q53. Page 38, Appendix E: Cost Proposal Form. For the TFC-Enhanced components, please advise what we should input in the second blank after "Number of TFC- Enhanced Slots."

R53. The number of TFC/Slots your program is proposing to serve.

Q54. Page 38, Appendix E: Cost Proposal Form requests a Contract Number. Should the RFP number be listed instead for the proposal submission? In addition, please clarify which fields are for "DHR Use Only" in the table at the top of the form.

R54. Yes.