



State of Rhode Island
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Solicitation Information

April 18, 2016

ADDENDUM #1

RFP# 7550411

RFP Title: Home- And Placement-Based Services to Improve Outcomes for DCYF Children, Youth and Families

Bid Opening Date & Time: May 2, 2016 at 10:00 AM (Eastern Time)

NOTE CHANGE

Notice to Vendors

- 1. Extension of Closing Date:**
The original RFP # 7550411 Home- And Placement-Based Services to Improve Outcomes for DCYF Children, Youth and Families closing date has been changed from April 26, 2016 at 10:00 AM (Eastern Time) to May 2, 2016 at 10:00 AM (Eastern Time).
- 2. Vendor Question with State Responses: Pre-bid and Email:**
ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES. NO FURTHER QUESTIONS WILL BE ANSWERED.
- 3. Pre-bid Attendance Sheets:**
See attached.

David J. Francis
Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

State Responses to Vendor Questions for RFP # 7550411

	Question	Response
1	P. 12 of the RFP states asks for "comprehensively described" service models but with a total of 26 multi-part questions, we are concerned about not being able to provide sufficient answers for evaluation in the space allowed (10 pages and 10 pages of attachments). Would the Department consider increasing the page limit?	The Technical Proposal page limit has been increased to twelve (12) pages plus up to ten (10) pages of appendices. Additionally, responses to Technical Proposal elements 4.3.1, 4.3.2, and 4.3.3 (together, Qualifications and Certifications) shall not count against either page limit. There is no page limit on the Cost Proposal.
2	Is a detailed logic model sufficient or must grantees submit BOTH a Theory Of Change model and a Logic Model?	As stated on page 14, for locally-developed programs, DCYF seeks proposals that include both a theory of change and a logic model. These may be included in the Technical Proposal appendix.
3	Will questions be allowed at the pre-bid/proposal conference? If so, will answers to questions asked be posted as an addendum to the solicitation?	Yes, to both -- questions were allowed at the pre-bid and state responses will be posted as an addendum.
4	On page 11, are adoption services excluded from the solicitation?	As stated on page 11, excluded from the solicitation are services primarily designed to accelerate and sustain adoption or guardianship when reunification is not an option, such as adoption support services and adoptive family peer support resources.
5	Section VI, Evaluation and Selection, page 21: What state agencies will be represented on the Technical Review Committee?	The membership composition is not public knowledge during the bidding process. However, the final recommendation memo will contain the names of the individuals that served on the technical evaluation team. This memo will be available per access to public records request after the awards are made. See the Purchasing website here: http://www.purchasing.ri.gov/publicrecords/publicrec.aspx .
6	Section VI, Evaluation and Selection, page 21: Is DCYF required to select the low bidder or able to choose the "vendor it deems to be in its best interest to accomplish the project"?	As stated on page 22, the State/Department reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified in the RFP.
7	Section VII, Proposal Submission, page 24: Can the separately sealed technical	Yes, as long as the cost proposal is separately sealed in the package apart from the technical proposal.

	and separately sealed cost proposals be enclosed in one package?	
8	Define ‘evidence informed’ as it relates to program models to be considered. Specifically, would you allow a program model that uses some EB (evidence based) criteria but is not an exact EB model due to lack of certification/etc.	Yes. See response to Question 10.
9	Will DCYF support model costs associated with training/certification/fidelity for an EB model? (i.e. model costs range from \$50,000-\$70,000 for one year) It doesn’t make sense to put this cost in a budget if DCYF won’t support.	Training, certification, and fidelity costs typically fall within allowable cost categories defined by Federal OMB Circular A-122. Any expenses associated with such proposed activities should be itemized in the Cost Proposal.
10	On page 8 – ‘The Dept doesn’t expect every program to have an equally strong evidence base ; rather, it expects providers to be aware of the available evidence for a program’s impact and proactively plan and adjust intake, management, and evaluation strategies based on the best information available’ . What does this mean? Please clarify. Are you saying you programs considered do not have to be EB?	There are no requirements that proposed programming must be backed by any specific level of prior research, evidence, or evaluation. Offerors are asked to provide the best available evidence as to why the proposed service model is likely to cause the achievement of desired outcomes for the target population. DCYF seeks respondents who present compelling evidence that their program(s) will have a meaningful and observable impact on the children and families in their care, and demonstrate how the outcomes against which programs have been evaluated are relevant, achievable, and impactful. For programs where prior research or evaluation is limited or has not been conducted at all, DCYF seeks proposals that offer a well-constructed theory of change and logic model that indicate why the proposed service model is likely to cause the achievement of desired outcomes. Any program -- including evidence-based programs, evidence informed programs, and locally-developed programs -- will be considered.
11	Again on page 8 – what are examples of ‘locally-developed programs’? You state that ‘locally developed programs developed with deep knowledge of RI’s operating environment and population will’ be considered. So again, if I find an EB model that is related to what I want to do, but the cost is \$70,000 to become EB certified (so I cannot call my proposed	Yes. The hypothetical proposal may be considered evidence-informed. See response to Question 10 for more information.

	program EB unless I become certified), will you consider that non EB hybrid program? Is that considered evidenced informed? Is that considered locally developed?	
12	Is it allowable for an agency to propose two rates within a treatment foster care program? More specifically, would an agency be allowed to propose a second “step-down” rate, for children and youth who no longer require the same intensity of services? For instance, a child no longer needs to see a therapist twice a week and is transitioning to once a week. If an agency were to propose a lesser rate once this occurs, would that be acceptable?	Yes.
13	If a proposed service can meet outcome categories for both placement services and home-based services, should the offeror send in two separate proposals for the same service?	A bidder may submit a single proposal or multiple proposals. The RFP instructs offerors to identify which outcome category each proposal is primarily designed to accomplish. Please state in Technical Proposal element 2.1.1 if multiple proposals are being submitted by the same Offeror for the same service capacity.
14	Are there any guidelines or parameters regarding what can be contained in the appendices?	No.
15	Does an out of state provider who currently provides residential services to Rhode Island clients in a program located in another state need to respond and be awarded under this RFP #: 7550411 in order to continue to be eligible to provide these services?	Yes. Out of state residential providers are being asked to respond if they deem appropriate in order to be eligible to provide services.
16	On page 10 -) Does the term “outcome categories of services” refer to the details bulleted in the RFR on pages 10-11 “Eight (8) outcome categories of services” (i.e., 2A through 4B), and as further defined in Appendix B charts (pages 27 – 34)?	Yes.
17	On page 10- What do the terms “standalone service” and “bundled set of integrated services” entail – Can you provide a clarifying example of what “service(s)” would be included for each term “standalone service” and “bundled set of integrated services”?	Each response shall propose either a single stand-alone service or a bundled set of integrated services. Stand-alone services are typically delivered independently from other services and require new referrals to distinct services as clients’ strengths and needs change. A bundled set of integrated

		<p>services may be delivered by one or more providers, and may be characterized by one or more the following characteristics:</p> <ul style="list-style-type: none"> • A single referral as the basis for a child or family’s access to a sequence of services, or service intensities, based upon clinical needs, strengths, and progress. • A track record of service delivery and/or evaluation as an integrated program model. • A common payment rate for enrollment across a range of service types or intensity. • Commonality among frontline staff, clinicians, treatment modalities, units, facilities, and supportive resources that offers children and/or families continuity in care across service type or intensity.
18	<p>On page 10- Regarding the “Eight (8) outcome categories of services” as bulleted in the RFR on pages 10-11 (i.e., 2A through 4B), is a bidder agency expected to address just one “outcome category of service” to prepare a “standalone service” proposal? Or could an agency include more than one “outcome category of service” to prepare a “standalone service” proposal?</p>	<p>Proposals may address needs either within a single category or across multiple outcome categories of services requested. The RFP instructs offerors to identify which outcome category each proposal is primarily designed to accomplish. Only 1 primary outcome category may be identified in Technical Proposal element 2.1.1; additional outcomes may be identified in Technical Proposal element 2.1.2. Please state in Technical Proposal element 2.1.1 if multiple proposals are being submitted by the same Offeror for the same service capacity.</p>
19	<p>On page 10- Is a bidder agency expected to address more than one “outcome category of service” to prepare a “bundled set of integrated services” proposal?</p>	<p>See response to Question 18.</p>
20	<p>On page 10- Is it accurate to understand that an agency could submit multiple proposals, either as “standalone services” and/or as a “bundled set of integrated services”?</p>	<p>Yes.</p>
21	<p>On page 24- If an agency is submitting a proposal that responds to needs either within a single outcome category (in the RFR on pages 10-11/Appendix B) or across multiple outcome categories, is the 10 page response and the 10 appendices pages restriction for the Technical Proposal the page limitation per outcome</p>	<p>The page limits apply to the Technical Proposal as a whole.</p>

	category? Or do the page requirements pertain to the overall proposal (i.e., per proposal whether the proposal describes a “standalone service” or a “bundled set of integrated services”)?	
22	On page 24- Or, does the 10-page with 10 appendices pages Technical Proposal restriction and separate applicable Cost Proposal requirement apply to each “outcome category of service”?	See response to Question 21.
23	On page 24- If an agency is submitting more than one (1) standalone service or more than one (1) bundled set of integrated services as individual proposals for each, is only one completed and signed three-page R.I.V.P. bidder certification cover sheet and one completed and signed W-9 required for a multiple proposal package or are these forms required for each individual proposal submitted?	Vendors are to submit a W9 and signed three-page R.I.V.P. bidder certification cover sheet with each proposal.
24	<p>In the technical section to save space I was hoping we could format without using the questions – we discussed today in the conference. I have an example in the attached word document.</p> <p>Technical Proposal Elements 1. Quality of Proposed Services 1.1 Service Model and delivery 1.1.1 Provide the answer to the question 1.1.2 Provide the answer to the question 1.1.3 Provide the answer to the question 1.1.4 Provide answer 1.1.5 Provide answer</p> <p>2. Suitability of Approach/Methodology 2.1 Outcomes to be achieved 2.1.1 answer 2.1.2 answer</p> <p>And so on using the header and number for each section – will this be enough for the response, if we are required to type the entire question it takes too much space</p>	Please see response to Question 47 and Question 125.
25	Page 3, Does DCYF consider Foster Care Programs a stand-alone placement based service?	It depends on the specific proposal. See response to Question 17 for more information.
26	Page 4, #9, How much funding is available?	The Governor's FY17 proposed budget includes recommendations of appropriations for child welfare, children's

		behavioral health, and juvenile corrections. The proposed budget is available on the website of the Office of Management and Budget at http://openbudget.ri.gov . The DCYF budget is not final until approved by the General Assembly and Governor.
27	Page 4, #9, Will DCYF please provide the amount of funding available per service requested?	DCYF's proposed budget for FY17 does not itemize by service type. For more information, see response to Question 26.
28	Page 11, Services (2D); Should a DCYF client also be enrolled in Medicaid will the Provider be allowed to bill both Medicaid and DCYF?	Offerors should reference their ability to bill outside services to support children. However, the source of DCYF funding, including Medicaid dollars, will not be taken into account during the cost proposal and budget scoring.
29	Page 11, Services (2D); If a DCYF client is Medicaid enrolled should the provider bill Medicaid first and then recover any other "non-Medicaid billable services" from the DCYF contract?	See response to Question 28.
30	Page 18, When DCYF is paying out incentives is the payment going to be given as a flat rate or as a percentage of the total contract?	Incentive payment structures are not specified in the RFP. Offerors may address this in their proposal.
31	Page 29, TFCO; Can this section include other Foster Care models or is this specific one required?	Other foster care models may be proposed. TFCO is identified only as a program not currently offered through DCYF that may be appropriate to meet the needs of this outcome category.
32	Page 30, Does a Provider need to offer services to all the subpopulations listed or can the Provider choose which subpopulations they would like to offer?	Providers may specify which subpopulations they propose to serve.
33	Page 31, Can additional assessments be offered?	Yes.
34	Page 35, Can you please let us know how many providers you have in each category? Possibly add another column to the grid on page 35.	No, this information is not relevant to future contracting decisions. Many of the services listed in Appendix C were purchased through the two Networks of Care, which together held several subcontracts with providers.
35	Page 43, There are no stats from FY14-FY16. Is this an oversight or were none available?	Figure 8 on page 43 includes information on living arrangements for children in out of home care from points in time between June 30, 2014 (FY14) through December 31, 2015 (FY16). Additional information from prior years on the demographics, strengths and needs, care, and outcomes may be available in reports published on

		the DCYF Data and Evaluation website at: http://www.dcyf.ri.gov/data_evaluation.php .
36	Page 43, If no stats were available can DCYF please provide a reason why?	Not applicable.
37	Page 44, Please explain “90% of youth who enter into congregate care as their first placement were previously discharged from congregate care.”	Of children re-entering into out-of-home placement in SFY14, approximately 90% of youth who enter into congregate care as their first placement subsequent to re-entering care were previously discharged from congregate care. (Source: RI DCYF Data and Evaluation; Entry cohort of children in Foster Care, Selected Permanency Indicators, July 1, 2012 - June 30, 2015. Online at http://www.dcyf.ri.gov/docs/reports/draft_permanency_entry_cohort_FY13-FY15.pdf)
38	Is RFP 7550411 only requesting Proposal for the following sub population of 3D. Prepare Youth for independence: a. Pregnant or Parenting youth. b. Youth identifying as LGBTQI the only proposal for the section you are seeking.	No, the solicitation requests services for all youth in DCYF care. Providers may specify which, if any, sub-populations they propose to solely serve.
39	We are hoping for some clarification and guidance regarding the service(s) delivery we provide and how the service(s) should be procured. We are a “High End” Residential facility ; within our treatment model we provide different levels of care(based on youth acuity of symptoms and needs) each LOC has a different per diem rate . Please provide some clarification as to how these services should be procured : should there be 1 RFP for our High end residential service with Acuity level rates discussed at negotiation? Or should each of our internal LOC be procured separately in individual RFP’s or procured in some other way?	This is not specified in the RFP. Bidders may submit multiple proposals. Please state in Technical Proposal element 2.1.1 if multiple proposals are being submitted by the same Offeror for the same service capacity.
40	On pages 27-34, Appendix B includes “Detailed Information on Scope of Services Requested.” In each of the tables is section including “potential program elements.” Are respondents required and/or encouraged to include all of the program elements listed under the outcome for which they are applying, or	Potential program elements are not required to be included in proposals.

	can proposals include some, but not all, of the “potential program elements?”	
41	On pages 27-34, Appendix B includes “Detailed Information on Scope of Services Requested.” The introduction on page 27 states “In this RFP, DCYF is procuring placement-based services for children, youth and families requiring temporary out of home care that safely care for youth while providing clinical treatment, addressing other barriers to returning to a family-like setting, and preparing youth for independence.” Can respondents apply for programs that meet the goals of providing clinical treatment, addressing other barriers to returning to a family-like setting, and preparing youth for independence that are “stand-alone” programs that serve children and families regardless of setting? In other words, will the department only consider bids that specifically include child placement and are placement-based, or will the department consider applications that attempt to meet the outcomes without being placement-based?	As stated on page 10, proposals will be considered for both home-based and placement-based services.
42	On page 11, the RFP states which services are excluded from this proposal. The 4th bullet-point includes “accelerate and sustain adoption or guardianship when reunification is not an option, such as adoption support services and adoptive family peer support resources.” Please clarify the scope of this exclusion. Does this exclusion apply specifically to support services (clinical and non-clinical supports to children and families) or does it also include other adoption and permanency related services, such as education, training, permanency support services (as support to the DCYF staff), and information/public awareness, etc?	Proposals may generate secondary benefits related to accelerating and sustaining adoption or guardianship when reunification is not an option. However, services primarily designed to achieve this outcome are excluded from the scope of this RFP.
43	The RFP makes several references to supporting “permanency” for children in the care of the department, but specifically excludes adoption-related services on page 11. It can be said that there are two distinct, though related and equally important types of services needed for children: (1) placement and (2) permanency. Placement can be considered	Refer to the definition of "permanency" provided in Appendix E (page 49) of the RFP. Please also see response to Question 42.

	<p>services that provide a safe environment for children while in out of home care, as well as providing on-going clinical and behavioral supports for children to maintain safety and overall well-being. Permanency, on the other hand, relates specifically to the support, education, and advocacy needed to support children and families (whether it's a birth family, foster family, kinship family, pre-adoptive or adoptive family) in order to mitigate or eliminate barriers the child faces to permanently returning/entering a family setting. However, at times the word "permanency" can also be used to mean "stepping down" from more restrictive care into less restrictive care – even if that less restrictive care is not "permanent" (for example, stepping down from congregate care into a foster family). Please clarify the intent of the word permanency as it's used in this RFP. Is the department interested in proposals that include the first definition of permanency, or is this RFP meant solely for proposals that address "placement" supports and the latter "step-down" definition of permanency?</p>	
44	<p>On page 29, Outcome 3A, one of the "Supplemental characteristics of proposals sought by DCYF" is "well-developed plans for ongoing recruitment of foster families, including for the special populations identified above." Other than this, there seems to be no other reference in the RFP specifically for targeted recruitment efforts for resource families, including foster, mentor and adoptive-families? Should respondents interested in providing services that specifically recruit resources parents assume that this RFP, in response to Outcome 3A is the Department's only request for these services? Or should these services be included in the exclusions on page 11 as excluded from this RFP because they will either be requested in subsequent RFPs or not requested at all?</p>	<p>Services with a primary purpose of recruiting resource families are excluded from this RFP. Proposals may include resource family recruitment as an element of programming designed to primarily address one or more of the outcome categories included in this RFP.</p>
45	<p>Please clarify element 4.2.3 of the Technical Proposal on page 15, regarding "Offerer's readiness to direct bill</p>	<p>A range of activities may demonstrate provider readiness. Such activities on the part of the Offeror may include, but are</p>

	<p>Medicaid and private health plans for covered activities and services. DCYF seeks proposals that demonstrate preparations undertaken to perform direct Medicaid billing for approved services or assist the Department in developing direct Medicaid billing for other services.”</p> <p>During the bidder’s conference, it was explained that section 4.2 Financial Management is part of the evaluation criteria “Capability, Capacity, and Qualifications of the Offerer,” which is worth a total of 20 points in the Technical Proposal. As such, applicants should assume that element 4.2.3 will be part of those 20 points and proposals that address this criterion adequately will be awarded more points, while those who are not able to demonstrate this criterion will be scored lower, accordingly. Please specify what the department determines to be “readiness” and how the department intends to unintentionally favor in its scoring larger organizations with more robust administrative capacities who perhaps already bill Medicaid vs. smaller organizations that are perhaps very willing to work with the department to be able to bill Medicaid, but have smaller infrastructure with which to have begun preparations. Also, will the department consider providing funding for organizations in order to support this increased administrative/infrastructure capacity?</p>	<p>not limited to, identifying and/or planning for necessary operational reforms, staff qualifications, staff training and supervision, technical assistance, data system upgrades, or other steps necessary to direct bill Medicaid and private health care plans for covered activities and services.</p>
<p>46</p>	<p>On page 11 of the RFP, it states, “Excluded in this solicitation are: Services to help transition children, youth and families from care, including services to (4C) support successful transitions to adulthood (such as the Consolidated Youth Services program) and (4D) accelerate and sustain adoption and guardianship when reunification is not an option, such as adoption support services and adoptive family peer support resources.” Can you clarify that this means the contracts currently held by Adoption Rhode Island for “Adoption Resources and Education, in the Adoption Exchange and Preserving Families Post</p>	<p>Correct. Excluded from the solicitation are services primarily designed to accelerate and sustain adoption or guardianship when reunification is not an option, such as adoption support services and adoptive family peer support resources. See response to Question 42 for more information.</p>

	Adoption Support Services” are not in this procurement?	
47	It appears that some information is missing from Appendix A (Page 26) 4C and 4D.... To whom should I address this question to??	No information is missing. As stated on page 11, services in outcome categories 4C and 4D are excluded from this solicitation.
48	Page 4-5 of the RFP states "In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110." Please provide additional information regarding this requirement. What health insurance exchange responsibilities will TFC agencies need to carry out?	This is standard language that is part of the RFP template. It does not apply to these services.
49	Page 15, Section 4.2.3 of the RFP states "Describe Offeror’s readiness to direct bill Medicaid and private health plans for covered activities and services. DCYF seeks proposals that demonstrate preparations undertaken to perform direct Medicaid billing for approved services or assist the Department in developing direct Medicaid billing for other services." When does DCYF anticipate requiring providers to direct bill Medicaid? Private health plans? Can DCYF provide more information on this, including the process for providers and time frames?	DCYF anticipates requiring providers to direct bill for Medicaid during the second half of FY2017 for home and community based services. DCYF and the State Medicaid Office, the Executive Office of Health and Human Services will work with providers to identify services that are Medicaid claimable and, beginning in early FY2017, shift billing into the Medicaid Management Information System with HPE. DCYF will not be involved with the process for providers to direct bill private health plans (as opposed to Medicaid plans), but encourages providers to make all reasonable efforts to explore this option as Medicaid is the last payer of resort.
50	Page 15, Section 4.3.2 of the RFP states “Describe any material litigation, administrative proceedings or investigations in which the organization or any of its principals, partners, associates, subcontractors or support staff is currently involved or that has been settled within the past five (5) years, and also describe any	The RFP requires that the provider disclose “critical incidents” that the organization has experienced over the past five years. Such incidents could include incidents of substantiated findings of child abuse and neglect against the provider and/or a staff person of the provider, incidents of child maltreatment which

	critical incidents the organization has experienced over the past five (5) years, including but not limited to, staff assaults, client maltreatment, child deaths, and other infractions. DCYF seeks proposals that have identified and addressed any such proceedings and/or critical incidents that the Offeror has experienced.” With the exception of a child death, what determines if the incident was critical as it relates to those infractions?	resulted in an injury to a child in the care of the provider which resulted in a finding of child abuse and neglect, incidents or infractions which resulted in the initiation of licensing action against the provider by DCYF and/or any other State regulatory agency, incidents or infractions which resulted in the submission of a corrective action plan to DCYF and/or any other State regulatory agency, incidents or infractions which resulted in the initiation of any criminal investigations of the provider and/or any staff member of the provider or incidents or infractions that resulted in the closure and/or relocation (temporary or otherwise) of a program.
51	AS220, and AS220 Youth respectively, would like to know if this current RFP, #7550411, is the correct application for our organization. AS220 Youth provides direct services for youth in the juvenile detention system and intends to focus on transitional services for this population. If you could please guide us, we’d greatly appreciate it.	There may be a range of services capable of achieving the outcomes identified in this RFP. DCYF welcomes proposals from any provider offering to address outcomes identified in this RFP.
52	Who is in the review team? Specifically, is Casey going to be involved?	See response to Question 5.
53	Does the award process involve negotiations about the proposal submitted? Could/would DCYF come up with suggested changes to the proposal submitted so that it better suits their needs?	No. The Department reserves the right to negotiate any terms of an award or contract (as opposed to a proposal) entered into as a result of this RFP.
54	Can multiple proposals for the same service be submitted by the same agency?	Yes. Please state in Technical Proposal element 2.1.1 if multiple proposals are being submitted by the same Offeror for the same service capacity.
55	Can multiple billing structures for the same service be submitted?	Only one billing structure may be included per proposal. Vendors wish to propose multiple billing structures may do so with separate proposals. Please state in Technical Proposal element 2.1.1 if multiple proposals are being submitted by the same Offeror for the same service capacity.
56	Are there additional RFPs slated to come out within the next year or so, as DCYF figures out where the gaps are?	As DCYF announced in the Provider Bulletin of February 15, 2016, the Department anticipates issuing additional Requests for Proposals (RFPs) to reprocur its service array. The additional

		solicitations may include, but may not be limited to, services to prevent crisis-driven disruptions in care through mobile crisis response, services to accelerate and sustain adoption or guardianship when reunification is not an option, services to divert youth from the juvenile justice system (such as those provided through Wayward/Disobedient programs and Youth Diversionary Programs). Please monitor the website of the State of Rhode Island’s Division of Purchases at www.purchasing.ri.gov , where all information relating to these solicitations will be first published and prospective offerors may pre-register. The state reserves the right to issue additional solicitations that it deems to be in its best interest.
57	(Page 24 #3 bullet 2) The RFP states there can be 10 pages of appendices submitted by the Offeror; are these to be double-sided?	Appendices shall be submitted in the Technical Proposal packet. Original documents shall be printed single-sided and unbound; copies shall be printed double-sided and bound with a staple.
58	Page 24 #4) The RFP discusses an option on page 18 to provide a proposed incentive-based fee structure, and the rationale and benefits for such payments. Is an Offeror permitted to submit both a per diem service rate as well as a proposed incentive-based fee option for consideration?	Only one billing structure may be proposed. However, that billing structure may include elements of both per diem payments and incentive-based payments. See response to Question 55.
59	(Page 34 #3) The RFP states the technical proposal should be written in 12 Font and single spaced. It does not state which type font to use. Should this be Times New Roman or another type font?	Any professional business font -- such as Times New Roman, Cambria, Arial, or Calibri -- is acceptable.
60	What impact, if at all, will “readiness to direct bill Medicaid and private health plans for covered activities and services” have upon how the Offerer is scored	See response to Question 45.
61	Our intent is to propose a continuum of services. In this continuum includes two services we are already providing and a brand new idea. We are contemplating whether or not we should submit one proposal for the whole continuum or two separate proposals. If we decide to submit one proposal only, but the Department does not want to fund one aspect of the	See response to Question 54.

	proposal, should we expect that the Department would contract with us for only one or two of the programs? Or should we simply do separate proposals?	
62	Can we combine different applications of MST for different populations into one proposal?	See response to Question 17 and Question 18.
63	If we are proposing multiple MST teams to serve multiple populations, can we include all of those teams in one application, or do we need to complete a separate application for each proposed team?	See response to Question 17.
64	Can we combine Outcome Categories 2 and 4 into one application or do we need to have a separate application for each Outcome Category for which we are proposing a service? For example, an MST program will address both Outcome Category 2 and 4. Is one application sufficient or do you want one MST team to address Outcome Category 2 by itself and another for Outcome Category 4?	See response to Question 13.
65	Can we offer different rates of service within one application depending on the provided services or recipient of those services?	See response to Question 55.
66	Can you provide clarification around quality incentives?	Inclusion of incentive-based fees is optional. For proposals with incentive-based fee structures, DCYF seeks proposals that align provider compensation with one or more of the strategic and business objectives outlined in this RFP, are based on performance levels justified by evidence offered in the Technical Proposal, and have outcome metrics tied to existing administrative data elements.
67	Will it be possible to propose outcome-based incentives in addition to a cost-based reimbursement methodology?	Please see response to Question 58.
68	Can you clarify what “other infractions” mean when addressing critical incidents?	See response to Question 50.
69	Are you looking for the reporting of critical incidents that require reporting to DCYF only?	See response to Question 50. The reporting of critical incidents is not limited to incidents that require reporting to DCYF.
70	Are you looking for the reporting of critical incidents that involve children only?	See response to Question 50.

71	If we are licensed by BHDDH, do we need to explain any critical incidents we have reported to BHDDH?	See response to Question 50.
72	Do you have numbers on the number of pregnant youth, the number of pregnant adults, and the number of children under the age of 1 involved with DCYF either in care or receiving services?	<p>Children under the age of 1 year old in DCYF care (source: RICHIST Report 107):</p> <ul style="list-style-type: none"> • As of 3/31/2016: 284 children (170 in out of home care) • As of 12/31/2016: 285 children (169 in out of home care) • As of 9/30/2016: 284 children (179 in out of home care) • As of 6/30/2016: 299 children (164 in out of home care) <p>Information on the number of pregnant youth and pregnant adults is unavailable at this time.</p>
73	Can organizations apply their federal indirect rate to direct cost for the General and Admin budget or do we have to break out the General and Admin into specific components? (Occupancy, Payroll Processing, etc)?	No, organizations may not apply their federal indirect rate in lieu of itemizing General and Administrative costs. General and Administrative costs must be itemized as instructed on page 55 of the RFP.
74	There are currently 5 MST teams in the state. Will DCYF continue to support 5 MST teams or will they support more than 5 or less than 5?	It depends on the volume of need and specific proposals received.
75	The Bidder cover form refers to “any officer, director, manager, stockholder...”; does this list of individuals include members of the Board of Directors at Providence Children’s Museum?	Yes.
76	Could you please be more specific and define what “all licenses” means in Section IV, question 2 of the Bidder Certification cover form?	All licenses would mean any licenses necessary to perform the work within the scope of the RFP.
77	Could you please explain the role of the new Central Referral Unit at DCYF?	A Central Referral Unit (CRU) within DCYF's new Permanency Division has been built to connect children in DCYF care to the right services at the right times on a pathway to permanency, and to reduce reliance on congregate care settings. The CRU is responsible for all placement and referral functions previously delegated to the two lead Family Care Network agencies. The CRU will assess and process all referrals for home-based services previously provided

		through the networks. Prior to referring children to foster care or congregate care placements, the CRU will review a level of need assessment that includes modules of the CANS Strengths and Needs Assessment. This will ensure that children are immediately placed in the least-restrictive settings possible, and that they are connected to services that meet their unique needs at the time of placement. If a need for an out-of-home placement is identified, all such referrals to congregate care settings will continue to be reviewed through the Department's Director Approval Process (DAP).
78	If an agency's service is not primarily home-based, will proposals be considered for programs or services listed under sections 4A and 4B?	Yes.
79	Are we required to submit resumes for all social service program and Museum staff?	No. The RFP asks Offerors to describe the qualifications, training, and experience of staff involved in delivery and supervision of the services proposed, and of the Offeror's executive leadership team. Resumes may be included.
80	Please define who the "clients" are (page 57, Cost Category section, number 5); is it the number of families or number of parents and number of children?	The definition of "clients" depends on the service proposed. For the purpose of the Cost Proposal, clients may be considered the number of referrals who are enrolled in services.
81	Please define "assumed duration" (page 57, Cost Category section, number 6).	The "assumed duration" may be considered to mean the anticipated average length of service in days per client served.
82	Can you explain what is meant by the terms "comprehensive fidelity monitoring" and "remediation strategies" in section 2.3.3?	"Comprehensive fidelity monitoring" may be considered to mean a process to track the extent to which services are delivered in a manner consistent with the planned service model and design. "Remediation strategies" may be considered to mean a process to resolve issues identified through fidelity monitoring.
83	Page 10 of the RFP document targets juvenile justice involved youth. Are there any special or specific outcomes for this sub-group of youth, particularly related to TCP and other court imposed status/sentences as related to treatment outcomes, length of stay or other outcomes?	Three primary performance objectives are identified for outcome category 2B on page 28 of the RFP.

84	Section 1.1.2 RFP asks for “specific methods to manage referrals when clients are not deemed appropriate for the proposed service intervention,” Does this mean the offeror will have the authority to transfer the client to the right level of care?	No, the state retains final authority on case management and placement decisions.
85	Section 1.1.2 a. Does the RFP mean to suggest that each program will select, enroll, and retain participants? b. Does the RFP expect each application to have a process for recommending the type, level and/or duration of assistance for each program participant	A. While the state retains final authority on case management and placement decisions, providers will have opportunities to offer input on their program’s fit for potential participants, will be responsible for enrolling participants once they have been referred to the program from the state, and will be responsible for ensuring participants remain engaged for the duration of the program. B. Yes.
86	Section 1.1.3 Are all services to be 24/7? Is it required for all services? For Foster Care? For Residential? For new programs? Is the intake of all programming expected to be 24/7?	Capacity to respond immediately to child, youth, and family needs on a continuous (24/7) basis is sought but not required.
87	Section VI evaluation and section a. How will each program be evaluated for cost when the proposed comparison group is by outcome category? For example, in Outcome Category 2A some of the programs that have historically received referrals include Outreach and Tracking, MST, Triple P, and PFN. To compare these programs against each other on a cost basis does not seem appropriate. Likewise, in Outcome Category 3B the cost comparison would include group homes, residential treatment programs, and secure residential treatment programs. Again, comparing these different types of residential programs against each other does not appear to be reasonable. b. If an offeror submits a program that addresses needs across multiple outcome categories and there is no similar submissions will the offeror be automatically awarded the 30 points for the cost proposal?	A. The evaluation design is based on best value. The aggregated score is determined by adding up the Technical points, Cost points, and bonus points. Proposals are then ranked, the highest ranked score determines the best value. See response to Question 90 for more information. B. See response to Question 90.
88	On page 3 it notes "All pricing submitted will be considered to be firm and fixed..."	As stated on page 21, the Department reserves the right to negotiate any terms of

	<p>On page 21 it is stated "The State/Department reserves the right to negotiate any terms of this award including but not limited to offeror rates." Is that to mean a lowest bid could be increased or decreased during negotiations?</p>	<p>an award, including, but not limited to, Offeror rates.</p>
89	<p>On page 21 it is noted that each outcome category will be scored respective to the lowest responsive cost proposal to each outcome category. Does this mean the lowest bidder only who sufficiently meets minimum standards of all other RFP technical standards (i.e. score of 50) will be the #1 chosen vendor for this category at a total of 80 points compared to the bidder who may have received 60 points for program quality but 19 points for cost proposal after the cost formula is completed? Will the cost formulas take into account the services offered--for one example, services by a licensed clinician vs. case management services? Office vs. home-based? Statewide vs. regional? Cost of evidence-based practice implementation, ongoing licensing vs. home grown?</p>	<p>See response to Question 90.</p>
90	<p>Cost/pricing has the highest points attributed to it compared to any other criteria. Can you please explain the value theory, vision and philosophy behind this as it relates to each of the 8 outcome areas?</p>	<p>The evaluation design is based on best value. Vendor proposals are first measured on their technical ability. The technical phase measures the vendor's ability to respond technically to the RFP request. All proposals that meet the technical threshold will then be advanced to the cost phase. The cost phase takes into consideration the price for the service. The aggregated score is determined by adding up both scores. Proposals are then ranked, the highest ranked score determines the best value.</p> <p>-Technical Phase: 70 possible points. -Cost Phase: 30 possible points. -Bonus: 3 bonus points for incentive-based fee structures</p>
91	<p>Does the cost proposal have any page limit?</p>	<p>No.</p>
92	<p>What are the total available funds associated/budgeted with this RFP?</p>	<p>See response to Question 26.</p>

93	What are the associated/budgeted funds for each of the 8 outcome areas?	See response to Question 26.
94	What is the total daily cost of the current contracts under this RFP?	See response to Question 26.
95	How many youth is this associated with on a daily basis?	Detailed information on the target populations is provided in Appendix D, beginning on page 37.
96	What is the total daily expense budgeted under this RFP once fully implemented?	See response to Question 26.
97	What are the daily numbers of youth to be served under this RFP once fully implemented?	See response to Question 95.
98	How will reviewers compare evidence-based programs vs home-grown programs? Will one or the other be given greater points? Will independent evaluation of programs be given greater points? Will published recognized evidence-based programs be given greater points?	See response to Question 10.
99	In alignment with the Governor's priorities, will the agencies with headquarters in Rhode Island who agree to keep those headquarters in Rhode Island be given priority first in this RFP?	No.
100	What has NHP's involvement been in the development of this RFP?	NHP has not been involved in the development of this RFP.
101	Can you supply the list of all the out-of-state providers currently under contract? How many youth do they each currently have? Their age range? Sex? And primary diagnosis being treated?	This information may be requested through an Access to Public Records Act (APRA) request.
102	On page 12 1.1.2 it is asked that we describe "policy and procedure for intaking, matching to services....." For providers proposing a continuum of services with various levels of care providers be able to determine	This question is incomplete as submitted. The state is unable to respond.
103	What are the approximate funds per day per child that DCYF is able to bill Medicaid for clinical services for each service on page 35 and page 36? This is relevant to this RFP as cost proposals and alternative funding is determined- i.e. if state loses the ability to bill Medicaid, \$50.00 a day for a services because the provider no longer includes clinical in their per diem to DCYF and the provider can only recoup \$25.00 a day for clinical services from insurance and changes their	DCYF does not currently have a standard daily Medicaid rate for each clinical service. See response to Question 104 for more information.

	<p>intervention model due to this; the bidder must determine which they will propose is the best value for the state? Low per diem, low Medicaid recoupment, low clinical services or higher per diem, higher Medicaid recoupment, high clinical services. While outcomes should be the focus, risk and the ability to identify and respond to human risk with depth/experience are part of the value equation being tested by this bidder for response.</p>	
104	<p>Based on the services included in a proposal will the reviewers be informed and take into account the Medicaid recoupment the state will be able to obtain for each service during the budget scoring? For example 2 proposals are submitted to address outcome 2B (for purpose of example only). Both receive a score of 65 for the technical portion and move forward to budget scoring.</p>	<p>The source of DCYF funding, including Medicaid dollars, will not be taken into account during the cost proposal and budget scoring.</p>
105	<p>Proposal A Which is highly clinical, proposes in this response to bill DCYF 100.00 per day and DCYF determines they can bill Medicaid 40.00 per day for services covered by Medicaid. Total state costs 60.00 a day. Proposal B Which is a coordination, support program proposes in this response to bill DCYF 75.00 per day and DCYF determines it can bill Medicaid an average of 5.00 for services covered by Medicaid. Total state costs is 70.00 a day. For the purposes of this RFP which proposal is the lowest bid: the cost in the proposal A. 100 vs b. 75 ? Or the actual cost A. 60 vs B. 70 a day? Which will receive the 30 points?</p>	<p>See response to Question 104. Proposal B would receive the 30 points in the cost proposal scoring process based on what is described in the question as "proposed costs".</p>
106	<p>Please list the names of all those on the review team, Department where they work for and their titles? Please list all advisors, their employer and title?</p>	<p>See response to Question 5.</p>
107	<p>If a proposal is able to leverage other funds - i.e. a total cost of 100.00 a day is reduced to 80.00 per day due to outside funding the bidder has secured it is proposed but DCYF will receive the full 100.00 service but for 80.00 will this bidder be given value points compared to a 80.00 that has not match for example?</p>	<p>See response to Question 104 and Question 105.</p>

108	Are evidence based practices going to be compared against each other or along with non evidence based proposals?	See response to Question 10 and Question 87.
109	Although we are of the need to submit the proposal based on 1 year if awarded renewals of the contract will there be a mechanism in place for rate adjustments?	The mechanism for any rate adjustments may be addressed in the negotiated terms and conditions of the contract.
110	Is there any guidance you can provide regarding how to structure incentive-based contracts?	See response to Question 66.
111	Are there any outcomes the department has prioritized and would like to see included in applications as part of the performance measures?	Primary performance objectives are identified for each outcome category in Appendix B of the RFP.
112	Will RICHIST be the data set used to identify successful achievement of performance measures	Administrative data elements for assessing performance may include, but are not limited to, those included in RICHIST.
113	If we address outcome 2A and outcome 4A (for example) will our cost proposal only be compared with those other applications that also address 2A and 4A? If we address 3 or 4 or more will we only be compared to those with those addressing the same combination of outcomes?	See response to Question 87 and Question 90.
114	Budget Summary Form – There is a section to designate the” Time of Performance” is the anticipated dates for the contract July 1, 2016 to June 30, 2017 or should we enter another time frame?	Please enter from July 1, 2016 to June 30, 2017.
115	Budget Summary Form – Lines 5,6 and 7 are formatted as “currency” may we change this to be formatted as a “number”?	Yes.
116	Are there start-up costs available and if so should we incorporate these into the daily rate?	The Department will consider justified program startup costs itemized under Other Direct Costs and calculated as instructed as part of the Effective Daily Rate.
117	The RFP asks for the “outcome category” for which the proposal is primarily designed to address, (2.1.2) but also seeks proposals that are designed to address one or more outcome categories. Assuming the offeror has a service that can address more than one outcome category: a) Can more than one category be identified as “primary” b) How do multiple categories get identified in the proposal?	A. No. Only one primary outcome category may be identified in Technical Proposal element 2.1.1. B. Additional outcomes may be identified in Technical Proposal element 2.1.2. C. Proposals addressing multiple outcome categories will receive a single score. D. Multiple sets of metrics can be proposed. No additional pages will be allowed. E. No. See response to Question 47 and

	<p>c) Does this mean that the proposal can be jointly scored and evaluated for more than one outcome category (eg. 2.A. and 4.B.)? or are they scored twice, once in each outcome category?</p> <p>d) If the outcomes are different (e.g. the service can shorten length of stay for kids out of home, but can prevent out-of-home placement for kids in the community) can the offeror identify two different sets of outcome metrics based on which way the service is being used? Will there be an accommodation to cover the extra pages necessary to accurately reflect this in the proposal?</p> <p>e) If the per day cost is different for these two outcome categories, how is this indicated in the budget and will there be additional space allowed for the additional budgetary information created by the added reporting requirements?</p>	<p>55.</p> <p>Multiple proposals for the same service may be submitted by the same Offeror. Please state in Technical Proposal element 2.1.1 if multiple proposals are being submitted by the same Offeror for the same service capacity.</p>
118	<p>Will DCYF provide CANS and OHIO outcomes in a timely manner to agencies/programs that they have been collecting since 2012?</p>	<p>Individual-level assessment information is available to providers through the EOHHS HP website. A March 2015 report on aggregate CANS assessment outcomes is available on the DCYF Data and Evaluation website at http://www.dcyf.ri.gov/data_evaluation.php.</p>
119	<p>Can an offeror propose a service with two possible capacities (e.g. can it offer to serve 20 or 40 youth whichever the DCYF prefers)? Or would this be considered non responsive to Question 2.2.1: “ 2.2.1. Describe the target population proposed to be served. Such descriptions shall include.....,the total number of clients to be served annually, the service’s point-it-time capacity...”</p>	<p>Yes, as long as the Effective Daily Rate remains the same at either capacity.</p>
120	<p>In section 2.1.2, terminology such as ‘Performance Metric’ and ‘Performance Targets’ can be used in many ways. In addition, the samples in Appendix B are referred to as ‘Objectives’. Can you clarify whether a ‘Performance Metric’ is a measure itself or a goal related to a specific measures’ outcomes? Perhaps providing us a written example would be helpful.</p>	<p>"Performance metric" may be considered to mean a unit of measurement used to monitor program delivery or results. "Performance target" may be considered to mean the desired level of performance as indicated by such metrics. "Objectives" listed in Appendix B may be considered to mean services' causal effects, which have prioritized by the department for each respective outcome category.</p>

121	How is the Department comparing budgets within program models? For example, if we submit a proposal for MST PSB, the budget/cost will be different than that of a standard MST team, so our budget should not be compared to that of standard MST or any other evidenced-based models. Is there a scale that will be used so that budgets are being compared “apples to apples” so to speak?	See response to Question 87.
122	Are foster care rates negotiable?	Cost Proposal may propose fees to be charged to DCYF for services.
123	Can you define 4.3.2? Are you referring to assaults on staff by RI children only (for out of state agencies), assaults on clients by staff?	See response to Question 50.
124	For foster care agencies looking to provide a variation of services (to meet the needs of more than one specialty population) should we submit separate program bids reflecting each population?	See response to Question 39.
125	<p>Page 12 of the RFP states: “The Technical Proposal must address specifically each of the following required elements. Offeror shall present proposal in the same sequence and with the same letter scheme and the first sentence of headings shown in this Section.”</p> <p>Would this format be correct:</p> <p>1. Quality of Proposed Services 1.1. Service model and delivery 1.1.1 (Begin text for response to question 1.1.1 here...)</p> <p>or would it need to be as follows:</p> <p>1. Quality of Proposed Services 1.1. Service model and delivery 1.1.1. Describe the specific service, or set of integrated services, the Offeror proposes to provide. (Begin text for response to question 1.1.1 here...)</p> <p>or something different?</p>	The second (bottom) format is correct.
126	We are located in Massachusetts and have an authorized tuition rate from the Executive Office for Administration and Finance, Operational Services Division	Out of state providers may submit a Cost Proposal, including an itemized budget, using their in-state rate as the basis for that proposal. If the rate proposed is the same

	<p>pursuant to 808 CMR 1.06. See attached. We do not charge an out-of-state rate. Can we use our rate that is approved in MA instead of submitting a new budget and getting a different rate for our RI residents?</p>	<p>as their in-state rate, providers are asked to include in the Cost Proposal documentation of that rate agreement with their home state (such as a reference to state regulations, a voided invoice, or other proof of payment).</p>
127	<p>If we do have to submit a budget for our RI residents, we could use the same budgeted line items so the calculated rate could come out the same as our MA rate, but if there are annual increases from either MA or RI, the rate would end up being different over time. We currently have 4 out of 26 residents in our Residential Education program from RI. We would like to continue to charging the same rate for in-state and out-of-state tuition.</p>	<p>See response to Question 109 and Question 126.</p>
128	<p>What are the qualifications of those reviewing the proposals? The needs and supports necessary for working with persons with autism and developmental disability differ distinctly from other populations that DCYF address, so please speak to the reviewer's expertise in autism and developmental disabilities, and the clinical qualifications of the reviewers.</p>	<p>See response to Question 5.</p>
129	<p>How do we fit the Technical Proposal into 10 pages with the length of questions that are to be included? Can the questions be abbreviated?</p>	<p>See response to Question 47 and Question 125.</p>
130	<p>Will the reviewer take into account the different levels of expertise and cost differentials that are inherent in the treatment of persons with autism and developmental disabilities, often with co-occurring psychiatric disorders and severe behavioral challenges such as biting, aggression, self-injury, pica, and fecal smearing?</p>	<p>Offerors are encouraged to fully describe staff qualifications and associated costs proposed for service delivery.</p>
131	<p>Bradley Hospital operates 4 group homes for youth/adolescents who are dually diagnosed with an intellectual disability and a psychiatric illness. The youth/adolescents have been placed with DCYF voluntarily under an arrangement/agreement with their parents/guardians. Prior to their involvement in this service all the youth/adolescents and families had been</p>	<p>As stated on page 11, long-term group care placements accessed through Medicaid health plans or private insurance are excluded from this solicitation.</p>

	<p>involved in extensive, home based therapeutic services which ultimately were not adequate enough to enable these youth to continue to reside at home. The homes have been in existence for many years and have been focused , therefore, on providing long term care and treatment to these youth/adolescents and their families. Are these programs to be considered under the current RFP?</p>	
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Vendor Questions for RFP # 7550411 PRE-BID QUESTIONS

	Question	Response
PB_1	Is there a minimum number of children with family that you would want to be serviced by the proposal?	No.
PB_2	If you have multiple services at the same level of care, are you able to submit one proposal for, say, three programs at the same level or care or do you need to submit three different proposals? Say you have three houses that are residential treatment facilities. They all offer the same service. Do you have to submit three proposals for each house?	Such services may be proposed in a single proposal as a bundled set of integrated services. For additional information, see response to Question 17.
PB_3	You had mentioned a summit in November of 2015 that served to inform the RFP. Is there a document that exists with the information outcomes of that summit that may serve some component of the proposal?	Information on the November 2015 Summit on Improving Outcomes is available on the DCYF website at http://www.dcyf.ri.gov/docs/summit/index.php .
PB_4	So this is really in reference to describing the outcome measures that you are requesting. So under Section 2.1, it says, outcomes to be achieved. And the first, 2.1.1 it says, identify which outcome category this proposal is primarily designed to accomplish. And then under 2.1.2 it says, describe additional outcomes. But then it says, propose up to three primary performance metrics, and propose performance targets. So do you not want performance measures and performance targets for the required outcomes?	The primary performance metrics and performance targets requested in Technical Proposal element 2.1.2 may refer to the outcome category identified in Technical Proposal element 2.1.1 that the services are primarily designed to accomplish.
PB_5	So we can expect to have that answer by Monday?	The state has worked to expediently respond to vendor questions.
PB_6	For the locally developed programs where you're requesting a theory of change and a new logic model. Do you expect to require both of those, or even the detailed logic model, that shows all your, you know, referrals, outlets, outcomes, you also need to devise a theory to change the model?	See response to Question 2.
PB_7	On the technical side of things, on the technical proposal itself, it says, maximum 10 pages and then up to 10 appendices. Will the Department consider more than 10 pages?	See response to Question 47.

PB_8	On the proposal itself, it says to repeat the first sentence of the multiple sentences on there. This is a space saving exercise, up to 10 pages. It says, describe the services X and then it goes into greater detail. Do we just repeat that first sentence? And might we just -- Because each section, one point, one point, one point one is probably four, five, six sentences, and what we're doing right now is repeating the entire question. It's taking up much of the 10 pages.	See response to Question 47 and Question 125.
PB_9	It wasn't very clear on the cost proposal side of the proposal. Appendices are up to 10 pages. Technical is 10 pages. But cost proposal, it didn't seem to have any page limits or anything like that?	See response to Question 91.
PB_10	On the cost proposal itself, it's says, time of performance. This is one-year contract with four additional terms. Would we set up our full focus on five years or one years? And the answer, again, leads to a cost of living adjustment, that we tie into that, if any.	See response to Question 109 and 114.
PB_11	On the prime service rate details itself, it looks like it's trying to add the three sections together on the bottom. But then the calculations on the bottom kind of threw me for a little loop in terms of putting the bottom number on Page 1 of the summary, but that looks like kind of a per diem. The calculation doesn't seem to match up to what it's trying to do. So it almost looks like it wants to grab the subtotal and not the total on Page 1.	Offerors are instructed to generate an Effective Daily Rate by dividing the sum of costs related to Prime Services, Subcontractor Services, and Other Direct Costs by the total client-days of service proposed. This Effective Daily Rate will be used to evaluate cost proposals.
PB_12	I'm alluding to Page 24. And it says, technical proposals shall be written in size 12 font, single spaced, et cetera. But there's no margins given. Can we use tiny, tiny margins?	Proposals should have a minimal page margin of 0.75 inches.
PB_13	On 4.2 of the financial management, 4.2.3 asks the vendor to describe its readiness for Medicaid direct billing. Is that a requirement in this RFP? If it's not a requirement, is there any priorities or will the review teams be emphasizing extra points for that ability?	See response to Question 45 and Question 49.
PB_14	On Page 56 there's a statement that says, the department will consider justified program startup costs itemized under	As stated on page 56, please itemize any proposed program startup costs under Other Direct Costs.

	Other Direct Costs. It would seem to me --about startup costs. It says, the department will consider but that you should put it under Other Costs, which I think will inflate your rate. So is that really how the department wants you to - or do you want a separate budget if there's a startup cost request?	
PB_1 5	I'm referring to Page 53, it's the 2.a. for the budget. And my question is, on the section that has assumed number of service required and assumed number of clients to be served, the format is in currency.	See response to Question 115.
PB_1 6	There's reference in there to long-term residential placement and short-term residential placement. Can you sort of define the difference? It specifically references that those services should be short-term. In another part of the proposal, it does make reference to long-term care. So, again, what I'm trying to get an understanding is, is that relevant to this proposal? Is this a proposal for, a new proposal centered on short-term interventions, short-term care, and/or does it also include long-term care which is being provided by, you know, the main agencies?	The Department seeks to shift its programming towards a System of Care that utilizes group placement only when necessary for short-term treatment. In requesting proposals for residential and group care, DCYF seeks services that demonstrate a philosophy that residential treatment is an episode of clinical care rather than long-term placement option. For more information on long-term group care placements, see response to Question 131.
PB_1 7	Does an out of state provider who currently provides residential services to Rhode Island clients in a program located in another state need to respond and be awarded under this RFP? Whether the service does qualify in this proposal is the route of the question, because the department is seeking us as out of state providers to comply with a policy that conflicts with the statutes that we have in out of state. Therefore, you're asking us to reconfigure a program service to meet the needs of the Department. We need just some clarifications how that happens, the rate in which it happens, and the relevance to the out of state.	See response to Question 15, Question 126, and Question 127.
PB_1 8	I wanted to speak more about evidence informed versus the locally developed programs. Is it just what you're looking for that someone mentioned already? So	See response to Question 9 and Question 10.

	just how you distinguish that. And the second part of that question is, is the Department expecting to pay for cost of the certification and training for an evidence-based model? Because it is pretty pricey.	
PB_1 9	Can an agency submit multiple programming services for the same service? Because we have an option where we can either bundle the service or make separate proposals for standalone services. So if you were going to do two separate proposals, or multiple proposals, one of which multiple standalones or one bundled, what would be the mechanism for preventing us from competing against ourselves as well? We don't want to end up in a situation where we have one proposal that's bundled services, several other proposals that are standalones, and have the bundled and the standalones both be accepted. So how do we do that?	See response to Question 55.
PB_2 0	Would the standalone versus bundled be part of the negotiation process? If we were to propose it in one way, would that part be part of a negotiation with the Department?	No. See response to Question 53.
PB_2 1	The same thing would go for negotiation for multiple possible billing structures. Because in the RFP they talk about incentives versus per diems.	See response to Question 88.
PB_2 2	We provide services to youth in a juvenile detention center. And I'm talking about Page 11, regarding the exclusions. It says that excluded are services to help transition children, youth, families from care. But then that's what we hope other programs accomplishes. So does that mean that our services would be excluded from this proposal?	See response to Question 51 and Question 56.
PB_2 3	The technical review team, will that be made up exclusively of representatives from DCYF or will representatives from other agencies or organizations be a part of that? Would we know who those experts are? Would that be posted somewhere?	See response to Question 5.

PB_2 4	In terms of procurement, will the Department consider a rolling RFR after a certain holding period and you then open the RFR back up for any providers in the future interested in provider service or are you stipulated on the contract separately?	No. For more information, see response to Question 56.
PB_2 5	We specifically serve children and youth on the autism spectrum of the disability. And Appendix G, or Page 53, there's a list of national databases of evidenced-based programming. Other than one reference to U.S. Department of Education What Works Clearinghouse, there are no references to evidence-based practices and developmental disabilities. Will there be an opportunity for us to provide information to the Department about what types evidenced-based we need in our field outside of the proposal or do we need to include that? Because it's going to take up a bunch of pages.	Information about prior research and evaluation may be appropriate to include in the Technical Proposal Appendix. For more information, see response to Question 10.
PB_2 6	Are you expecting letters of support? You don't mention anything about that. I've been in the position before with grants where they don't mention it.	No.
PB_2 7	What time are you going to start accepting proposals on that day?	8:30 AM
PB_2 8	I was wondering was, the response to some of those technical expertise questions may actually – can affect -- significantly change your date. And what I'm wondering is, you don't have a deadline when you're going to post those questions. So if you get these questions April 4th by 5:00, whenever there's a deadline or anything like that, to get to technical review, you may not be posting responses until April 15th. And I'm wondering, if that were the case, if you'd consider moving the date reflecting the time that you post the answers to the questions. So in other words, if you're posting them the next day, that's one thing. But in the past, I've seen sometimes it takes a while to get quality answers. Instead of rushing those answers, and also rushing responses, you want to get quality responses. I think it would -- if you take under consideration	Clarifications, if any, will be posted through addenda. Please monitor the Division of Purchases website at http://www.purchasing.ri.gov for all communications pertaining to this RFP.

	that, hey, if it takes you a week to answer the questions, it takes you a week, but then that changes everybody's, you know, teams, what they're doing.	
PB_2 9	If you do make adjustments to the actual proposal, is there a process to denote which paragraphs are deleted and which are then inserted or do we have to read all 80 pages when you guys re-post the RFP?	Clarifications, if any, will be posted through addenda. Please monitor the Division of Purchases website at http://www.purchasing.ri.gov for all communications pertaining to this RFP.
PB_3 0	So this RFP excludes adoption, guardianship, alternative permanency options. And I understand why you would chunk them up. However, it also speaks a lot to permanency and how many of our kids' permanency will be adoption or guardianship. So to have a list of foster care or residential programs, et cetera, you would be working with those kids to prepare them for those other options which then would impact our residential or foster care cost. So I'm wondering if this permanency means solely reunification with family or is it also, in the Department's view, kind of stepping down as opposed to all the different options or what some of those kids are actually -- I'm -- Are we able to carve out some of that support? Is that what your goal is? Or you keep them? But that's how the intent of this RFP is. So I'm not sure how to address that.	See response to Question 42 and Question 43.
PB_3 1	I have a question about the tables starting on Page 27 that accompany each of the outcomes. Under the potential program elements, are those -- are each of those that are listed in those tables required in order to be deemed as responding to the RFP or are those -- can you respond and include some of those service elements but not all?	See response to Question 40.
PB_3 2	My understanding is that the main adoption recruitment and support contracts in the state of Rhode Island are going to be reprocured at a later date, which Adoption Rhode Island has many of those contracts. But in this current procurement, permanency equals guardianship, reunification, and adoption related to placement services and	See response to Question 46.

	<p>supports, family-based and community-based supports to support that. We will put it in writing. That's just our assumption. But I think that's where it gets confusing, whether or not permanency equals step down in this or permanency equals adoption, guardianship, and reunification as it relates to the current children in placement and community-based services.</p>	
<p>PB_3 3</p>	<p>On Page 29 in the supplemental characteristics, there's a reference to well-developed plans for ongoing recruitment of foster families. Is that -- And I know you can't answer questions about subsequent RFPs. But is that specifically for foster families, and/or will there be a separate request for recruitment of adoptive families in subsequent proposals, or should we assume that recruitment for families, for resource families, is what you're talking about here, whether it's foster parents or preadoptive parents?</p>	<p>See response to Question 44.</p>



State of Rhode Island
Division of Purchases
One Capitol Hill
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"NON-MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

BID NUMBER	7550411
BID TITLE	Home- And Placement-Based Services to Improve Outcomes for DCYF Children, Youth and Families
PRE-BID DATE AND TIME	3/31/2016 @ 10:00 AM

A

Purchasing Representative	David J. Francis
PRE-BID START TIME	10:00 AM
PRE-BID END TIME	

COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED FOR Purchasing US Only
Providence Children's museum	Iteidi Briniq	100 South St Providence, RI 02903	briniq@childrensmuseum.org	401-354-7363	401-273-1004	
Day One	Monique Collins	105 Medway St	mcollins@daymen.org	401-421-4100		
BRADLEY HOSTER						
BRADLEY	ARTHUR MERCURIO	1011 Vets Parkway East Providence, RI	AMERCURIO@LIFESPAN.ORG	401-432-1189	401-0447	
Alliance	Rick Canty	134 Rumford Ave Newport, RI 02440	rick.canty@alliancehhs.org	401-332-3366	401-527-0022	
Coastway	Susan Stevens-Cranette	1471 Elmwood	ssstevens@coastway.org	401-6676716		
Deacon's	Alden Morr	259 Prospect St Fall River, MA	aldemorr@deaconshome.org	508-674-4847		
Davereux	Andrew Walsh	60 Miles Rd Rutland, VT	awalsh@davereux.org	808-8864746	508-886-2274	
AS200	Sheryl Kuerz	95 Mathewson Rd	sheryl@as200.org			
East Stars	Dolores Dandrea	200 Zachary Rd.	ddandrea@eaststars.org	603-266-0001	603-647-8726	
Day One	Paul Williams	160 Medway St	lang@dayone.org	401-421-4100		
Whitman's	Michael Feery	1055 N. MAIN ST Providence, RI	mfeery@whitmans.org	401-351-7236	401-421-0178	
Boys Town	Ashley Muniz	58 Flanagan Rd Providence, RI	ashley.muniz@boystown.org	401-845-2050	401-845-2058	
Harmon Hill Sch	Cynthia M. D'Amico	63 Harmon Hill Rd Providence, RI	cmd@harmonhill.org	401-949-0690		
ESCAP	Seena Franklun	100 Bullocks Pt Ave East Providence, RI	seenafranklun@escap.org		437-1000 x150	



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"NON-MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

BID NUMBER: 7550411
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A

Purchasing Representative: David J. Francis
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COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
Gateway Health	Katherine Powell	160 Beechwood Ave Providence RI	kpowell@lifespans.org	413-4868		
Tearing Point	Gary Seal	5 Crossway St Providence RI	gary.seal@tearingpoint.org	339-9026	724-6339	
Bays Town	Julian Harrington	58 Paragon Rd Providence RI	william.harrington@bays-town.org	401 845 2250		
Gooden Center	Grace T De	600 Manhattan Ave Providence RI	gtde@goodencenter.org	401-274-6310	401-421-1077	
CONSA	475 Colfax	Providence RI	Doris.Davis@alliancehuman.org	830-875-9221		
Daniel Brito	BVY FC	209 Cottage St Providence RI	dbrito@bvyfc.com	475-2121	475-2205	
Paul Sherlock Ctr	Virginia Stack	Mt. Pleasant Ave Providence RI	vstack@providence.org	465-1193		
Patricia St Germain	Key Program	623 Armitage Ave Providence RI	pstgermain@key.org	861-2080	781-6641	
Ivy Booth	Wolfe	1055 North Main St Providence RI	ibooth@wolfebooth.com	351-7230	401-6198	
Ivy Medeiros	COMMUNITY CARE ALLIANCE	PO BOX 1700 Providence RI	imedeiros@communitycare.org	401 559 3942	-	
HTF	Eric James	603 Newbury Hill Providence RI	ejames@hhs.org	401 949 0690		
Children's Friend	David Caprio	153 Summer Street Providence RI	dcaprio@cfri.org	276-4300		
Children's Family Services	Kerry Hall	31 John Clarke Rd Providence RI	khall@childrensfamilies.org	848-4193		
HHS	Kerry Oaplaish	63 Kennedy Ave Providence RI	kkoaplaish@hhs.org	949-0690		
The Providence Center	Aaron Masri	528 N Main St Providence RI	amasri@provident.org	528-0150		



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"NON-MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

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PRE-BID DATE AND TIME: 3/31/2016 @ 10:00 AM

Purchasing Representative: David J. Francis
PRE-BID START TIME: 10:00 AM
PRE-BID END TIME:

Verlene Harrington PO Box 6088 Providence RI Harrington family
FSE1

COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
ESI	Sherry Albert	340 W. New Bedford Bloomfield, CT 06002	salve@csimail.com	860-683-7100	860-683-7199	
CSI	Aileen O'Conna	340 W. New Bedford Bloomfield, CT 06002	aoconnor@csimail.com	860-683-7125	860-683-7199	
GATEWAY SERVICES	Patricia Corbett	209 Rosser St APT. RF 215 Washington St West Warwick, RI 02893	Patricia@gateway.com	724-8417		
Tides family services	Rachael York	2340 Post Rd Providence, RI 02909	ryork@tides.org	338-7005	863-4694	
DORVALX	Danella Galvin	100 W. Main St Providence, RI 02909	dgalvin@dorvalx.com	734-9680	734-9685	
Danyone	Marion Phelan	6 Blackstone Pl. Lincoln, RI 02909	Phelan@danone.com	421-4100		
Dedereux	Patricia Corbett	55 So Brown East Prov, RI 02909	Patricia@dedereux.com	305-7770		
Foster Forward	Lorelle Dossandt	14 Beechwood Rd Providence, RI 02909	lorelle.dossandt@fosterforward.net	438-3900	438-3901	
Alfonse	Debra Farnell	14 Beechwood Rd Providence, RI 02909	debra.farnell@alfonse.com	475-3884	475-3905	
Human Services						
Providence Children's Museum	Caroline Payson	100 Southeast Providence, RI 02909	Payson@childrensmuseum.org	917-838-5935		
Child & Family	Rob Archer	31 John Clark Providence, RI 02909	archer@childandfamily.org	845-2583	608-1842	
Neighborhood Health Plans	Lynn August	299 Promenade St. Paul, RI 02909	LAugust@nhp.org			
Harrington Hill	Julie Jannitti	63 Harrington Hill Providence, RI 02909	Jannitti@hills.org	949-0690	949-4412	
The Providence Center	Oven Heleen	528 N Main St Providence, RI 02909	oheleen@providencecenter.org			

401-415-8870

VENDOR: PLEASE SUBMIT A BUSINESS CARD IF AVAILABLE



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COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	PROPOSAL SUBMITTED FOR Purchasing Use (Only)
1 Stetson School	Peter C. Bain	455 South St Bartley MA 01031	Pbaine@stetsonschoo.org	978 355 4541 x4108	RNSL
2 Stetson School	Joe Alford	" "	JAlford@stetsonschoo.org	978 355 4541	
3 CCAP	Chris Masfield	311 Dunc Ave Winst Bartley	cmassfield@ccap.org	526-8311	
4 IRI	Nancy Gentile	132 S. Main	ngentile@iri.org	508 944-5166	
5 CFP	Eric Cabot	607 Wells Ave	ecabot@theCFP.org	401 527-1653	
6 BVAC	Linda Imparato	PO Box 5643 Pawt Bartley	linda@broadvacancycenter.org	723-3057	
7 ART	Darlene L	2 Bradford Row	dallene@adoptionri.org	868-6000	
8 FSRI	Beverly	1347 Moberg Ave 520 Hope St Providence, RI 02906	verber@berkeley.org	531-1380 x3449	
9 TPC	Bryna Hebert	63 Harmony Hill Providence, RI	bhebert@proact.org	401-276-4144	
10 HHS	Cheryl Raposa	One Rocket Pt	craposa@hhs.org	401-949-0090	
11 HHS	Patrick Placido		pplacido@hhs.org	401-949-0090	
12 Adoption by Providence Children's Museum	Emily Lyon Megan Fischer	2 Bradford St 160 South Street	elyon@adoptionri.org Fischer@ChildrensMuseum.org	865-6000 (401) 273-5437 ex 126	
14 Marguerite Holbrook Mardoff Family Service of RI		401 6394 789	mhmardoff@family service.org		



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"NON-MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

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Purchasing Representative
David J. Francis

PRE-BID START TIME
10:00 AM

PRE-BID END TIME

B

COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED FOR PURCHASING USE ONLY
16 Ocean Tides	BRO. JAMES WALTER	635 OCEAN TIDES WATERG. #1 02902	martino@ocean.tides.org	401 789-1016	401-788-0924	
17 Key Program	Susana Velasquez	6023 Atwells Avenue Providence RI 02909	svelasquez@key.org	401-861-2680	401-751-6641	
18 JRI	Deborah Dineen	35 Summer St. Providence	dineen@jri.org			
19 St. Mary's Home for Children	Carlene Cascino McCa	400 Fruit Hill Ave N. Providence RI 02911	ccascino@smhfc.org	853-3900		
20 Children's Trust	Nancy LaChen	153 Summer St Providence	n.lachen@ctrri.org			
21 Family Service	STEPHAN HUB	1377 WOLFE Ave Providence	huss@family-service.org	331-1350		
22 Youth Pride	Chris Botelho	743 Westminster Rd, RI 02903	botelho.christopher@gmail.com	401-378-6474		
23 Child of Family	Sandra Symon-Loyer	1268 Eddy St	Sloyer@childandfamilyri.org		401-829-2504	
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 PRE-BID DATE AND TIME: 3/21/2016 @ 10:00 AM

Purchasing Representative:
 David J. Francis

Pre-bid START TIME:
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Pre-bid END TIME:

C

COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED FOR Purchasing Use Only
1 CSBN	Christine Mars	15 Gates St	csbnoffice@csbn.org	728-41624		
2 "	Eileen Hernandez	"	children's systems connect	728-4624		
3 HNS	John Dooly	63 Harmony Hill	JDooly@HNS.org	401-474-7247		
4 Children's Friend	Amy Peters	153 Summer St	apeters@csfnri.org	401-276-4343		
5 T.C.O.	Beth Baker	215 W. 8th Street	BLENNERT@T.C.O.	401-822-1360		
6 Cradler Center	Jane Carlson	86 Mt Hope Ave Providence	janec@cradlercenter.org	274-6310 x1033		
7 South County Community Action	Sean Walsh	1935 Kingston Rd. Warrenton	Swatsh@ccaction.org	789-3066 x251		
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PRE-BID DATE AND TIME: 3/5/2016 @ 10:00 AM

C

Purchasing Representative: David J. Francis
PRE-BID START TIME: 10:00 AM
PRE-BID END TIME:

COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
NAFI	Lynn Bilp		lynnbilp@nafinc.com			
NAFI	Hildy Paris		hildyparis@nafinc.com			
Contemporary Healthcare	Margaret Donnelly		mdonnelly@lifespan.org			
Community Services	Jean Valcourt		jvalcourt@C4FP.org			
Mommis/ni	R.C. Belmont		rcbelmont@spencer.org			
Tides Family Service	Josephine Tides		jbyron@tidesfs.org			
FSR1	Julia DeNawse		denawse@familyservicev.org			



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Purchasing Representative: David J. Francis
PRE-BID START TIME: 10:00 AM
PRE-BID END TIME:

D

COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
1 MUSEUM PROV CHILDREN	MAURICE GAUVIN		CHILDREN MUSEUM GAUVIN @	EXT 117 401-273-5437	401-273-1004	
2 Diane Shemtov	Family Services of RI Proprietor Therapist		shemtovd@family-services-ri.org		401-519-2373	
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COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
16 Spurnax FSRI	Caroline Goss Isabel Spurnax	935 Clark Ave Cranston	cao.cz@spurnax.com	781-4380 x133		
17 ARI	Kathryn Tavares	2 Bradford St	storeyis@familyadoptionri.org ktavares@adoptionri.org	401-865-6000	569-1508	27
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