Responses to questions:

Q1. On the Summary Form it states "504 Assurance of Compliance (attach a copy)'? What is 504 compliance? Are agencies required to have a 504 Assurance of Compliance documentation?

R1. **Federal regulation Section 504, Subpart C- Program Accessibility (84.21), stipulates that no qualified handicapped person may be denied the benefits of, be excluded from participation in or otherwise be subjected to discrimination under any program or activity because particular facilities are inaccessible to or unusable by handicapped persons. The 504 Assurance of Compliance is a certificate verifying compliance. Yes, agencies are required to have 504 Assurance of Compliance documentation.**

Q2. Where should the summary form go in the response? Should it come after the cover sheet?

R2. **The summary form should be submitted separately.**

Q3. On page 10, Section 18.1, it states "two business days prior to the due date, proposals must be hand delivered between the hours of 9:00 am – 12:00pm." Does that mean if an agency wants to hand deliver their proposals then it is due June 10 by 12pm?

R3. **No. Vendors may hand deliver their proposals on June 10th, 11th, and 12th between 9:00 a.m. – 12:00 p.m. Proposals must be submitted by the deadline on June 12th.**

Q4. On page 17, Section 3.3 A it states that "when the treatment plan includes the use of psychotropic medication, informed consent is required. Informed consent requires that the prescribing physician inform the child and legal guardian (county DHR worker) of the risks and benefits of the proposed treatments and the risks and benefits of alternative treatments, including no treatment." Can this information be provided to the county worker in writing? Is there a particular form that is to be used?

R4. **State DHR – Division of Family Services is in the process of developing policy and forms that will be shared with the counties and providers during a training event to be scheduled.**

Q5. On page 17, Section 3.3A, it states that "Staff and DHR workers should be given ample time for questions and discussion before consent is requested." What is considered ample time?

R5. **That will be discussed at training for psychotropic medication policy**.

Q6. On page 17, Section 3.3 L, it states that "Collaborate with social worker to arrange to conduct a child development assessment and/or conduct a

parenting assessment of the young mother's parental capabilities." Is there any particular assessment that will be used or is preferred?

R6. **There is no particular assessment recommended. Vendors can work with the mental health centers and any local provider to assist with appropriate assessments.**

Q7. On page 17, Section 3.3 M, it states that "Collaborate with social worker to coordinate services to provide parenting classes and supportive services based." Who is responsible for providing parenting classes? What are types of supportive services and who is responsible for providing these services?

R7. **DHR policy provides guidelines and procedures related to the individualized service planning process which results in the development of an individualized service plan (ISP). The ISP, developed in partnership with the child and family planning team, is the actual case plan that is designed to achieve the desired case outcome. It also serves as an organizer of case activity and a tool for communicating with the individuals involved with the children and family. In the ISP there are strengths, needs, and goals identified during the assessment and service planning process for the age-appropriate children, family, and ISP team members.**

DHR would be responsible for assisting the family locate and set up parenting classes or other services deemed appropriate or helpful by the ISP Team. The parenting classes would be incorporated in the ISP facilitated by DHR. All other services provided by DHR would be based on the individual need of the family. Services could include but are not limited to; counseling, mentor services, daily budgeting skills, housekeeping skills, etc. DHR could, for example, access a Family Resource Center or local Mental Health to assist with provision of services, but the ultimate responsibility for referral and monitoring of services lies with DHR.

Q8. On page 18, Section 3.3 O, it states that "ensure regular visitation and appropriate bonding with paternal relatives." Can you provide more details on the expectations?

R8. **Oftentimes the maternal family is the only known and available resource for the infant. County DHR is encouraged to seek out the father and any of his relatives. The father and his family will be encouraged to be a resource for the child and give the child a sense of family from paternal relatives as well as maternal.**
Visitation will be encouraged with paternal and maternal family members.

DHR policy states:

Visiting Between Child and Significant Others

Children in out-of-home care have the right to visit with parents, family members and others such as friends, former foster parents and children from previous foster care placements. Among other things, DHR policy recognizes the need for family attachments, and is intended to promote visits to support and strengthen family attachments and to expedite for each child in care.

1. General Principles

The system of care shall promote children visitation with their parents and family.

1. The matter of visitation shall be addressed in the child's individualized service plan. The frequency and circumstances shall depend upon age and need. Visitation shall be viewed as an essential ingredient of family reunification services. Hence, when the goal is for the child to return home or live with a family member, visitation will be actively encouraged; assistance with transportation will also be provided.

2. Visitation may be arranged by the age appropriate child, the child's parents or family or the foster parents, as well as by DHR staff and the staff of residential facilities, in accordance with the individualized service plan.

3. Supervision of visitation shall be required only when there is danger that the parent or family member with whom the child is visiting will harm the child unless the visit is supervised. When supervision of visitation is required, such supervision may be provided, as appropriate, by the child's foster parents, as well as by DHR staff, the staff of residential facilities, or other designated person."

Visiting with parents, family members, and friends will be promoted for every child in out-of-home care unless visiting (1) places the child's safety at risk, (2) substantially inhibits attainment of the goals of the safety plan or the permanency goal of the ISP, or (3) subjects the child to intimidation regarding investigative statements or court testimony. Visiting will be addressed by the child and family planning team, and any restrictions placed on visiting will be specified in the ISP.

There will be no restrictions placed on the number, frequency, duration or sites of visits unless it has been determined and documented in the case record that these restrictions are needed and authorized by this policy.

Visits are to be viewed as valuable in and of themselves and as strategies in meeting the child's developmental and permanency needs. Visits can be arranged and supervised without the involvement of the DHR worker unless it has been determined and

documented in the case record that DHR involvement is needed to protect the child.

Visits with parents and family members cannot be used as rewards or punishments (for children, parents, or other family members). In addition, a child is not to be forced to visit against his or her will. If a child does not want to visit, the worker and foster care provider should see that someone close to the child discusses with the child why he or she does not want to visit and addresses the child's desires about visiting in a way that is supportive of the child and family.

Q9. On page 22, Section 4.2.5.1.6, it states "provide documentation that each employee has had an ABI and FBI criminal background check." Given the page limitations, how does an agency provide this documentation in its response?

R9. The requested information may be listed or documented in a table.

Q10. On page 23, Section 4.2.5.3.4, it states that "include license capacity per proposed site, per gender. Vendors who propose to provide this service at multiple sites or buildings must specify such as include staff and budgets for each site/building." What if an agency is proposing to utilize foster homes, are there any specific requirements?

R10. Yes, include a list of the proposed foster homes.

Q11. On page 26, Section 6.0, it states that the cost proposal is worth 100 points. Does this mean that an agency will be scored on its rate even if it is below the maximum daily rate? How will agencies be scored in this section? What is the current rate or rates for these services?

R11. The weight assigned to all criteria is specified in the procurement document. No additional information is available. The maximum rate allowable is available in Section 5.0.

Q12. Could you provide the ratio and/or number of youth being served in residential setting verses foster care? Would the ratio be 1:1 or 2:1?

R12. Actual numbers were 19/12. It is not quite 2:1 but not 1:1 home/ residential.