



**Q1. General:** Can an agency apply to have more than one wraparound team?

General: The scope of services and service delivery is different in the Jefferson County Wraparound RFP and the Shelby County Wraparound RFP. Are the target populations different?

**R1. Yes, the wraparound agency can apply to have more than one wraparound team. Yes, the Wraparound Services will be provided to open Child Protective Service and Foster Care cases with the Jefferson County Department of Human Resources.**

**Q2.** p. 7 Section 1.0 states *Wraparound Services* are intensive in-home services to families to prevent removal or to facilitate reunification between children and their families.

Q: Is there any historical data on how many cases are reunification and how many are preservation?

**R2. No, such data exist.**

**Q3.** p. 15 Section 3.0 states "Services must be provided daily."

Q: Does that mean that each family is required to have services delivery daily?

**R3. Yes, the services must be provided to families and children daily.**

**Q4.** p. 15 Section 3.0 states The role of the team will be to work with the county office to develop Wraparound plans (ISP); plan for crisis; support the implementation of the plan; access informal and formal resources/supports; monitor services; inspire unconditional care; and, **provide therapeutic foster care of the family for up to one year.**

Q: Does this mean that the provider is expected to provide TFC for the children for up to one year utilizing their residential TFC contract slots? Would the wraparound team be providing services to the family for up to one year while the children are in care? Can you please clarify the expectations?

**R4. No. The vendor is expected to provide therapeutic services for the children for up to one year. See Amendment #1 for changes to page 15, Section 3.0.**

**Q5.** p. 16 Section 3.4 Wraparound Team workers will be accessible to take referrals for the Department workers twenty-four (24) hours a day, seven (7) days a week via phone and/or a cell phone or a pager system.

Q: What is the expected response time for the first face-to-face visit with the family?

**R5. The expected response time for the first face-to-face visit will be within 24 hours of receipt of the referral.**

**Q6.** p. 17 Section 3.0 "The supportive service vendor will service a minimum of thirty (30) families at any given time, up to 120 families annually, based on the needs as identified in the ISP process."

Q: Based on this, should we assume that the average case duration is 3 months?

**R6. Therapeutic and wraparound services may be provided to the family for up to one year while the Children are in care. Progress and discharge time lines will be reviewed with the family every 90 days.**



**The case duration depends on the case plan and need for services.**

**Q7.** p. 17 Section 3.5 “The *Wraparound Team* will accept cases (families) totaling thirty (30) hours of in-home services intervention per week.”

How can the team serve a minimum of thirty families and only provide 30 hours of in-home services per week? Does this mean the entire team only totals 30 hours of in-home services per week or each individual worker on the team? What is the average number of hours expected per week per family?

**R7. The Wraparound team will service up to 30 hrs per family and the timeframes will be developed by the ISP team.**

**Q8.** p. 18 Section 3.5 In Home Family Support and Parent Education Services

Q: Is there a particular curriculum that DHR would like the provider to use? Does the curriculum need to be evidence based?

**R8. No, the selected curriculum will be the vendor’s decision, but may be subject to approval by the County. Yes, the curriculum needs to be evidence based.**

**Q9.** p. 19 Section 3.5 Family, Individual or Group Counseling

Q: If acceptable by the family and the referring worker, can the provider’s wraparound team refer the family for ongoing counseling services to the provider’s own mental health services in addition service delivery from the wraparound services – with the intention that the counseling services may need to continue after the wraparound case discharge?

**R9. Yes, as contingent upon the recommendation of the Individualized Service Plan (ISP) team.**

**Q10.** p. 19 Section 3.5 Specialized Reunification Support

Q: Regarding the potential need for respite care – will DHR reimburse for this cost separately or will this need to be estimated in the wraparound proposal budget?

**R10. This will need to be estimated in the wraparound proposal.**

**Q11.** p. 20 Section 3.6 The Wraparound Team workers will complete daily Medicaid documentation per Provider Manual for Rehabilitative Service by Alabama Medicaid Agency and submit monthly billing to the Department.

Q: Who is reimbursed for the Medicaid services billed? DHR or the provider?

**R11. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**

**Q12.** p. 21 Section 3.6 Assistance with and the assurance that required Medicaid documentation of provided billable services is being properly maintained and in compliance with all policy and billing guideline per the Medicaid Vendor Manual, Medicaid Rehabilitative Services, 105 Rehabilitative Services – DHR, DYS, DMH, and DCA.

Q: Again, who is reimbursed for the Medicaid services billed? DHR or the provider?



**R12. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**

**Q13.** p. 23 3.12 MEDICAID BILLING Vendors must indicate that the vendor is able to bill by meeting all Medicaid criteria. The monthly rate for this Wraparound Team service will be paid to the provider upon receipt of invoice and documentation. The Department will have an expectation that providers will bill for all Medicaid services performed for Medicaid eligible children.

Q: Could you clarify the “monthly rate”? Is that the proposed per diem from the wraparound contract or Medicaid revenue?

**R13. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**

**Q14.** p. 23 3.12 MEDICAID BILLING The Department will have an expectation that providers will bill for all Medicaid services performed for Medicaid eligible children.

Q: Please clarify that providers are only submitting the billing to DHR as stated in previous sections. Where does the revenue go?

**R14. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**

**Q15.** p. 41 Appendix E Budget “Program Income”

Q: If provider receives the revenue from the Medicaid services billed, do we need to estimate that revenue in this section?

**R15. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**

**Q16.** p. 39 Appendix E Budget “Daily Rate per Unit”

Q: What is the expected unit? Each family or all families (the total program)?

**R16. The “Daily Rate per Unit” is per family.**

**Q17.** p. 41 Appendix E Budget “Other Allowable Costs”

Q: Is it expected that proposals include “flexible” or “concrete” funds that should be used for ISP goal directed activities with each family? If not the expectation, could that be an allowable cost anyway?

**R17. This is a fixed rate procurement. Any additional projected cost will be reviewed on a case-by-case basis and must be received prior approved from the County.**

**Q18.** p. 41 Appendix E Budget “Rate Information”

Q: Could you clarify the definitions of a slot and a unit for this RFP?

**R18. A slot and a unit are synonymous.**



**Q19.** Section 1.3, CONTRACT TERM, pg. 7: RFP states, "The contract term is for a period of two (2) years... Renewals of the contract... may be made at one-year intervals... not to exceed a total of three (3) years..." It was the Vendor's understanding that all DHR services contracts were moving to three-year standard contracts, with an extension option beyond the three years. Some DHR contracts already use this model. Please clarify whether this contract will move to the longer contract period.

**R19. The contractual term is correct as stated in the RFP document for this procurement.**

**Q20.** Section 3.0 PROGRAMMATIC INFORMATION, pg. 15: 1st Paragraph says, "Services must be provided to families and children daily." Does this mean that services must be actually in the homes daily, or does it indicate that services should be available daily if that is the frequency needed to accomplish goals?

**R20. Services should be available daily to the family and children.**

**Q21.** Section 3.0 PROGRAMMATIC INFORMATION, pg. 15: 2nd Paragraph says, "... provide therapeutic foster care of the family for up to one year". Does this mean that therapeutic foster care must be instituted in those homes? Or that therapeutic service should be available to the family for a year?

**R21. Therapeutic services should be available to the family for up to a year.**

**Q22.** Section 3.1 STAFF QUALIFICATION REQUIREMENTS, pg. 15 and 16: The Vendor approach assigns one worker to each family, with a Team Supervisor serving as backup to ensure that appropriate services are provided if the primary worker is unavailable. Does this meet the requirement "Two workers must be assigned..." from Paragraph 3?

**R22. Yes, the use of the Team Supervisor as back-up ensures continuity of services in the absence of the primary Wraparound Team worker.**

**Q23.** Section 3.1 STAFF QUALIFICATION REQUIREMENTS and Section 3.2 NUMBER OF STAFF, pg. 15 and 16: Section 3.1 and 3.2 identify a Family Support Worker with a high school diploma as part of the team approach. The Vendor approach includes 4 case workers at the bachelor's level instead of 2 case workers and one Family Support Worker. As the case worker position is at a higher education level than the FSW, is it acceptable to replace an FSW with a case worker in the Vendor approach?

**R23. The selection of staff positions is the vendor's decision; however, all staff qualifications and requirements must be met as stated in the RFP.**

**Q24.** Section 3.5 SERVICE DELIVERY, pg. 17: 3rd paragraph states, "The Wraparound Team will accept cases (families) totaling thirty (30) hours of in-home services intervention per week". Please clarify. Does this mean a total of 30 hours per family per week, or for the entire program (all families combined) during the week?

**R24. The Wraparound team will provide up to 30 hours of services per family, the timeframes will be developed by the ISP team.**

**Q25.** Section 3.5 SERVICE DELIVERY, pg. 17: 4th paragraph states, "...if a child ultimately requires out-of-home placement ... [the team will help the family] work towards reunification". Reunification services are already provided under other DHR contracts provided by the Vendor. Please clarify. Will the Wraparound Services now also include reunification services? This would be a substantial change.

**R25. Yes.**



**Q26.** Section 3.5 SERVICE DELIVERY, pg. 17: 5th paragraph states, “Resistance, rejection and regression are seen as signals for new treatment approaches”. Please clarify. While persistence is necessary in any treatment situation, at times resistance, avoidance and refusal of services is so consistent and obstructive that despite application of various techniques and approaches, services cannot be provided. What is the threshold for closing a case when many efforts and approaches have not produced cooperation?

**R26. The closure of the case will be addressed in the ISP team meeting.**

**Q27.** Section 3.5 SERVICE DELIVERY, pg. 18 – In-Home Intervention: Are you referring to a two-person team, Medicaid-billed intervention? Vendor has not previously been allowed to bill for this intervention. Please clarify.

**R27. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**

**Q28.** Section 3.5 SERVICE DELIVERY, pg. 18 – Family Support: The RFP states, “On-going support groups will be provided to help parents learn to network and enhance skills for improving community living.” Please clarify. Support groups are provided in the community for many types of needs. Is referral to these groups a sufficient fulfillment of this requirement?

**R28. Yes.**

**Q29.** Section 3.6 WRAPAROUND SERVICE REQUIREMENTS, pg. 20: This section states, “The Wraparound Team staff will be housed in a limited number of offices at the Department.” Vendor teams currently are housed within the county where services are provided, in the Vendor’s own offices. Will the Vendor who wins this contract be required to move staff into the DHR offices? Please clarify.

**R29. No, the vendor will not be required to move staff into the DHR office.**

**Q30.** Section 3.6 WRAPAROUND SERVICE REQUIREMENTS, pg. 20: Section I states, “Attend ISPs, IEPs, Court Hearings...” The prior DHR administration for Jefferson County required Vendor attendance at Court Hearings only on request, depending on the case and situation. Will that remain the policy under the new contract, or does this represent a change in approach by DHR? Please clarify.

**R30. Yes, the policy regarding attending court hearings remains the same.**

**Q31.** Section 3.6 WRAPAROUND SERVICE REQUIREMENTS, pg. 23: Section WW states, “The selected vendor must also conduct 30-day assessments...”. Is the 30 day assessment referenced here the same as the intake assessment? Are other assessments required? Please clarify.

**R31. No, the 30 day assessment is not the same as the intake assessment. The Wraparound Team must complete an intake assessment and work with the Department to develop crisis, safety, and treatment plans as deemed necessary to support families and ensure safety for children.**

**Q32.** Section 3.6 WRAPAROUND SERVICE REQUIREMENTS, pg. 23: Section ZZ states, “The Wraparound Team will meet weekly at Jefferson County DHR...to review each open Wrap services case. Case reviews will be conducted each week...” Vendor does not currently meet with DHR unless specifically asked to review cases. Meeting weekly will be a significant change. Please clarify.

**R32. A weekly staffing day will be agreed upon by DHR and the provider.**

**Jefferson County Wraparound Services**



- Q33.** Section 3.11 REPORTING AND TRACKING, pg. 24: 1st Paragraph states, "The Wraparound agency must produce quarterly individualized comprehensive program reports..." Vendor currently provides monthly summaries with goal progress, etc. Will this report be changed to quarterly? Or is this a new report in addition to currently provided reports? Please clarify.
- R33. The Wraparound agency must produce a monthly report, in addition to a quarterly individualized comprehensive program report, as requested.**
- Q34.** Section 3.12 FOLLOW UP SERVICES, pg. 24-25: Section E, pg. 25, states, "Follow-up contact will be made with DHR worker within 30 days of closure to inquire ..." Vendor has previously been required to follow up through 24 months. Is this a change? Please clarify.
- R34. The Wraparound agency will make follow-up contact with the DHR worker within 30 days of closure, as well as follow-up contact with the family for up to 24 months.**
- Q35.** Section 3.13, MEDICAID BILLING, Page 25: The Vendor previously engaged in Medicaid billing, but at the request of DHR the Vendor ceased Medicaid billing since the last contract award. Will this contract reinstate Medicaid billing activities by the Vendor, or will DHR retain this function? Please clarify this requirement.
- R35. Medicaid billing is not an option for this procurement. See Amendment #1 for Jefferson County Wraparound Services.**