



Q1. Section 1.3, page 7 – Contract Term: Why is the contract term for only two years, when all other recent DHR RFPs stipulated a three-year term?

R1. All contract opportunities are unique to the issuing division, services sought, and funding availability.

Q2. Section 3.0, page 15 – Programmatic Information: The RFP here states that “services must be provided to families and children daily”. Shouldn’t the services be on a needs basis rather than a prescriptive basis, guided by the ISP? In Section 3.9, Outcomes, page 24, first sentence, the RFP states “ISP needs will drive service delivery.” Please reconcile the statement in Section 3.0 with the statement in Section 3.9. Also, please clarify “daily” – does that mean five days per regular work week? Or seven days, in a calendar week?

R2. Services provided to the family will be based on an Individualized Service Plan (ISP). “Daily” means the service provider will be available on a daily basis 24 hours per day, 7 days a week to provide services to the family based on the needs and availability of the family.

Q3. Section 3.0, page 15 – Programmatic Information: The last sentence in this section states in part, “... provide therapeutic foster care of the family for up to one year”. Please clarify what criteria would indicate that therapeutic foster care was necessary for the family, and what criteria would establish their appropriateness for discharge from this aftercare. Also, please define what “therapeutic foster care” would entail in this context.

R3. This should read therapeutic intervention instead of therapeutic foster care. Please refer to sections 3.11 and 3.12 regarding discharge and aftercare.

Q4. Section 3.1, page 15 – Staff Qualification Requirements: In the third paragraph, the RFP states: “Two workers must be assigned to each family for conducting the intervention...” Who would this second worker be? Would it be appropriate to assign the Supervisor as secondary coverage for all open Wrap cases? Or is this stipulation indicating that two caseworkers would be assigned as primary and secondary?

R4. Please refer to the requirements of the RFP.

Q5. Section 3.1, page 15 – Staff Qualification Requirements: In the third paragraph, the RFP states: “Wraparound Team staff must be available to the Department seven (7) days a week, twenty-four (24) hours a day, 365 days per year.” Does this mean “available” or “providing services”? It is the policy of this Vendor to have Wrap staff on call at all times; however, the Vendor does not provide services every single day of the year. Section 3.4, Availability of Services, page 16, says “services will be available...” at all times. Please clarify both.

R5. Refer to R2.

Q6. Section 3.1, page 15 – Staff Qualification Requirements: In the SUPERVISOR section, the RFP states that the supervisor must have a master’s degree, proper training and certification to be able to provide counseling for clients. The Vendor typically uses a



model where Supervisors do not provide counseling, but rather counseling is done by the Vendor's dedicated counseling staff on an assignment basis. Is this model acceptable under this RFP? Is it permissible for a Supervisor to be an LBSW if the counseling is done by another Vendor employee who is certified for counseling?

R6. Supervisor's must have a master's degree, proper training and certification as outlined in the RFP.

Q7. Section 3.1, page 15-16 – Staff Qualification Requirements: From this section it appears that the Department has determined the “best structure” and model to deliver Wraparound services in the RFP. What is this model and is it evidence-based? In the model you are proposing, what is the role of the Family Support Worker and do they carry a separate caseload? Please provide us with enough information about the model that would allow us to address how we can best provide the services in the manner you are stipulating, including philosophy and supporting evidence.

R7. Please refer to the requirements of the RFP.

Q8. Section 3.1, page 16 – Staff Qualification Requirements: What tasks are appropriate for the Family Support Worker? Please describe the activities associated with this position.

R8. Please see description under Family Support, page 18.

Q9. Section 3.2, page 16 – Number of Staff: This section details how the Wraparound team is to be staffed. The following Section 3.3 details Staffing and Caseload Restrictions. If the intent of the RFP is to serve 30 families at any one time, then the assumption that we are making is that there will be two not one Wraparound teams. Is that correct?

R9. Please refer to the requirements of the RFP.

Q10. Section 3.2, page 16 – Number of Staff: The RFP states on Page 17, in Section 3.5 Service Delivery, that the Vendor is expected to serve a minimum of 30 families at a time, and no more than 120 families during a contract year. In Section 3.2, the Number of Staff is given as 1 Supervisor, 2 full-time Caseworkers, 1 Family Support Worker; 1 Clerical Worker and 1 Transportation Specialist.

- Is this just outlining team structure? Or is this the total number of staff members DHR is willing to support through this RFP?
- The Vendor's current practice is for caseworkers to have no more than six cases at any one time. If this is the total number of employees allowed, then both caseworkers and the Supervisor would be responsible for a minimum of 10 cases (families) at a time. Can the Vendor have more than one Team?
- If more than one Team is allowed, do both Teams have to have a full-time clerical worker and a full-time Transportation Specialist? Or could the teams share those positions?
- Please address how current caseload standards apply to this RFP, and whether or not the described model of service delivery anticipates a change in caseload standards.

R10. Please refer to the requirements of the RFP.



Q11. Section 3.3, page 16 – Staffing and Caseload Restrictions: In the second sentence of this section, reference is made to the case manager. Is this used interchangeably with caseworkers? Also, following clerical worker the word “drive” is present. Is that driver, and if so is that used interchangeably with transportation specialist? From the remainder of that same sentence it can be assumed that you believe that the supervisor can provide clinical/administrative supervision to five staff, oversee movement/progress on fifteen cases, provide in-home counseling, crisis intervention and other services identified. Is that correct?

R11. The reference with case manager is used interchangeably with caseworkers. The word drive should be drivers.

Q12. Section 3.5, page 16 – Service Delivery: In paragraph 1, the RFP states that “admissions are denied only if there are no available slots, warranting placement on a waiting list.” Does this mean that the Vendor must accept clients who are psychotic, actively addicted, or engaging in other severely inappropriate behavior? Please clarify the possible exclusion criteria, as well as inclusion criteria, and at what point more severely disturbed or acting out individuals would be placed in more restrictive environments.

R12. The ISP team will decide whether or not in-home services will be appropriate for the family member. If situations occur as listed above, the ISP team will be convened to discuss the appropriateness of services.

Q13. Section 3.5, page 17 – Service Delivery: In the last sentence of the first paragraph on this page, the RFP states “If there are no openings, the Wraparound Team staff will attempt to locate another agency or resource for the family in an attempt to stabilize the situation...” Does this mean the Vendor will be responsible for placing a family if the Vendor does not have openings?

R13. Please refer to the requirements of the RFP.

Q14. Section 3.5, page 17 – Service Delivery: In the third paragraph, the RFP states the Vendor “will accept cases...totaling thirty (30) hours of in-home services intervention per week...” Is 30 hours the minimum amount of services? The maximum? The target? Please clarify.

R14. Please refer to the requirements of the RFP.

Q15. Section 3.5, page 17 – Service Delivery: In the fourth paragraph, the RFP states “...even if a child ultimately requires out of home placement, the services continue with the family to help them adjust to this transition and work towards reunification.” Sometimes this process is short, and sometimes it is quite lengthy. Please clarify, and list criteria for, how decisions would be made about what services to provide and how long the case would remain open if the child does not return home within a certain period of time, especially if one of the outcomes is length of time the case remains open.

R15. Please see the requirements of the RFP.



Q16. Section 3.5, page 17 – Service Delivery: The fourth paragraph notes that the service vendor will service a minimum of 30 families at any given time. Subsequent wording is unclear whether this is one team or two teams. If it is one team, what caseload standards are being used? Does the second sentence in this paragraph mean that the team will provide 30 hours of “in-home intervention” per week?

R16. Refer to R14.

Q17. Section 3.5, page 17 – Service Delivery: In the sixth paragraph, the RFP details protocol for on-call staffing. The Vendor already has a proven and long-term structure for ensuring 24/7 on call coverage for each program where it is appropriate. Is the Vendor for this contract required to follow the model outlined in the RFP? Or can the Vendor use its existing model already in place?

R17. Please refer to the requirements of the RFP.

Q18. Section 3.5, page 18 – Service Delivery, In-Home Intervention: This section again references a specific model of service delivery. It appears to be incongruent with the model for service delivery with continuum services, which has intensive in home services as a key component. Is it the Department’s intent to restrict service delivery models in this RFP?

R18. Please refer to the requirements of the RFP.

Q19. Section 3.6, page 20 – Wraparound Service Requirements: In the italicized information opening this section, the RFP states that “...staff will be housed...at the Department.” Please explain the reasoning for this stricture, and how the Department perceives it as advantageous to service delivery. This model has been used in the past, and it is this Vendor’s experience that issues with security, hours of service, HIPAA confidentiality and other concerns made the office sharing highly problematic. This Vendor would prefer to provide office space for its Wraparound staff. Please discuss under what conditions this would be possible.

Q19. Staff will not be housed at the DHR office.

Q20. If DHR is planning to provide offices for Wraparound staff, please address the following:

- Will DHR provide on-site Vendor staff with all necessary equipment, including computers and internet access?
- If equipment is provided to Vendor staff, will it have software that is compatible with current Vendor software, including proprietary centralized electronic tracking and billing software?
- Would the Internet access be through the DHR system, and if so, how would DHR handle computer security issues regarding Vendor access of DHR information?
- If equipment, including computers, is not provided to the Vendor by DHR, would the Vendor have full access to DHR infrastructure for the purposes of installing said equipment?
- Will Vendor administrative and IT staff have full 24/7/365 access to DHR offices for the purposes of managing Vendor processes, equipment and crises?



R20. Refer to R19.

Q21. Section 3.6, page 21 – Wraparound Service Requirements: In the list of requirements, items R through FF, excluding EE, are detailing requirements for DHR staff to accomplish relative to the Wraparound program. Please clarify the reasoning for including this information, and what if any relevance this has to the activities required of the Vendor.

R21. This is included to clarify the responsibility of DHR staff and Vendor staff.

Q22. Section 3.6, page 21 and 22 – Wraparound Service Requirements: In items T, II, and TT, the RFP references “core services”. However, a word search of the RFP does not identify any location identified as “Core Services”, and the phrase is used only in those three places. Please identify what is being referred to as “core services”, and what they would require of the Vendor.

R22. Please see services listed under Section 3.5 on pages 16-19 of the RFP.

Q23. Section 3.6, page 22– Wraparound Service Requirements: In Item KK, the RFP states that the Vendor must coordinate hiring decisions with DHR. This is not typically a role that DHR plays in the management of the Vendor’s staff. Please clarify the meaning of this requirement, and what practical activities would need to take place to meet it.

R23. Please refer to the requirements of the RFP.

Q24. Section 3.6, page 23 – Wraparound Service Requirements: In Item WW, the RFP states that the Vendor must conduct 30 day assessments. The Vendor currently conducts the Intake process within 30 days, and a follow-up assessment in 60 days. Does this meet the requirement in this item? Would the extensive Intake procedure adequately fulfill the 30 day assessment role?

R24. Please refer to the requirements of the RFP.

Q25. Section 3.6, page 23 – Wraparound Service Requirements: In Item XX, the RFP states that the Vendor must conduct QA activities including outcome measures. Please clarify whether DHR will provide the outcome measures, or whether they will need to be developed by the Vendor.

R25. Please refer to the requirements of the RFP.

Q26. Section 3.7, page 24 – Movement Within the Wraparound Services and Case Management: Please clarify the intent of this section. As Wraparound is a stand-alone program, there is no “movement within” the program. What is this referring to?

R26. Please refer to the requirements of the RFP.

Q27. Section 3.12, page 25 – Follow Up Services: Item C mentions a “closure date”. The Vendor currently documents the projected length of service for each case. Would this



be accepted as the closure date? If not, what does DHR recommend for determining this date?

R27. Please refer to the requirements of the RFP.

Q28. Section 4.2.5.3.4, page 29 – Office Location: In this section, the RFP states that “(t)he Vendor must provide the physical address of the Vendor’s office that will be responsible for maintaining records and performing services...” However, earlier the RFP (Section 3.6, page 18) states that Vendors must provide services from a base in DHR’s local offices. To be effective and efficient, the Vendor needs to provide services out of the same offices where the Vendor’s records are located. This would need to be the Vendor’s administrative headquarters, to ensure assiduous application of HIPAA requirements. Please clarify. Will Vendor Wraparound Team be moving to offices at the Jefferson County DHR?

R28. Refer to R19.

Q29. Section 5.0, page 31 – Cost Proposal: Determining a daily rate can be difficult, given the unpredictability of a family’s needs and of the aggregate of all current client needs as they shift, surge and ebb from day to day. A monthly rate is much more representative of range of services. May Vendors submit a monthly rate rather than a daily rate for this RFP, as has been the case in other recently released RFPs?

R29. The Vendor may arrive at a daily rate by dividing your monthly estimate by 30 days.

Q30. Section 3.0 PROGRAMMATIC INFORMATION (page 15)
The RFP states, “Services must be provided to families and children daily.” For clarification, does the 24-hour/365 days on-call requirement cover for this daily requirement?

R30. Refer to R2.

Q31. Section 3.1 STAFF QUALIFICATION REQUIREMENTS (page 15)
The RFP lists the staffing qualifications for the Wraparound Team. However, can the department further define the individual job responsibilities/roles of each member of the team?

R31. Please refer to Section 3.5 pages 18 and 19 of the RFP.

Q32. If a provider can accomplish the goals and outcomes expected of the wraparound team by using a different staffing structure that has more than ten years of support to show its effectiveness, can the provider propose this different type of staffing structure?

R32. Please refer to the requirements of the RFP.

Q33. Section 3.2 NUMBER OF STAFF (page 16)
Can a provider propose an evidence-based program with a slight variation to the number and roles of the staff presented in the RFP?



R33. Please refer to the requirements of the RFP.

Q34. Section 3.3 STAFFING AND CASELOAD RESTRICTIONS (page 16)
The RFP states that a minimum of thirty (30) families will be served by the wraparound team. Is this minimum of thirty per contract year or over the whole course of the two-year contract period? Also, is there an anticipated length of stay for families while in the program, and is there a Department expected maximum amount of families that will be served by the wraparound project?

R34. Please refer to the requirements of the RFP.

Q35. The RFP states that there is no restriction on caseload size. Just to clarify in the context of this sentence, does this mean no restriction is placed on the number of cases the supervisor may be assigned or there is no restriction on the number of cases the entire wraparound team may be assigned?

R35. Please refer to the requirement of the RFP.

Q36. Section 3.6 WRAPAROUND SERVICES SERVICE REQUIREMENTS (page 20)
The RFP states, "The Wraparound Team staff will be housed in a limited number of offices at the Department." If a vendor has an established office providing services in the county and surrounding areas currently, will they still be housed in the Department? Can the provider's staff not work out of their existing office location? And if so, is a rent payment required?

R36. Refer to R19.

Q37. In EE. On page 22, The RFP states that the vendor will assist in administering the Department's Quality Assurance component. Just for further understanding, what is involved and required for this process?

R37. Participant in the QA process, includes, but is not limited to participating as a provider in the case review process completed by QA.

Q38. In XX. On page 23, The RFP mentions a requirement of administering outcome data every ninety (90) days. Does this process happen while the child is currently enrolled in the program and/or is this outcome data also required after discharge? Also, what specific outcome measuring tools will be required for the collection of this data?

R38. Please refer to the requirements of the RFP.