



- Q1.** p.8 Section 1.0 second paragraph  
RFP states Vendors must provide proof that they have enough residential/ TFC/ traditional foster care placement capacity to cover the number of slots being offered for the contract in that area.
- a) What constitutes “proof”?
  - b) If a provider has homes in the region (i.e. Northwest, Northeast) but not in every county of the region, can youth be placed in another county (not their own) within the region where their county is located?
  - c) Can we request slots in the RFP for a county or region that we can recruit TFC homes for by October 1, 2011?
- R1.** **a) For residential, you must provide the number of beds that are available and not being used by other programs, if asked. Likewise, you may be asked for a listing of foster homes.**
- b) Yes, if it is adjacent county.**
- c) Yes. Proof of secured homes must be available on October 01, 2011. If the homes are not available, then the slots will be reallocated.**
- Q2.** p. 17 Section 3.0.1 Basic Care  
Q: Can TFC placements be used for Basic Care?
- R2. Foster homes can replace basic care. In the continuums, foster homes can be used as a variety of placements, if they have received training for the services the child needs.**
- Q3.** Section 1.0 PROJECT OVERVIEW, page 8: If a Vendor intends to seek slots for multiple contiguous sites, such as both Madison and Northwest, may the Vendor submit one proposal combining the two sites? Or is it necessary to submit a proposal for each site for which you are seeking slots?
- R3. Vendors may propose for multiple sites in one (1) proposal.**
- Q4.** Section 3.0 PROGRAMMATIC INFORMATION, page 17:
- a) In reference to the second paragraph, second sentence beginning, “Referrals for reunification cases...” – In the past, Continuum cases have not included intensive residential services. If the Vendor takes a reunification case where the child is in intensive residential, and the child is later stepped down to moderate care, will the Vendor be responsible for covering the full cost of moderate care/therapeutic foster care (TFC) while working the Continuum case involving the child?
  - b) Vendor’s current continuum contracts require meeting with the client and family twice per week. For clients that are in facilities that don’t have home visits, Vendor staff have been seeing them once monthly and focusing efforts with the



parent. How will this process be affected by the inclusion of intensive residential clients in the Continuum?

- R4. a) No, the case will remain as a reunification case, where the vendor only provides services to the family in order to have them prepared for the child's return home. b) No change.**
- Q5.** Section 3.1 STAFF REQUIREMENTS/QUALIFICATIONS, page 19: In this section it states that a supervisor must have a minimum of two (2) years paid supervisory experience. This will reduce the ability of Vendors to promote from within the program. If a Vendor has a good worker who has worked in the program for years and qualifies in every way except the supervisory experience, how would the Vendor assist the worker to get that experience without her/him leaving the program? Could DHR provide Vendors with an alternative to paid supervisory experience for a good internal candidate, such as getting licensure or working in the program a minimum of two years prior to promotion to a supervisory position? The Vendor believes this change would prove valuable in ensuring that the program has the best possible staff at every level, with experience in providing the program.
- R5. If the employee has worked within the program for two or more years and has a working knowledge of the program, you may certainly promote from within. If you are hiring outside the program, this stipulation remains.**
- Q6.** Section 5.0 COST PROPOSAL, page 45:
- a) We understand that this RFP is collapsing the Continuum and Permanency programs into one program. In the past, the two programs were provided at different rates. Will this continue? If not, how will payment in the program combining these two previously separate programs be handled? What is the anticipated rate amount/range for this new combined program?
  - b) Residential programs providing care for clients who are also referred to the Continuum are already billing for the clients, individual/family therapy, and other services. How will these facilities' billing of Medicaid for their services impact our ability to bill (reaching caps in a day) for services we provide? How should it affect our proposed rate?
- R6. a) There will still be an in-home rate and an out-of-home rate. See amendment #1. b) The billing that you will be doing if the child is in a residential program outside the continuum will mainly deal with the family and not the youth.**