



Q1. Section 3.12 c: *Provide at least two (2) hours of therapeutic visitation coaching with families and their children who are in TFC/Specialized TFC placements, per week to assess the parents' ability to safely care for their children and to determine the progress (or lack thereof) in attaining the goals for re-unification or relative placement.

A. Given that the slots are statewide, what is the expectation for the location of the therapeutic visitation? Specifically, do the parents travel to the location of the child(ren) or is the provider responsible for transporting the child to the location of the parent(s)?

B. If more suitable for the individual child(ren)'s needs, could the 2 hours be lessened or increased upon consultation and approval of DHR? For example, one family may need to build up to the 2 hours per week and another family that is reunifying may need additional time together.

R1. A. The ISP should identify location for the visitation.

B. The ISP always drives the treatment plan.

Q2. Does the provider have to provide the 2 hours a week to the parents even if in the child's ISP the visitation is less frequent (i.e. monthly)? Is it the Department's intent for the family to have two hours of weekly family support whether visitation with the children are occurring at the same time?

R2. The ISP always drives the treatment plan.

Q3. Section 4.2.5.1.4 List all professional licenses held by the vendor.

Question: Should we list licenses for staff or agency or both?

R3. List licenses for all staff being proposed for this procurement.

Q4. Section 3.1.3 B notes: Specialized TFC homes will be required to attend medical/therapy training as required by the Medical team prior to child being placed in their home.

Question: Is the specialized training provided by the medical team as it may relate specifically to the care of the individual child?

R4. Yes.

Q5. Will all disabled children have to be under the age of 11 to qualify for Specialized Therapeutic Foster Care? (RFP page 7)

1.0 Project Overview- **Specialized Therapeutic Foster Care** placements are for intellectually **disabled children under the age of 11** who according to the Department of Mental Health/Medicaid guidelines cannot be placed on the waiver list or receive an ID waiver, and for children that have a serious mental health or medical/emotional need that would otherwise require a specialized out of state placement.



R5. If the child is intellectually disabled then the focus would be on children under the age of 11 since the MH/MR system does not provide placement for children under the age of 11. If there were to be an exception – it would be rare and the decision would rest with State DHR.

Q6. Are basic living skill services being capped at 10 hours per week for TFC? (RF page 16) Are basic living skill services being capped for Step-Down at 5 hours per week? (RFP page 20)

Core Services for Standard TFC/STFC Category of Care:

H. Assist the child with the development or maintenance of skills by the provision of no more than ten (10) hours weekly of individual basic living skills training /structured daily activities and no more than three (3) hours per week of group basic living skills

G. Assist the child with the development or maintenance of skills by the provision of no more than five (5) hours weekly of individual basic living skills training,

R6. This is a recommendation, NOT A CAP, but the ISP will drive the level of services.

Q7. Where do we show the STFC rates on the budget form? (RFP page 28)

R7. The State will set the rate for STFC based on individual cases. Vendors are only required to indicate their interest in providing the service, by submitting their proposal for slots.

Q8. Will the state be paying us a flat rate of \$95.00 per day or will we bill Medicaid for the core services we provide to get the \$95.00 per day? Are we capped at \$95.00/day for TFC? (RFP page 28)

5.0 Cost Proposal- Vendors must submit a proposed daily rate not to exceed \$95.00 per day for TFC, and in accordance with the guidelines in *Appendix I* for Specialized Therapeutic Foster Care (STFC).

R8. The \$95 per day rate is used to determine cost of your program but reimbursement is based on Medicaid billing and services authorized by the ISP.

Q9. Are we to show Medicaid funding on the budget or just the State portion?

R9. Budgets must include only the proposed cost to the Department of Human Resources.

Q10. Do we need to complete Appendix F and Appendix H?

R10. Yes.

Q11. Will there be a vendor's meeting?

R11. No.



Q12. On Appendix F (page 39), are the STFC slots (Section XI, Line B) to be included in the calculations with the TFC slots (Section XI, Line A)?

R12. No. See R7.

Q13. On Appendix F (page 39), should the total cost for TFC (Section XI, Line A) equal the Total Program Cost (Section VIII)?

R13. Yes.

Q14. Section 3.1, 3.1.1, h. requests the provision of no more than ten hours weekly of individual basic living skills/daily activities and no more than three hours per week of group basic living skills/daily activities. Should that possibly be three hours per month of group basic living skills? What if the ISP requests no group time and all individual time?

R14. Weekly is the correct term. ISP drives all treatment.

Q15. Various Billing- Several sections of the RFP reference compliance with Chapter 105 Medicaid standards (BLS caps, etc.), however the Cost Proposal (section 5) refers to a flat \$95/day rate without detailing Medicaid funding for any part of the rate. Does this represent a bundled Medicaid rate or was the reimbursement rates for various Medicaid services left out?

R15. Reimbursement is strictly based on Medicaid billable services that are outlined in the ISP.

Q16. 1: Project Overview (Page 7) paragraph 1: "...placements are for intellectually disabled children under the age of 11 who..." This indicates placements for children under 11 only. However, Section 3: Scope of Project, 3.0 Programmatic Information, indicates children older than 11 may be referred. May older children be referred? Please clarify.

R16. We do not usually have intellectually disabled children over the age of 11. They usually get waiver slots and go to MR placement facilities. Children that are not intellectually disabled may be in any age group.

Q17. Section 3.0 (Page 15) Programmatic Information - Will providers be billing for Medicaid services? If so will rates for specific services be provided?

R17. Yes. Yes by contract attachment B2.

Q18. Section 3.1.1 (Page 16) b: "Conduct pre-placement visits."
What are the cost limits to specialized FC pre-placements? How many will the department pay for? .

R18. Pre-Placement for specialized is determined by the individual child's needs and the contract will reimburse for as many as needed.

Q19. Section 3.1.1 (Page 16) d: "Conduct individual, weekly visits..." What is the limit on BLS billing for specialized TFC?



- R19. Medicaid billing is not required for specialized at this time.**
- Q20.** Section 3.1.1 (Page 16) h: "Assist the child with..." If the ISP indicates a need for BLS services in excess of the 10 hr/week cap, can they be provided?
- R20. The ISP always drives treatment.**
- Q21.** Section 3.1.1(Page16) h: "Assist the child with..." Why limit the BLS hours? Is this a limit for staff and Foster parents as a whole or just one?
- R21. The Core Services are recommendations for services that children may typically need in TFC. The ISP actually drives the level of service.**
- Q22.** Section 3.1.1 (Page 16) h: "Assist the child with..." Does not list the specific categories in this RFP. Are the categories the same as before or changed?
- R22. The same.**
- Q23.** Section 3.1.1 (Page17) y: "Provide medication administration and ..."
We note physician medical assessment and treatment has been removed from core services. Will provider still be expected to furnish such service(s)?
- R23. I did not see the above service mentioned in the last RFP. It does appear on the B2 as a service that the provider could bill if directed by the ISP and if they have the qualified staff.**
- Q24.** Section 3.2.1 (Page 21) After x: Missing item?
Medical monitoring/administration is not addressed as a core service under TFC Step Down: is this an oversight or was it purposefully taken out?
- R24. It was not a service for step down in the last RFP.**
- Q25.** Section 4.2 (Page 23) Proposal Format & Instructions
Is the agency financial audit really counted as part of the 150 page limit? Ours is 25 pages long.
- R25. Yes.**
- Q26.** Section 5.0 (Page 28) Cost Proposal
Will there be a cap on total contract reimbursement?
- R26. No.**
- Q27.** On page 7, section 1.0, the RFP states that the Department is seeking qualified vendors to provide up to 750 statewide slots of Therapeutic Foster Care (TFC) services and 100 slots of Specialized Therapeutic Foster Care (STFC). Please clarify if this statement means that the Department is seeking services for a total of 850 slots for TFC and STFC services combined.



R27. The Department is going to award 750 slots of TFC and 100 slots of Specialized. While that does equal 850 slots the intent is that they will remain individualized by service type.

Q28. On page 11, section 2.3, the RFP states that vendors must provide documentation to the Department establishing that they are enrolled in the E-Verify program.

- A. Is the listing of the vendor's E-Verify Employer ID Number sufficient documentation that the organization is enrolled in the E-Verify program?
- B. If the E-Verify Employer ID Number is not sufficient, please give examples of documentation that would be deemed sufficient.

R28. A. The number is sufficient.

B. See R28B.

Q29. On page 15, section 3.0, the RFP states that children served in a TFC foster home must have a Diagnostic & Statistical Manual, Fourth Edition (DSM-IV) Axis 1 diagnosed mental illness or be identified by a mental health professional as having at least moderate emotional and/or behavioral problems and be in need of treatment and structure offered through a TFC placement. Will vendors be allowed to provide TFC/STFC services to children with V Codes under Chapter 105 regulations such as V62.9 Unspecified Psychosocial, V61.21 Child Neglect, etc?

R29. Axis one diagnosis is an entrance requirement, and the V codes are for Medicaid Billing.

Q30. On page 16, section 3.1.1 h., vendors are required to assist the child with the development or maintenance of skills by the provision of no more than ten (10) hours weekly of individual basic living skills training/structured daily activities. Does the 10 hour weekly maximum apply to basic living skills training/activities only apply to the vendor or does it also include the basic living skills that a treatment foster parent is allowed to provide in a week's time?

R30. Applies to both

Q31. On page 18, section 3.1.2, the RFP states that vendors must provide at least two (2) hours of therapeutic visitation coaching with families and their children.

- A. At what point does the Therapeutic Visitation Coaching begin to where the vendor would need to be a part of this service?
- B. Would vendors be required to provide Therapeutic Visitation Coaching when it is designated in the ISP, or is Therapeutic Visitation Coaching a part of all treatment, even from the beginning?
- C. What if there is no biological family for reunification?
- D. Is there a separate Medicaid code for Therapeutic Visitation Coaching or is there an expectation that vendors will bill Medicaid under the Family Support code?
- E. Are there a maximum for billing units (yearly, weekly or daily) for Therapeutic Visitation Coaching?
- F. Are there any billing restrictions for Therapeutic Visitation Coaching?
- G. What are the staffing requirements for Therapeutic Visitation Coaching?



H. Please provide an example of Therapeutic Visitation Coaching (including any required elements such as goals, interventions and/or outcomes).

R31. A. ISP should address.

B. ISP drives all treatment.

C. Then it would not be a needed service.

D. Family Support, unless the foster parent is doing it and then it would not be billable because a professional is not providing a service.

E. Same billing units that apply to family support.

F. Same restrictions that would apply to Family Support.

G. Staffing requirements that would be required for Family Support.

H. Observing Family interactions and encouraging positive interaction and coaching when interactions need to be corrected or redirected.

Q32. On page 20, section 3.1.3 g., vendors are required to assist the child with the development or maintenance of skills by the provision of no more than five (5) hours of individual basic living skills training/structured daily activities. Does the 5 hour weekly maximum apply to basic living skills training/activities only apply to the vendor or does it also include the basic living skills that a treatment foster parent is allowed to provide in a week's time?

R32. Applies to both.

Q33. On page 25, section 4.2.5.2, the RFP asks vendors to list all professional licenses held by the vendor. Is this statement asking for professional licenses for the vendor (which is also requested on page 24, section 4.2.1) or is it asking for professional licenses of staff members that are/will be assigned to this project?

R33. List licenses for the proposed project team.

Q34. On page 25, section 4.2.5.2, the RFP states that vendors must submit an audited financial statement for year 2010 and letters from the auditor(s) who performed the 2009 and 2008 financial statement.

A. For the audited financial statement, should vendors submit the auditor's report and consolidated financial statements and exclude notes to consolidated financial statements (because of page limit restrictions)?

B. If the vendor's organization has financial statements for 2011, would you prefer them to submit that statement instead of 2010 (and subsequently letters for 2010 & 2009)?

R34. A. Yes.

B. No.



- Q35.** On page 28, section 5.0, the RFP states that vendors must submit a proposed daily rate not to exceed \$95.00 per day for TFC.
- A. If a vendor is currently billing Medicaid for all TFC services provided, does the \$95 per day rate apply to only non-eligible Medicaid children or all children?
 - B. When billing Medicaid for approved TFC services, is the Medicaid reimbursement capped at the \$95 per day rate or can the vendor be reimbursed for all services provided regardless of whether it exceeds the \$95 per day rate?
- R35. A. The \$95 per day rate is to be used in determining cost, reimbursement is based on the Medicaid services billed as outlined in the ISP.**
- B. The level of service and reimbursement is determined by the ISP.**
- Q36.** On page 38, Appendix F, can you provide this form in a format (such as Microsoft Word) that allows vendors to type in their answers (as opposed to hand writing the answers)? Is it acceptable for vendors to copy this form into a Word document in order to input their responses?
- R36. Appendix F is available on the Department's web site in Word format.**
- Q37.** On page, 8 section 1.6, the RFP states do not alter any of the forms listed below or otherwise included/required in this document. However, page 23, section 4.2.2, states that page numbers should be placed in the right corner of the bottom margin.
- A. Should vendors write in the pages numbers on RFP forms (e.g. Appendix B, Appendix C, etc.)?
 - B. Can vendors whiteout the current page numbers so there is no confusion?
- R37. A. The forms are available in Word format on the Department's web site (www.dhr.alabama.gov).**
- B. See R37A.**
- Q38.** Section I.0 Project Overview second paragraph; Referenced in the TFC Manual on page 7, an ISP team would be the evaluator. Is this still the case?
- R38. ISP team is always the evaluator.**
- Q39.** Pg 6 Schedule of Events, Will there be a pre-proposal conference?
- R39. There will not be a pre-proposal conference.**
- Q40.** Must we include all Specialized TFC partners, such as OT, Speech therapist, Behavior Specialist, by name or credentials or may that information be submitted to the counties. Each will depend according to the individual needs of the children in STFC.
- R40. Provide a list of specialized service providers but no need to name individually.**
- Q41.** Section 2; Standard Information 2.3, pg 11 Immigration Affidavit; Do the fp E-Verify?



- R41. An answer is forthcoming. Please monitor the Department's web site for and update to this question.**
- Q42.** Section 3; 3.1.1b, page 16, Services to Foster Children from TFC agency. Who is responsible for payment for multiple pre-placement visits?
- R42. If it is a TFC child, the county will be responsible for any pre-placement visits that exceed the contract amount. If it is a specialized child, then the state will cover pre-placement visits as part of the contract.**
- Q43.** Section 3:3.1.1f, page 16 Services to Specialized TFC children would this apply to contractors vs. therapist such as OT, PT, ST, BS?
- R43. The recommendation of units applies to all entities providing the service.**
- Q44.** Section 3.1.1h, page 16. Will Specialized TFC require BLS sheets to be completed? What Tier would require the use of BLS sheets in Specialized TFC (age and developmental stage?)
- R44. BLS sheets need to be completed on each child in TFC/STFC and in addition to the monthly notes that are sent to the county and the state office for specialized.**
- Q45.** Section 3.1.1i,w, page 16, What recourse do providers have when Counties refuse to pay for extracurricular activities, and special events, like proms, and graduation?
- R45. Contact State Family Services or State Resource Management**
- Q46.** Section 3: 1.1p, page 17, Does this change the requirement from 14 to 30 days for foster parents?
- R46. Yes. The contract requires any discharges to be approved by State Resource Management Division, unless the child is successfully discharged. The contract requires a 30 day discharge notice.**
- Q47.** Section 3.1.2c,d: Services to Birth families or relatives of children in TFC/STFC: With Specialized TFC and TFC, if reunification with families is are outside county and more than 100 miles away, could video conferences be used between family members and providers (such as Skype)?
- R47. No.**
- Q48.** Section 3.2.1q, page 20 Services to Foster Children Step Down. Will Resource Management share their Monthly Outcomes Measures with the Providers?
- R48. No.**