



Q1. Is a pre-proposal conference anticipated?

R1. No.

Q2. Are there any restrictions or guidelines on the use of mentors for ILP and TLP youth?

R2. None noted, although it should be clear that the goal is to cultivate relationships that produce long-term support for these youth beyond foster care. This should be fully vetted with the ISP team.

Q3. Section 3.0 Page 13 Transitional Living Requirements: For TLP youth in foster home settings, how many youth would be allowed in one home and are other family members allowed to reside in the same home?

R3. This would be addressed individually by ISP team to assure the TLP youth has required opportunities to practice independent living skills with decreasing degrees of care and supervision.

Q4. Section 3.0 Page 15 TLP Program Requirements: For TLP programs in foster home settings, is the TLP program also held to DHR foster care minimum standard compliance in addition to those outlined for TLP?

R4. Yes.

Q5. Section 3.2 – 3.5 Pages 15 – 20 Program and Core Service Requirements: Do the responsibilities and requirements outlined in section 3.2 – 3.5 of the RFP follow minimum compliance standards with the Family First Prevention Services Act and will these services continue to be reimbursable by the federal government?

R5. Impact of the FFPSA on these services cannot be fully assessed at this time. As the Department receives clarifications, they will be given to the vendors providing this service.

Q6. Section 4.0 – 4.1 Page 21 Proposal Requirements: If submitting responses for both TLP and ILP, do you require two separate proposals, one for each service, or is one proposal for both services preferred?

R6. One response addressing both services.

Q7. Section 4.2.5.3 Page 21 Format of Proposal: Where should geographic locations of ILP services be submitted in the proposal?

R7. This question should be addressed in the section of your response that addresses section 4.2.5.3.1, Service Delivery Approach in the RFP document.

Q8. Section 3.5 Letter F Page 20: Core services requires that the vendor assist with local transportation.

How does DHR define local transportation?



R8. This would be identified by ISP team in relationship to location of youth placement and identified transportation needs. This does not exclude vendor assistance with out-of-area transportation needs.

Q9. Section 5.0 Cost Proposal Page 26: The maximum daily rate for TLP services shall be no more than \$99.72.

What is the bed billing/daily rate that will be paid by DHR?

R9. See Amendment 2.

Q10. Can you confirm that a vendor can apply for only the ILP portion, and not apply for TLP?

R10. Yes.

Q11. Will more than one provider be awarded for ILP or TLP, or is the intent to only award one provider per service?

If multiple providers will be awarded, how will the 64 slots be divided across providers?

R11. This will be determined by the number and quality of the proposals submitted. There is no pre-conceived answer that limits the amount of vendors awarded contracts.

Q12. Can young people be enrolled in ILP and TLP simultaneously? If ILP and TLP are provided by two different providers, what will the requirements be for coordination/collaboration?

R12. No.

Q13. Can you clarify, for ILP services only, if the housing is paid for by the vendor (i.e. factored into the rate)? If so, would this be the case even for young people who are living in an apartment and are employed?

R13. Yes, and as stated in RFP, an established plan should be in place to assist youth with preparing to gradually assume total financial responsibilities of their housing needs as they move through the ILP program.

Q14. Page 7 Section 1.2: Do ILP-only providers need a Child Placing Agency license to provide ILP services?

R14. Yes, you would be placing the youth in the particular ILP setting.

Q15. Page 7 Section 1.2 - Would an ILP provider have a Child Placing Agency license to provide ILP services to a child currently living in a foster home, even if the ILP provider is not the placement provider?

R15. See R14.

Q15. Pg. 7, 1.3 – The dates listed are for two years, but the contract term says three years - does this contract go through September 30, 2021 or September 30, 2022?



R16. The contract period runs October 2019-September 30, 2022.

Q17. Pg.15: Can a full definition of “community-based housing” be provided? Would this include, for instance, youth living in homes with family/ friends?

If so, are we also able to serve homeless youth (i.e. if a young person, age 19, is temporarily without a permanent housing arrangement, and is homeless or “couch surfing” could the ILP provider continue to provide services to help identify a more permanent housing arrangement)?

R17. No. Independent living is different from transitional living (and the examples you listed above) in that youth live in an alternative living arrangement (i.e., community based housing) rather than a foster family home, group home, or other residential type facility. This housing would be considered their own home structured by the vendor to prepare to live on their own.

Q18. Page 16 H: Do staff also have to be trained as detailed in the minimum standards for residential child care facilities, if they are only providing ILP services?

R18. No, but training requirements listed in the *Minimum Standards for Child Placing Agencies and the Transitional and Independent Living Programs and Placement Requirements* (located on the DHR website) must be met.

Q19. Page 16, H. – Can you clarify staffing requirements for ILP services? Are the “Case Manager” and “Life Coach” positions detailed in the Transitional and Independent Living Program and Placement Requirements document both required for ILPs? Does the vendor have any flexibility on the requirements (i.e. utilizing a combination of Masters and Bachelors level staff, with oversight by and frequent consultation with a licensed clinician, as prescribed in a clinical model that has proven impact with this population)?

R19. The vendor is required to describe in detail how the required services and supports will be provided to the young people they seek to serve.

Q20. Page16 point M.1- Is it a requirement that the vendor co-sign with youth on lease? Would it be acceptable for the ILP provider to assist in helping the young person identify a member of their natural support system to co-sign a lease, instead?

R20. Vendor would need to be prepared to assist with establishment of lease and address specific options in partnership with the ISP team.

Q21. Page 16 M – Can you clarify the following: “Vendors must provide an option for individual (1 person) or joint housing (2 persons) according to the ISP needs with an emphasis on appropriately matching youth based on their individual strengths and needs and compatibility, not vendor availability”? Does this mean that the vendor directly provides/pays for housing, or that the vendor is expected to help youth find housing that meets this criteria?



R21. This addresses the need some youth have to establish their own housing where it is not recommended they have a roommate. Vendor of ILP services would have to provide both options.

Q22. Page 17, Core Services for TLP and ILP Programs - Do all of these requirements apply to both ILPs and TLPs?

R22. Yes.

Q23. Page 17, O – Is the alternative placement required by ILP provider(s)?

If so, can this be done through a subcontract, if a provider does not have foster care or congregate care in the state?

Alternatively, is it acceptable if an ILP provider assists the youth in identifying natural supports (i.e. extending family, family friends, etc.) who can act as a temporary placement, if/when the need arises?

R23. Yes; No; No

Q24. Page 17, N – Please clarify if the vendor is responsible for securing/paying for a phone/phone plan for the youth? Is it acceptable if the vendor assists the youth in securing a phone and phone plan (i.e. takes them to a cell phone provider and helps identify a plan that meets their needs, is within their budget, etc.)?

R24. This references policy where the youth's residence shall have a working telephone.

Q25. Page 17, Q – Is this supervision requirement applied to ILP? If so, can details be provided regarding what this supervision entails (i.e. staff contact for how many hours, what level of staff can complete supervision, where/when does it have to occur, etc.)?

R25. Yes; those details would be established in vendor proposal of services

Q26. Does face to face contact have to be made by staff, or can other community-based figures check-in (i.e. a natural support, such as a neighbor or family friend)?

R26. Face to face contact must be made by staff.

Q27. Page17, Q – For supervision, does the prescribed schedule mean face to face contact from initiation into the program or does it start when they move into their new living quarters (i.e. if they move to an apartment on their own, are they expected to still follow this schedule? And, if so, how is the vendor expected to enforce the schedule of face to face contacts if the youth is working, in school, etc.)?



R27. From initiation into the program and assessed ongoing by need.

Q28. Page 17, A – Can a vendor subcontract a med management team/practitioner to administer medication, and/or refer the young person to a community resource for any medication management needs?

R28. The requirements for (Medication Administration) as a Medicaid Rehab service include the administration of oral or injectable medications under the direction of a physician, physician assistant, or certified registered nurse practitioner. The service must be performed by a RN, LPN under the direction of a physician.

Q29. Page 17, N – Can a link be provided to DHR’s telephone and main contacts policy?

R29. This will be available post award.

Q30. Page 18, B – Does an ILP-only provider have to provide 1 hour of daily training for every youth? If so, what are the vendor’s responsibilities if a young person is unable to meet for a minimum of one hour per day (i.e. young people who are working, in school, etc.)?

R30. Yes; those details would be established in vendor proposal of services.

Q31. Page 18, G – Do ILP providers have to billed Medicaid, or is it an option to be funded solely through the daily rate?

R31. In the past ILP and TLP Medicaid Rehab services were billed to Medicaid.

Q32. Page 18, G - Are services under Chapter 105 of the Medicaid Rehab Manual billed directly to Medicaid, or are they billed to Medicaid through DHR?

R32. See R31. Services under chapter 105 are billed to Medicaid through DHR.

Q33. Page 18, E-F – Are allowances and monthly funds required for ILP? Are the allowances provided by DHR, or is that expense to be factor into the daily rate for services?

R33. This is provided by vendor separate from DHR, based on the youth’s age and per agreement with the ISP team

Q34. Page 18. I – Are there specific guidelines/rules regarding supervised family visitation? i.e. what level of staff is required to assist with supervised family visits?

R34. This would be based on discussion with the ISP team.

Q35. Page 18, K – What do the 5 hours per week crisis intervention entail? Does providing 24/7 on-call support for crisis intervention, with in-person intervention as needed, satisfy this criteria?



- R35. This could involve any level of intervention related to youth's needs and would be based on agreement with ISP team.**
- Q36.** Page 19, E – Can an explanation be provided regarding the need for written guidelines establishing rules for guests? Would this be applicable to a young person living in their own apartment?
- R36. This would provide clear guidelines/agreement based on the individual case as to housing expectations.**
- Q37.** Page 20, F-K – Can you clarify for items F-K, what exactly are the responsibilities of the county or and what are the responsibilities of the vendor (note that these seem to be under the heading “RESPONSIBILITIES OF THE DEPARTMENT OF HUMAN SERVICES, but some of them reference the vendor, so it is unclear)?
- R37. There are some joint responsibilities that are shared by the vendor and the county DHR office. The language contained in each section identifies which entity has what responsibilities.**
- Q38.** Page 20, I – Is the \$50/month for special needs and occasions provided directly from DHR, or should it be included in the calculation of the daily rate?
- R38. The \$50/month references vendor provision.**
- Q39.** Page 26, Cost Proposal – Is the daily rate applied to every day of program enrollment, or only days when the young person is seen/has a session with their ILP staff?
- R39. Every day of program enrollment.**
- Q40.** Page 26, Cost Proposal – Would a proposal that includes a private philanthropic match be given any additional points in the scoring process?
- R40 No, please see page 13, Section 2.11.2 Evaluation of Proposals.**
- Q41.** Can you confirm that a vendor can apply for only the ILP portion, and not apply for TLP?
- R41. See R10.**
- Q42.** Will more than one provider be awarded for ILP or TLP, or is the intent to only award one provider per service?
- If multiple providers will be awarded, how will the 64 slots be divided across providers?
- R42. See R11.**



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R43. See R12.

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Bachelors level staff, with oversight by and frequent consultation with a licensed clinician, as prescribed in a clinical model that has proven impact with this population)?

R50. See R19.

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R52. See R21.

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R53. See R22.

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R55. See R24.

Q56. Page 17, Q – Is this supervision requirement applied to ILP? If so, can details be provided regarding what this supervision entails (i.e. staff contact for how many hours, what level of staff can complete supervision, where/when does it have to occur, etc.)?



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R70. See R39.

Q71. Page 26, Cost Proposal – Would a proposal that includes a private philanthropic match be given any additional points in the scoring process?

R71. See R40.

Q72. Page 16, Item H: Page 22 of DHR Minimum Standards references New Hire and Continuing Education training. The website references the 16 additional hours for staff under the qualifications.

To be clear, is there a total number of annual training hours required for TLP/ILP staff.

R72. *Minimum Standards for Residential Child Care Facilities sets a floor for new hire training of 30hours of actual training. Topics are detailed in the standards. After the*



first anniversary of employment staff must receive a minimum of 15 hours training annually (see the standards on the website). The language on training floor for new hires is the same in the Child-Placing Standards, as is the continuing education.

Q73. Section 6: Evaluation Criteria, Page 27, Method of Providing Services: Does the Evaluation Criteria determine the number of slots provided?

R73. Please refer to page 13, Section 2.11.2 Evaluation of Proposals.

Q74. Section 6: Evaluation Criteria, Page 27, Cost Proposal: Does the Evaluation Criteria score impact the agency's rate?

When looking through the RFP, there were two dates listed for the questions deadline. One section said May 6, and we just saw that another said the 15th.

R74. The due date dates for questions were May 15 but please review the department's website for amendments/updates to Schedule of Events.