

Family Options



- Q1. Section 3.1.11 In evaluating the vendor's services if a referral is automatically declined if the family can't be contacted w/i 72 hrs, will these "declined" cases be viewed negatively in evaluating vendor performance or will they be considered to never have been active with the vendor?
- R1. They will be considered never to have been active; however, the vendor will be required to document and prove considerable efforts to contact the family within the 72 hour time frame.**
- Q2. Section 3.1.18 - Scope of Services Offered; Pg. 17 Will the services of a psychiatrist be a part of the vendor's contractual services?
- R2. Services of a psychiatrist are not funded through this proposal. Counseling is provided by the Family Options Specialist. Should psychiatric services be needed, funds may be requested through local DHR or referrals can be made to local Mental Health Center.**
- Q3. Section 3.1.2 The RFP states that referrals will be made verbally by DHR employees. What written referral information will be provided to vendors and when will written information be provided to vendors so that we can make an informed accept/decline decision?
- R3. The referral is written by the Family Options staff person taking the referral verbally from the DHR worker. All necessary information is gathered at that time and accept/decline decisions are based on this information and information gathered from the family during the assessment period. Referral forms and criteria checklists that specify the information to be gathered are required forms provided to vendors by state DHR.**
- Q4. Section 3.1.20 Is there any sort of prior approval required before vendors are to utilize Family Preservation Funds/Reunification Funds or do vendors have the authority to use these at their sole discretion? Do these estimated dollars go in the Other Category of the Budget?
- R4. No prior approval is needed from DHR. The program supervisor can approve these expenditures within the general guidelines and restrictions regarding use of funds that will be provided to the vendor.**
- Q5. Section 3.1.24 – Personnel Qualifications; pg. 19 Are the staff identified in the Family Options RFP required to have degrees in social work? If so, must they be licensed? If they must be licensed, at what level?
- R5. Please see Section 3.1.24 Personnel Qualifications. Degrees in Social Work or a related field are required. Licensure is not required.**
- Q6. Section 3: Scope of Project Item 3.1.27 Training on page 21 "In addition, all professional staff must attend Alabama Certification Training (ACT), which will be provided by DHR."

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In the past, ACT training was an option, not mandatory. Home Builders training was the mandatory training for the Family Options staff. Will this new proposal make ACT training mandatory? If so, sending all professional staff for 3 weeks of training will reduce the number of families that can be served and will make it difficult for the specialist to maintain the standard of involvement with the family that is expected from the Home Builders Model. Could you clarify?

R6. ACT training is required, as specified, for all professional staff. Required intensity with families will not be an issue, as staff do not carry cases during ACT training. Utilization rate (number of families served) is adjusted when staff are in ACT training.

Q7. Section 3.1.27 - Training; pg. 21 Will DHR provide the Homebuilders training necessary for staff of the Family Options Program?

R7. Yes. All Homebuilders training is provided by DHR. Cost of travel is the responsibility of the vendor.

Q8. How long is the Homebuilders training, ACT training, and other training mentioned in 3.1.27? Also, where will these be held and is there any cost other than per diem and travel involved?

R8. There are several sequences of Homebuilders training ranging from 2 to 4 days in length. ACT training is 3 separate weeks. Homebuilders training is typically held in Montgomery. ACT training is provided regionally. The only cost to the provider is per diem and travel.

Q9. Section 3.1.27 Does the training have to be provided by a national training organization or can the training on the Homebuilders model be developed internally by vendor's staff development departments? Also, if a lot of the forms and such are to be issued by DHR for the program, will these forms be available to vendors so that we can train our staff on their use?

R9. Alabama DHR has trainers who have been trained by the Institute for Family Development to provide certain segments of the Homebuilders training. Other segments are provided by IFD staff. All Homebuilders training is provided to program staff at no cost other than per diem and mileage. Forms will be provided to program staff and training on their use will be provided by state DHR staff.

Q10. a) Will DHR provide the training for the Homebuilders model in addition to the other training outlined in the RFP?

b) In the event of staff turnover, will training be offered to new practitioners and supervisors? If so, will this training also be offered at low or no cost?

c) What is the approximate cost of training for the provider?

R10. a) See above questions.

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b)Yes.

c) Cost of travel for all trainings, small registration fee for FP/SS Partners' Trainings.

Q11. Section 3.1.28 Does this section imply that vendors should not hire staff for this program until after training and consultation is provided by DHR? Will this training and consultation be scheduled to occur immediately after a contract award for successful vendors?

R11. Yes. Vendors will be trained immediately after award of the contract on the required Homebuilders recruiting and hiring process.

Q12. The RFP mentions standard forms for tracking required data for the Family Options program. Gateway uses a state of the art computer case tracking system to collect all pertinent case information and prepare reports. Does this RFP require that the DHR forms be used for the tracking and reporting, or can Gateway provide all the required information in printed reports from its computerized tracking system? (Section 3.1.3 - Number of Families to be Served; Pg. 15)

R12. Vendors may continue to use their own tracking systems; however, will be required to also utilize the forms provided.

Q13. Section 3.1.3 - Number of Families to be Served; Pg. 15 The RFP states that the Family Options Specialists will be required to serve a minimum of 19 families per year. It is possible that a Specialist would not be able to attain that threshold if she works with several families requiring the maximum time period of services (six weeks for preservation, 12 for reunification). Is that acceptable, or would it constitute failure to fulfill the contract's requirements?

R13. Extension beyond four weeks for preservation and eight weeks for reunification is rare. The required minimum allows for a small number of extended interventions.

Q14. Item 3.1.30 Pilot Programs on page 21 "In addition to family preservation and family reunification services, programs serving targeted areas/counties will provide either Reunification Assessment or Mental Health services piloted in FY 02."

We participated in the Mental Health pilot program in FY 02 - FY04. A requirement of the Mental Health (MH) pilot program was that the child or a family member had a DSM-IV diagnosis. We realized during this pilot period that most of the clients that FO works with have a DSM-IV diagnosis. Therefore each specialist was working with families that had mental health issues. Therefore, it was determined that additional training in dealing with mental health issues were needed for all specialist, more so than having one specialist designated as the Mental Health Specialists. One of our supervisors is the former Mental Health Specialist and provides supervision and support to the specialist. Would we need to go back to the pilot program or would the system we have in place to provide this important support be acceptable?

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- R14. Section 5.0 includes an error. Required services for East Central Alabama should be preservation and reunification only.**
- Q15. Section 3.1.30 Is that a typo that says that the 2 programs were piloted in FY 02 or will they be piloted in FY 07?
- R15. No. The two programs were piloted in FY 02 and have been continued since that time. These services are required for FY 07 in the areas specified in Section 5.0, with the exception of East Central Alabama. (See above response.)**
- Q16. Section 3.1.4 The RFP references in multiples places that "standard Family Options forms" are to be used in documenting services. Do these forms exist already and if so, can copies of the forms be made available to potential vendors?
- R16. The forms do exist and will be made available to selected vendors once a contract has been awarded.**
- Q17. Item 4.2.4.2.28 Vendor's Willingness to Accept Field Placement Students on page 27
In accepting students for field placement, what capacities are they expected to fill?
Will they be expected to provide direct services to the families?
- R17. Typically students take referrals and shadow or co-work interventions with the supervisor and/or seasoned workers. Students do not provide direct services to families alone or own their own.**
- Q18. Section 5.0 - Budget; Pg. 29 Will Medicaid or other third-party billing be a part of this service/contract?
- R18. No. As stated, this is federal funding, so other sources of federal funding cannot be used for these services. Other types of third-party billing are not required.**
- Q19. Section 5.0 - Budget; Pg. 29 If Medicaid is allowable, will DHR assume payment responsibility for any client whose Medicaid has been inactive for some period of time?
- R19. Medicaid is not allowable. See above.**
- Q20. Section 5.0 - Budget; Pg. 29 If the training of the staff in the Homebuilders model is the vendor's responsibility, can the cost of the training be included in the vendor's proposal budget?
- R20. Costs can be included in the proposed budget. FP/SS Partners trainings charge a small registration fee. All other required trainings are provided at not cost, except for travel costs.**
- Q21. Section 5.0 - Budget; Pg. 29 What overhead/indirect costs can be included in this RFP? At what rate of the overall budget can they be claimed?

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R21. You are allowed to bill only indirect costs or percentages of administrative salaries from your umbrella organization, but not both. Time for supervision above the program supervisor charged to this contract cannot exceed 20%. If you choose to bill indirect costs rather than percentages of salaries you must be able to document your indirect costs and they must be approved through submission of a cost allocation plan. If you choose to bill percentages of salaries you will be required to submit time sheets that reflect that person's time spent on Family Options duties equal to the percentage billed.

Q22. Section 5.0 - Budget; Pg. 30 The RFP states that a 25% match is required to gain the federal funds for the Family Options Program, and asks the vendor to "identify" sources of match. Is the vendor required to provide match funds/in-kind match or be found non-responsive? How will the level of match provided by the vendor affect the review of the vendor's proposal? What specific match-related criteria will be used in the review process?

R22. Vendors are not required to provide matching funds. State funds are allocated within the funding range as match at the required match amount. Should the vendor have any in-kind match they would choose to make available, it will be used in the overall FP/SS budget in order to draw down the maximum federal funds available. Whether or not match is provided will not affect the review of the vendor's proposal in any way.

Q23. Section 6.0 Evaluation Criteria Scoring guide on pages 31 and 32. Category: Method of Providing Services "60 % of points for a possible 600 points" Sections A - Z, AA, BB, E the points assigned to this sections add up to 690 points instead of the 600 points listed, please clarify.

R23. See Attachment A for correct evaluation information.

Q24. Will intensive family preservation services (IFPS) be a part of any continuum of care RFP/contract? (No RFP section discusses this aspect.)

R24. No. Family Options is a service provided in every county through DHR with federal and state funds. It will continue to be the service to which referrals are made first and will be considered as outside of the continuum of care.

Q25. How is the 25% match calculated?

R25. Match is 25% of the total of federal and state or local funds combined. See R22 above.

Q26. Can we bill Medicaid for services? If so, can that be counted as the match?

R26. No. See R18 above.

Q27. Is the staff housed at DHR or the vendor's location?

R27. Staff is housed at a location provided by the vendor. Staff may use space at DHR on occasion when traveling in outlying counties.

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Q28. Are there providers currently operating under the Family Options program in Alabama or is this a new program?

R28. Family Options services are available statewide through current contracts with vendors.