



Responses to questions:

Q1. Page 15, Section 3.0. Will all services stop from the current CFS effective 10/1/2009 or will there be some sort of attrition contract with that current provider? How many families do you expect to be on the initial caseload 10/1/09? Does the new CFS need to have all 4 CFS Workers and both CFS Therapists hired and fully trained by 10/1/09 or can the CFS have, for example, 2-3 CFS Workers and 1 Therapist fully operational on 10/1/09 and then hire the other workers when family caseloads justify the additional staff?

R1. The selected Vendor must be fully operational on October 01, 2009.

Q2. Page 16, Section 3.3. Can you provide any service numbers from the past 8 years, i.e. avg. length of services per family, avg. # of family members per family, types of services requested per family?

R2. The information requested is not available.

Q3. Page 16, Section 3.5. If DHR is treating the contract as a maximum of 50 slots at any one time how does this work with the no reject policy listed on page 20, item Q and on page 22, Section 3.8?

R3. No reject/no eject policy must be maintained up to a maximum of 50 slots. A waiting list can be maintained at the discretion of DHR.

Q4. Page 17. To be clear, the CFS is not responsible for any out-of-home placement costs and these costs will be the responsibility of DHR?

R4. CFS does not pay for out-of-home placements.

Q5. Page 23, Item 3.12. Is the \$12,000/mo. Medicaid billing expectation based upon a full 50 families in the program at 100% eligibility? What percentage of families does DHR expect will be Medicaid-eligible? Is that number calculated based upon the "Net" Medicaid rate or the full Medicaid rates? So will DHR keep all Medicaid dollars billed under the program or will some/all of the Medicaid billing go directly to the CFS? Is the CFS required to submit daily Medicaid service documentation to DHR on a monthly basis if a family is not Medicaid-eligible?

R5. DHR will keep all Medicaid dollars billed under the program. Serving both Medicaid and non Medicaid families, the vendor is expected to achieve \$12,000/mo. DHR cannot predict which families will or will not be Medicaid eligible.

Q6. Page 18, Section 3.6. To confirm, DHR has office space available at no cost for all CFS staff (potentially 7 FTEs)? What expenses will the CFS be expected to cover, i.e. telephone, internet, utilities? Will office furniture be provided? If so, will there be a cost passed on to the CFS?

R6. Limited office space with desk and chair are available only. The Vendor pays all operating cost of the program.

Q7. Page 21, Item MM. Could you please explain further what is meant by "coordinating with the Department on the suitability of the various candidates"?

R7. Coordination/cooperation with DHR is expected regarding suitability of various candidates.

Q8. Page 29, Section 5.0. The Cost Proposal Section asks for the submission of "one fixed daily rate" for services, however page 23 Item 3.12 references a "monthly rate". Could DHR clarify if a daily rate or a monthly rate will be used in this contract? It appears that Appendix E is utilizing a Unit Definition of one month of service to get to a maximum of 600 units over a year (12 x 50).



- R8. These areas are non related. The Vendor will bill Medicaid via DHR monthly and receive no Medicaid reimbursement as a part of this contract. Reimbursement for this contract is at a fixed daily rate. A unit is a family, not to exceed 600 units.**
- Q9.** Section 5.0. What allowances, if any will be made for start-up costs that will be incurred by a new CFS provider? If all staff must be in place before 10/1/09 and no families will be on staff caseloads until 10/1/09 providers will be incurring costs related to the project for which no revenues will be coming in to cover. Should the budget include these start-up costs in the daily/monthly rate?
- R9. Yes.**
- Q10.** Appendix E, page 37. The statement "If provider exceeds contracted units prior to the end of the contract period, the provider agrees to continue services through the contract period at no additional cost to DHR." Is concerning to us. When used in conjunction with the No Reject policy there could be major cost exposure ramifications for providers. Could DHR clarify the intent of this statement?
- R10. If vendor exceeds contracted units prior to the contract period, the vendor must continue services through the contract period at no additional cost to DHR. Successful tracking should alleviate any concerns.**
- Q11.** Page 39, Item IX. Is the CFS expected to list/estimate Medicaid revenues under this section?
- R11. There is no Medicaid reimbursement to the vendor for this contract.**
- Q12.** How much has it historically cost to run the program?
- R12. Information is not available for this process.**