Questions for Intensive In-Home Services RFP# GB2025-100-18

Question #	RFP Section	RFP Heading	Question	Answer
1	4.2	Proposal Format	Is there a page limit for the proposal package?	No.
2	4.2.5.5.2	Trade Secret Affidavit	Our application will not contain any trade secrets or confidential information. Would an updated version of the attached affidavit sample suffice for the trade secret affidavit, (Appendix C) requirement, as in the past? Or should we omit this attachment altogether?	You can omit that attachment.
3	4.2.5.5.4	E-Verify MOU	Could you please confirm that the attached E-Verify MOU satisfies this requirement?	Yes.
4	5.0	Cost Proposal	While the fee structure remains the same in this RFP as it has for more than a decade, the cost of doing business continues to rise substantially for provider agencies. Are rate increases being considered by DHR for the second and third years of IIHS services under these contracts?	Medicaid rate is set by Medicaid according to their policy.
5	5.0	Cost Proposal	I only see the form for non-Medicaid and Medicaid slots proposed, but not the form	Rates are as listed in 5.0 of the RFP. Slots are as listed on appendix F.

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			for the proposed rate. Will there be a form for the proposed rate and slots?	
6	3.0	Scope of Project	Can Reunification services be provided to a child that has been out of the home for less than six months? (The paragraph under Scope of Project does not indicate a time frame, but the last bullet point under *Appropriate Reunification Case referrals* include stipulates six months out of home.	Yes
7	3.0	Scope of Project	For Preservation services, can the permanency plan be something other than Remain with Parents, such as relative or kinship?	Appropriate Preservation Case referrals include: • Families where the children are at imminent risk for being removed from their own homes • Permanency Plan is Remain with Parents
8	3.5	Service Delivery	Is a 724 needed in order for a referral to be considered complete and ready to review within the noted time frames?	Refer to 3.5 for what constitutes a complete referral for IIHS. The 724 must be supplied at the time of the ISP meeting to avoid delay in services.
9	3.6 A.	Core Services	The RFP notes schedule and coordinate the child's treatment plan. Is the treatment plan requirement for the child or the family unit? Historically the	The family unit

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			treatment plan is done for the family unit with the children added to the plan.	
10	3.12	Tracking	In light of the fact that the current procedure is not to change a family's successful or unsuccessful completion of the program after discharge, what would providers be tracking at the three, six, and twelve month marks?	The continued use of the skills that were assessed to have been gained during the service period. The child/children's continuance in the home.
11	4.2	Proposal Format	Section 4.2 Proposal Format on page 24 of the RFP notes that proposals must be "single-spaced" and that "paragraphs must be double-spaced." Can you please confirm whether the expectation is that text within each paragraph should be single-spaced, and there should be a double-spaced (i.e., an extra blank line) between paragraphs?	The document is to be single spaced but there are to be two lines between paragraphs.
12	1.0	Project Overview	In Section 1.0 Project Overview on page 8 of the RFP, it states "Vendors may propose for more than one region but must provide assurances that they will have a physical presence in each region to serve children within the county or region." If the vendor does not currently have a physical presence in the region they are proposing for but will secure one by the contract start date, is that stated	Vendor may propose a region they are not in but must assure their presence at the start of the contract and be ready to receive referrals at the start of contract.

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			assurance sufficient to meet this requirement?	
13	1.0	Project Overview	Will slots be allocated in increments of 6 due to the caseload expectations?	Slots are assigned based on regions.
14	3.3	Staff and Caseload Restrictions	How do vendor get a higher case load size?	They can request and if needed, more can be allotted.
15	3.3	Staff and Caseload Restrictions	Can the caseload size be an average of six (6)? The needs of the families fluctuate as they progress toward closure. Could a vendor pick up a case as one is ready to close?	See breakdown in 3.3 No
16	3.3	Staff and Caseload Restrictions	Is the caseload size of six (6) per person or for the entire staff team?	Family Support workers -maximum of 6 families. Therapist-maximum of 12 families. Supervisor-may not carry a full-time caseload. See RFP 3.3
17	3.3	Staff and Caseload Restrictions	Can staff split their caseload between IIHS and other programs?	No
18	3.3	Staff and Caseload Restrictions	The RFP says "All staff positions must operate separate & apart to meet the requirements of this RFP." a. Does this mean that they cannot work in other programs if they are	Correct.

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			not carrying a full-time IIHS caseload? b. For example, if 10 slots are allocated to a provider, would the provider have to have 2.0 FTE FS Workers and 1.0 FTE Therapist dedicated to the program? c. Or, can the provider have the following staffing: 1. 1.0 FTE FS Worker dedicated to cover 6 of the 10 slots and 2. 0.67 FTE FS Worker covering the other 4 slots but split where the other 0.33 FTE of that FS Worker is allocated to another program and 3. 0.83 FTE of a Therapist to cover the 10 Slots and the other 0.17 FTE allocated to another program?	
19	3.3	Staff and Caseload Restrictions	The RFP says, "Supervisor will not carry a full-time caseload." a. Does this mean they can supervise up to 6 staff AND carry a small (partial) caseload?	Refer to 3.2 of RFP.

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			b. If not, does carrying a partial caseload limit their supervision ratio? c. If the supervision ratio is limited due to carrying any caseloads, what would that limit be?	
20	3.3	Staff and Caseload Restrictions	Knowing that the lifespan of a case is more intensive in the beginning and drops in intensity as the case progresses, would that allow for FS Workers/Therapists to take on an additional case towards the end of another, just so that the average maximum caseload numbers are still met?	Please refer to section 3.3 of the RFP that breaks down the caseload limits of the treatment team.