



State of Rhode Island
Department of Administration / Division of Purchases
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February 26, 2019

ADDENDUM #1

RFP #: 7598599

**Title: PRIVATE RESOURCE FAMILY CARE, RECRUITMENT, DEVELOPMENT
AND SUPPORT FOR THE RI DCYF Plan**

Submission Deadline: March 15, 2019 at 10:00 AM (ET)

Note Change

Notice to Vendors

1. EXTENSION OF CLOSING DATE:

**RFP # 7598599 PRIVATE RESOURCE FAMILY CARE, RECRUITMENT,
DEVELOPMENT AND SUPPORT FOR THE RI DCYF submission
deadline has been changed from March 8, 2019 at 10:00 AM (ET) to March
15, 2019 at 10:00 AM (ET).**

2. VENDOR QUESTIONS/STATE RESPONSES:

**Attached are vendor questions with state responses. No Further questions
will be answered.**

3. RFP 7598599 PRE-PROPOSAL CONFERENCE SIGN-IN SHEET

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.

Vendor Questions for RFP #7598599

QUESTIONS RECEIVED AT THE PRE-PROPOSAL CONFERENCE

Question	Question	Answers
PPC 01	What are the number of new foster care openings (read: licenses)?	In 2018, 207 non-kinship applicants were approved for initial licensure.
PPC 02	Does the Department have a seamless way to provide therapy for resource families, bio families, or children?	The RFP was written to allow for flexibility for how you design your program to meet the clinical needs of children. The baseline clinical services expected include assessments, identification of behavioral health needs, and matching behavioral needs to resources. Additionally, clinical supports should be provided to resource families caring for SED/DD and medically fragile youth. Clinical services for children can be provided by Vendor staff or the Department is amenable to the Vendor securing Medicaid funded behavioral health services through Optum.
PPC 03	Several references exist regarding the gatekeeping of authorization. Can you elaborate on how kids can get services quickly?	The gatekeeping protects against double billing against Medicaid. The Department is committed to ensuring a timely response. Agencies should have internal capacity to respond to baseline clinical needs. There are examples, such as substance abuse and sexualized behaviors, that agencies may not be able to handle internally, and would be an appropriate use of clinical resources available through health insurance or the DCYF service array.
PPC 04	Regards to written questions - when are we anticipating to have responses?	The week of 2/25/2019
PPC 05	Where is the MBE, WBE, and/or DisBE Plan Form located? Is this document included in the page limit, since it is directed that it should be submitted in a sealed envelope.	ISBE bonus points do not apply; therefore, the form is not required.

PPC 06	Is the RIVIP Bidder Certification Cover Form included in the page limit, either for the narrative or the attachments?	No.
PPC 07	On pages 29-31, the instructions are unclear. Can the Department review and re-release instructions?	The directions are clear. Please read carefully.
PPC 08	What clinical services can we bill NHP for, and if we cannot, why not?	DCYF does not preclude providers from billing NHP for any clinical services above the baseline clinical care coordination as paid for by DCYF. Baseline clinical care coordination as paid for by DCYF is to include the identification of behavioral health needs (for children), identification, locating and matching of resources (for children), and coordinating appointments (for children). Additionally, clinical supports should be provided to resource families caring for SED/DD and medically-fragile youth. Clinical services for children can be provided by vendor staff or the Department is amenable to the vendor securing Medicaid funded behavioral health services through Optum. See Attachment 3.
PPC 09	In Appendix C, 1,011 non-kinship resource families - is that an unduplicated number?	Yes, this represents individual resource families.
PPC 10	Can we please have an unduplicated # of children in the foster care census?	As of February 2019, 1,579 children are in foster care family settings, including kinship and non-kinship (Region: 1: 318; 2: 178; 3: 389; 4: 639; Out of State: 55; Total 1,579)
PPC 11	Can we have the "n" for each town in Appendix D?	Please see Attachment 1.
PPC 12	What are the number of placements made per month, non-kinship, on a monthly basis?	In 2018, the number of non-relative placements made by month: July: 22; August: 22; September: 31; October: 20; November: 17; December: 12
PPC 13	How many children are expected in each tier?	The Department is providing an estimation of the distribution of youth by Tier in the aggregate pulled on 8/22/2018: Tier 5: 748; Tier 4: 672; Tier 3: 141; Tier 2: 57; Tier 1: 18; Total children:

		1,636
PPC 14	Can you share what funds are dedicated to this procurement?	\$13.8 million in FY 2020
PPC 15	What are the requirements for accreditation?	The RFP is not explicit in terms of accreditation. The Department will require accreditation be achieved within a reasonable timeframe if they are not accredited already
PPC 16	Is the fee attestation part of the 15 pages, or is it 15+2?	It is fifteen (15) pages for the technical proposal plus two (2) for the requirements of the fee attestation requirements.
PPC 17	Under Fee Attestation, “a) Offeror’s demonstration that program costs will be in line with local industry wage and cost scales”? What is the intent?	To ensure comparability among Offerors, and also to have an Offeror confirm that by their fee attestation, they have given thought to the fact that they are able to afford program costs in line with local industry wages and cost scales when they make the fee attestation in accepting the Department's fees.
PPC 18	Does the Department intend to award, or give preference or priority, to organizations who have ability to third party billing?	No, that is not in the criteria for the technical proposal, so it is not required
PPC 19	Non-kinship providers, held by DCYF, will be assigned in some form to successful vendors. In make those determinations - are we going to consider level of need, geography?	The assignment process and communication strategy will be finalized when the successful vendors are identified. Family voice, agency capacity, Tier score, geography, etc. are all factors that will be considered in the equitable distribution of DCYF families to the successful vendors.
PPC 20	Major goal of redesign is the ensure a better match between children and family. How will this be considered with the goal of eliminating the placement of unrelated children together?	Placing a child with a family who is best suited to meet their needs remains a priority.

PPC 21	Each successful bidder will receive an FTE for recruitment and training. Is that to remain as is for any bidder who bids for an anticipated caseload of 50, 75, 150 - is that a scalable ratio?	During contract negotiations between DCYF and successful vendors, DCYF will determine the FTE allocation for recruitment and training, factoring in what caseload is anticipated and seeks to scale as appropriate, again, based on caseload.
PPC 22	The RFP refers to compensation for 180+ day placement. Is this intended as incentive payment, or only if the placement stays that 180 days?	We value placement stability, which will be considered a metric for review in Active Contract Management, however, there is not intended to be any incentive payment, or limitation in per diem as result of the number of days in placement. This section, "For the duration of any contract awarded under this RFP, successful vendors will be compensated for each Resource Family with whom a vendor places a child/youth referred by DCYF who remains in the home for more than 180 days or leaves the home for reunification, placement with kin, or permanency in accordance with the pricing structure described in Section 4 of this RFP, <i>Cost Proposal</i> ." should be removed from consideration of the RFP # 7598599.
PPC 23	Can you provide an example of quarterly payment structure?	Please see Attachment 2.
PPC 24	How will vendors be reimbursed for emergency clothing vouchers?	Cost-reimbursement based. Payments will be made on a monthly basis to vendors.
PPC 25	Will any additional clothing stipends to be given to agencies or to resource families?	Emergency clothing vouchers are the only payments going to agencies. Anything being paid directly to the Resource Family is outside of the scope of this RFP.
PPC 26	Will each question will be answered individually, or in overview?	Individually.
PPC 27	Are these rates firm and final?	Yes.

PPC 28	The RFP calls for an additional 200 families. Does that take into consideration the new directives and goal for eliminating unrelated children from being placed together?	The Department believes this is a sufficient recruitment target, while considering the vision of foster care and changes in the foster care census.
PPC 29	Children currently placed in DCYF homes, will this be part of the private sector bid, and how many will each agency get?	<i>Please see response to PPC 14.</i>
PPC 30	Given that we have to attest to these rates - will their be guidance on how to service these rates... are we to submit an RFP on what this rates support, or what we do for rates to be supported?	Since the RFP is fee attestation, if you are not able to certify that you can provide services and accept payment in accordance with the delineated rates, then you are not able to submit a bid since Fee attestation is required under the terms of the RFP.
PPC 31	Proposal does not specific caseworker ratios for individual staff, are you looking for a variety of responses?	We are looking for proposals to outline to the state what can be provided by vendors.
PPC 32	Will the RFP be extended?	The RFP deadline will be extended until March 15, 2019 at 10:00 AM ET.
PPC 33	The RFP states a contract start date of April 1, is that still the anticipated date?	The starting date of the contract is dependent on the length of time it takes to review bids, determine number of awards, and negotiate and sign contracts.
PPC 34	The RFP contains strong anti-discrimination language for employment, but not in terms of serving families or children. Can this be added?	The resulting Contracts with successful Vendors has mandatory federal language regarding non-discrimination in terms of the delivery of the service. Purchasing regulations mandate non - discrimination for service delivery. Contracts will have the mandatory language under state and federal law for non-discrimination.
PPC 35	How will recruiters work collaboratively? Are they considered competitive?	Recruiters will work to recruit families for the system, and the collaborative nature of the work should result in matching those families with the best matched agency. This will be a focus of Active Contract Management.

PPC 36	At the broadest scale, would there be the intention to try to equally distribute families across state?	<i>Please see response to PPC 14.</i>
PPC 37	What is the new foster parent rate going to be, and how is that going to be handled because we lose families due to the change in rate?	The foster parent per diem rate is not within the scope of this bid. Any adjustments in the needs of foster parents will be addressed through recruitment and retention efforts.
PPC 38	If 5% set aside for 24/7 foster parents, but those homes are filled, will the agency need to find more homes?	If the 5% requirement for resource families who are available for 24/7 placement has been met, but is currently being utilized for placement, the agency has fulfilled its obligation for the 5% of available families.
PPC 39	Has there been any consideration given to incentivizing the 24/7 requirement?	No, not at this time.
PPC 40	With regards to the 30 day notice, a cursory review of other states runs 0-10. Any consideration to reducing this number?	The 30-day notice is intended to ensure that children have an appropriate transition time to a new placement, or, preferably, that this time will allow agencies to provide additional supports that may help stabilize the placement. There would be exceptions to this time frame, particular related to safety concerns.
PPC 41	Is the expectation that bio-psycho-social is done on all children?	The CANS Plus will be used to meet the requirement for a comprehensive assessment for all children placed with a resource family.
PPC 42	Can agencies access DCYF contracted services?	Referrals through the CRU of DCYF contracted home based services should be used as a last resort, and only in exceptional circumstances. If NHP is exhausted, we can explore this option.
PPC 43	Will a licensed master's level clinician be required to sign off on treatment plans?	A clinical treatment plan may be completed by a master's level clinician under the direct supervision of an independently licensed clinician (e.g., LICSW, LMHC, LMFT and above). Both would need to sign the treatment plan.

PPC 44	How can we get information about the array of services through DCYF that can be available, and the available capacity? We are assuming there is enough space to accommodate all of these new children, if they have immediate needs?	The resource guide for the DCYF Service Provider Guide is available online: http://www.dcyf.ri.gov/docs/Resource_Guide.pdf . It is important to note that bidder's should have capacity for baseline clinical services. When other services are needed, NHP should be leveraged. If those options have been exhausted, or there exists an exceptional need, the DCYF Service Array can be utilized.
PPC 45	With the CANS+ is it true that an LC can conduct the assessment, but this needs to be signed off by an LICSW?	Yes. The CANS Plus may be completed by a master's level clinician under the direct supervision of an independently licensed clinician (e.g., LICSW, LMHC, LMFT and above). Both would need to sign the CANS Plus.
PPC 46	Is there a possibility to go back to 5 payment per tiers, instead of the rounding into two payment tiers?	No, the RFP is released, and its structure has been developed directly from the feedback received from stakeholders during a few month-long series of open workgroups. From these workgroups, a significant piece of feedback was the limited funding for Tier 5 youth. To offset this concern, within the confines of the budget, the compensation for the lower tiers (higher need) had to be reduced.
PPC 47	Being that this redistribution is budget neutral – this suggests that you have more 4s and 5s?	Yes, Tier 1 and Tier 2 youth are not served in family foster homes as often as Tiers 3-5.
PPC 48	Is amount intended to be procured the same as the previous RFP?	Yes, the amount is the same. The intent was to configure more simple administrative costs, but not reduce funding in total.
PPC 49	Interpreting services - in the event there are multiple awards - would the state consider efficiency and establish one larger vendor?	Agencies are responsible to provide culturally competent interpretive and translation services. Successful vendors are welcome to collaborate for efficiency. The state's Master Price Agreement is not available to private agencies.

PPC 50	<p>What is 3rd part billable? How are we defining what clinical services can be paid for DCYF?</p>	<p>Any Medicaid claiming conducted by the department will be determined by the results of a time study to be conducted with successful vendors during the duration of the contracts. Baseline clinical care coordination as paid for by DCYF is to include the identification of behavioral health needs (for children), identification, locating and matching of resources (for children), and coordinating appointments (for children.) Additionally, clinical supports should be provided to resource families caring for SED/DD and medically fragile youth. Clinical services for children can be provided by Vendor staff or the Department is amenable to the Vendor securing Medicaid funded behavioral health services through Optum. Anything paid by third party billers and/or direct billed to Medicaid must be above the aforementioned baseline clinical care coordination. See Attachment 3.</p>
PPC 51	<p>In dealing with birth families, is there a specific course we are expected to do?</p>	<p>Working with birth families is a cornerstone of foster care, we focus on reunification and know that connections to birth families helps drive emotional stability for the child. We are looking for successful vendors to support this vision. There is not a specific course, schedule, or capacity being defined, and compensation is not included. Any efforts for mentoring or working with birth families will be done in collaboration with the Department and based on the case plan.</p>
PPC 52	<p>Will resource families be compensated for working with birth families?</p>	<p><i>Please see response to PPC 47.</i></p>
PPC 53	<p>Can you give us a sense of what you expect in the appendix?</p>	<p>We have not defined a set of expectations for the appendices. Bidders should submit what they determine to support their proposal.</p>
PPC 54	<p>Are resumes included in the 25 appendices? Wording says 25 pages + resumes?</p>	<p>Yes. Resumes are not counted as part of the 15 pages for the technical proposal, but they are counted in the 25 pages for appendices</p>
PPC 55	<p>Is this fee attestation in bid?</p>	<p>Yes.</p>
PPC 56	<p>What is included in the foster parent co-trainer payment?</p>	<p>\$30/hour to be paid directly to the co-trainer, and \$5/hour for the agency administrative costs in coordinating the co-trainer.</p>

PPC 57	Will current families will still be associated with their current agencies?	If a current vendor is a successful vendor in this RFP, there is no reason to think that a change in agency association will be made.
PPC 58	Can we have more time?	<i>Please see response to PPC 28.</i>
PPC 59	If there are fewer agencies, can we assume that agencies will have to conduct TIPS MAPP more often?	The number of TIPS MAPP classes offered by an agency will cumulatively support the recruitment needs of the system, and capacity of the specific successful vendor.
PPC 60	How are hours for in-service training being reimbursed?	That is now being compensated through FTE for recruitment and training
PPC 61	For the recruiter position, in addition to scaling and proposed caseload - as will be cost reimbursement position, will the Department identify its anticipated salary level, inclusive of benefits, prior to submission date. That position will be connected to other salaries and positions?	The final amount will be contingent on the number of vendors, but we anticipate agencies serving 50-80 families, a range of 80K-100K (including fringe). The agency is also responsible to set the salary for staff members.
PPC 62	What is the timing for TIPS MAPP training? Two or three hours?	TIPS MAPP consists of ten three-hour sessions.

QUESTIONS RECEIVED BY EMAIL

Question	Question	Answers
Question 01:	April 1, 2019 Implementation – We have an executed Contract thru June 30, 2019? How will these overlapping dates be handled?	The status of current contracts technically is not related to the purchase of new services through the state RFP process. The Department will need to ensure the non-interrupted services for our children and families and will manage the transition from one set of contracts to another to best serve our families.

Question 02:	Page 16 – Providers to be compensated for reunification, placement and 180 days stay. There is no financial amount associated with this reimbursement and it is not listed in the Attestation (Budget) Section on pages 25-27. What is this amount?	Successful vendors will be reimbursed on a per diem basis as outlined in the Fee Attestation for each day a youth is in placement. There is no additional payment above that for reunification, placement, and 180 days stay.
Question 03:	Startup Costs – Cost Reimbursable – 20% of Contract Award Up Front Is this 20% up and above Contract Award as Placement has four quarterly 25% reimbursements, with 25% up front? Would total 120%. Otherwise only 80% for Foster Services.	Two types of start-up are to be provided at the beginning of the contract term: (1) 25% of total contract value for per diem activities (support and care coordination). Then 3 additional payments are to be made for per diem activities based on utilization with a final reconciliation at the end of the fiscal year. (2) 20% of total contract value for cost reimbursement-based activities (recruitment and training, licensing, home studies, and emergency clothing vouchers).
Question 04:	Are Cost Reimbursable expenses reimbursed monthly or quarterly?	Monthly.
Question 05:	How do they establish Contract/Award amounts, as Tiers will be a moving and evaluated target?	At the time the submitted proposals are evaluated, and contracts will be resulting, the Department will do its due diligence to best determine the needs at the time based upon the needs of the children taking into account the Tiers. The Department will also do its due diligence to best determine future needs of the children. Currently the Department commits to working with Providers as the needs of the Department change, and the Department anticipates working with the Providers in the same way.

Question 06:	At what rate will DCYF pay for a recruiter Trainer, and at what Fringe Rate?	DCYF will pay successful vendors on a cost-reimbursement basis monthly for recruitment and training. Vendors may determine what amount of that reimbursement is dedicated for salary/wages versus fringe. DCYF will not be making that determination.
Question 07:	Page 21 Extra Points in Score for 85 or plus Capacity – How many? How is that measured?	Evaluation of capacity to serve up to 85 families will take place in accordance with the criteria described in 1b Capability, Capacity and Qualifications, Agency Management, Administrative and Technical Capacity. Because 30 points are available in Number 1, Capability, Capacity and Qualifications, and there are three subsections, a,b,c there are up to 10 points available in section 1b. If contractor demonstrates capacity to maintain 85 families, then up to the maximum of 10 points are available.
Question 08:	Will start-up costs be spread over and reimbursed over 12 months or for contract term of 24 months?	Start-up costs will be made for both the cost reimbursement activities (recruitment, training, home study, licensing activities, and emergency clothing vouchers) and per diems (care coordination and support) within the first payment made to vendors at the onset of the contract term. The start-up costs for the cost reimbursement activities will be 20% of the anticipate annualized (12 months) contract value for that component of the contract and the start-up costs for the per diem activities will be 25% of the anticipated annualized (12 months) contract value for that component of the contract.
Question 09:	When will current youth in current Provider Care be tiered for provider to analyze revenue stream and attest to rate structure?	Prior to the posting of the RFP, the current private foster care agencies were provided with a sampling of Level of Need information for the current youth in their care. For an estimation of total tier distribution of

		all children in care <i>please see response to PPC 13.</i> The Levels of Need on all remaining children in DCYF care are in the process of being completed by the Department and will be available at the time of new contracts.
Question 10:	The RFP requires a sample Home Study as a required attachment. This is a lengthy document, in itself, over the attachment page limit of 25 pages. Is the Home Study included in the 25-page limit of attachments?	No, the Home Study is not included in any of the page limits.
Question 12:	The RFP states that the electronic copy submitted should be on a CD-R, would a USB Drive be acceptable to submit the electronic copy?	Page 30 of the RFP states that USB drives shall not be accepted.
Question 13:	Does the two-page fee attestation count towards the 15 page narrative limit?	<i>Please see response to PPC 11.</i>
Question 14:	A total pool of 15 Parent Co Trainers is needed to meet the needs of the entire state, is there a recommendation of the number of Parent Co Trainers required for each provider?	Parent Co-Trainers will not be assigned to a specific successful vendor. The entire pool will be accessible to all successful vendors. For a TIPS-MAPP class hosted by a successful vendor, the successful vendor will coordinate a Co-Trainer from the large pool, and the successful vendor will be responsible to compensate that co-trainer, in accordance with the financial structure laid out in the RFP.

Question 16:	Resumes are included in the attachment page limit of 25 pages; for an organization that serves a large number of foster children, resumes may consume the majority of the 25 pages allowed. Would the dept. consider increasing the number of pages allowed for attachments.	Resumes are included in the Appendix limit of 25 pages. Bidders have to make choices.
Question 17:	Can the Department identify the total of all funds available to procure the described services for 500 youth in foster care?	\$13.8 million in FY 2020
Question 18:	As a part of Medicaid claiming and clinical care coordination as referenced in the RFP, is a Biopsychosocial or CANS Plus Assessment required for entering foster care?	A CANS Plus Assessment is required to be completed within 30 days of placement into foster care.
Question 19:	What does the Department anticipate as an average care coordination and support case load assuming that a vendor will have a mix of cases from all 5 Tiers?	The Department is seeking to review proposals that outline the applicable caseloads in accordance with services to be delivered.
Question 20:	Will the Department award only up to the 500 cases listed in the RFP? The number of Specialized non-kinship cases as of February 1 st , 2019, is reported to be 433.	The number of cases and families described in the RFP is meant to give Bidders the best information possible so that the "Offeror proposals" can be as responsive as possible. The Department will take into account any changes in numbers of children, families or cases during the procurement process so long as the numbers are not drastically different to the extent that it would impact an Offeror proposal.

Question 21:	The Non-Relative Kinship Census is said to be an additional 212 as of February 1, 2019. Are these cases included in the RFP statement that “the Department is not requesting Kinship related services within this RFP?”	The Department's internal kinship unit will serve and support all kinship families, relative and non-relative. The non-relative kinship families will not transfer to a private agency.
Question 22:	The Department approximately, 6 months ago, shared with providers an estimation of the distribution of youth by Tier. Can that estimation be updated?	<i>Please see response to PPC 06.</i>
Question 23:	Please clarify what is meant by the statement in 5.3, Support, “these ongoing tailored supports should be provided at the direction of DCYF.” Are all of the referenced supports to be provided by the vendor, or will DCYF approve referrals for additional services?	Agencies should have internal capacity to respond to baseline clinical services expected including assessments, identification of behavioral health needs, and matching behavioral needs to resources. Additionally, clinical supports should be provided to resource families caring for SED/DD and medically fragile youth. Clinical services for children can be provided by Vendor staff or the Department is amenable to the Vendor securing Medicaid funded behavioral health services through Optum. There are examples, such as substance abuse and sexualized behaviors, that agencies may not be able to handle internally, and would be an appropriate use of clinical resources available through health insurance or the DCYF service array.

<p>Question 24:</p>	<p>Interpretation services cover a vast area that crosses all job descriptions: Recruiter, TIPS-MAP trainer, in-service trainer, home studies and licensing, weekend and emergency on-call responder, care coordination and supports to youth and foster parents, and documentation to cover all of these needs. One or two bilingual staff members do not cover all of these varied areas in real time. Will the Department have Spanish translator resources for all agencies to access? Will they reimburse for these services if the Department does not provide them?</p>	<p><i>Please see response to PPC 45.</i></p>
<p>Question 25:</p>	<p>Per RFP, TIPS-MAP training must be offered during family-friendly hours and in Spanish. It also states that agencies will train co-trainers of current foster parents yet the current TIPS-MAP training for trainers is offered during business hours 9-4 over 8 days and currently in English. How will training change to accommodate working foster parents as they are the majority of our foster parents?</p>	<p>The Department will review the pool of current trainers and parent co-trainers, and potential recruits and determine what resources are needed to ensure that training of trainers is successful.</p>

<p>Question 26:</p>	<p>Page 27, Section 5: “Each offeror will submit one proposal per each component of the scope of work.” Does the Department expect to receive 5 separate technical proposals from a vendor if the vendor intends to offer all 5 components of the scope of work? Please specify what exactly is meant by “proposal.”</p>	<p>It is one proposal, but each component of work including responsive proposal language should be described separately for evaluation.</p>
<p>Question 27:</p>	<p>For the fee attestation, it is stated that this should include a two-page narrative that describes a) the offeror’s attestation, b) ability to perform the work within the established rates, and c) a demonstration that program cost will be in line with local industry wages. Can the department elaborate on what is needed in a two-page narrative? It seems the fee attestation can be completed in a few sentences, not pages.</p>	<p>The Department is requiring fee attestation but also narrative language that the Offeror can perform the work and pay industry wages within the described and delineated rates.</p>
<p>Question 28:</p>	<p>Are the Department’s own staff salaries used when determining “local industry wages?”</p>	<p>This is outside of the scope of the RFP.</p>

<p>Question 29:</p>	<p>In reference to page 10, Tier Scores: ALL Tiers couple risky behaviors and EBD (emotional, behavioral, developmental) behaviors. None of the Tiers accommodate a child/youth exhibiting a high level of EBD without risky behaviors. It is common to serve children with HIGH EBD, but not necessarily exhibiting risky behaviors. It requires a lot of support and services to both the child and the foster parents. How will their level of need be scored?</p>	<p>The algorithm used to determine the child's level of need will elevate the Tier score for those children exhibiting a high level of EBD without risky behaviors.</p>
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<p>Question 30:</p>	<p>The CANS training states that the CANS assessment is completed within 30 days of placement and again within 90 days with the assumption that there will be changes as more knowledge of the strengths and needs of an individual come to light. The RFP (page 9) states that Level of Need (LON) will be determined: at time of placement, at least annually, and “as needs arise that indicate that the youth is not in an appropriate Tier.”</p> <p>a. At time of placement: please clarify if this is before child has been placed (and therefore a LON Tier score will come with all referrals) or after initial CANS assessment that takes place within first 30 days.</p> <p>b. Is it possible that “as need arises” could be based on a future CANS assessment that indicates that youth is not in an appropriate tier? Perhaps concretize that LON will be assessed within 30 days of most recent CANS?</p>	<p>The LON is completed by DCYF and will be used to determine the initial Tier level at placement, with allowances to review the initial Tier score if needs arise that indicate the youth is not in an appropriate Tier. CANS assessments are completed by providers and the schedule of within 30 days of placement and every 90 days thereafter is to align with and help inform treatment planning and will not be utilized for the initial Tier Score determination.</p> <p><i>Please see response to Question 30a.</i></p>
<p>Question 31:</p>	<p>Please confirm, will the Department’s current standard that foster care child placing agencies be accredited apply to any providers under this RFP?</p>	<p><i>Please see response to Question PPC 10.</i></p>

<p>Question 32:</p>	<p>If no unrelated children are being placed together, what happens if a child reunifies, comes back into care and the resource family has taken another child? Would it be possible for that child to be placed back with the resource family even though it would mean that the resource family would be caring for two unrelated children at the same time? How will the Department make those decisions?</p>	<p>No child or sibling group may be placed in a non-kinship foster home where other non-related minor foster children reside. Any exception to this must be authorized by the Director or her designee. Placing a child with a family who is best suited to meet their needs remains a priority.</p>
<p>Question 33:</p>	<p>What happens if a new home study is not completed in 45-60 days? Will an agency still be compensated? Also, when does “Day 1” begin? In addition, what if circumstances cause a family to exceed the 60 day timeframe? For example, one of our home studies was completed in 70 days because the applicant had to travel out of state for to care for an ill family member. Will exceptions be made on a case-by-case basis?</p>	<p>The SAFE Home Study model is built to be completed in this time frame. A completed home study will result in compensation, if the successful vendor makes good faith efforts to complete the home study within this timing, understanding some delays on the part of the applicant family. This will be an area for Active Contract Management.</p>

<p>Question 34:</p>	<p>If 5% of resource families need to be able to do 24/7 care, does that mean that they cannot have a current placement? Or can the emergency placement be the 2nd foster child in the home? Does 5% of the total resource families need to be able to provide care at any given time? For example, if all of an agency's resource families that agree to providing 24/7 care are "full" does the agency need to have additional resource families available above the 5%? Are there specialized rates being paid for emergency placements? Will these resource families get paid to keep their beds open?</p>	<p>If a resource family, who is available 24/7, has a foster placement, they may still be considered for placement, based on the immediate needs of the child and availability of placement resources. The future of the placement can also be evaluated when more resources become available. <i>For additional components of this questions, please see response to PPC 34 and 35</i></p>
<p>Question 35:</p>	<p>Regarding Level of Need determination, since this is being done by CANS score, what assessment tool is the Department using for those under 5 years old?</p>	<p>The Department will be implementing a Level of Need (LON) for children 0-5 utilizing the Child and Adolescent Needs and Strengths (CANS) for the 0-5 population.</p>

Question 36:	<p>What does it mean when the Department indicates that a change in a child's Level of Need can mean a change in placement at the discretion of the Department? It is understandable that if a child's Level of Need increases that he/she might need a change in placement to better meet his/her needs. However, if a child's Level of Care decreases, and he/she is doing well in that placement, would this mean he/she would be removed from that setting?</p>	<p>If a child's Level of Need decreases the Department would not be looking to remove that child from their current resource family.</p>
Question 37:	<p>Do TIPS-MAPP parent co-trainers need current foster care licenses?</p>	<p>No. However, the Department will approve applicants by reviewing background checks, licensure history, and content knowledge.</p>
Question 38:	<p>Can an unlicensed master's level worker complete CANS plus and treatment plan?</p>	<p><i>Please see responses to PPC 39 and PPC 41.</i></p>
Question 39:	<p>Is it correct that DCYF now needs to coordinate and approve all in-service training content as well as resource family appreciation events?</p>	<p>Yes.</p>
Question 40:	<p>Regarding compensation for each resource family, can the placement duration period be reduced to 90 days versus the 180 days stated in the RFP?</p>	<p>Successful vendors will be reimbursed on a per diem basis for care coordination and support as outlined in the Fee Attestation for each day a youth is in placement. Payments will be made to vendors as outlined in the Fee Attestation first via start up at the outset of the contract and then subsequently on a quarterly basis. There is no additional payment above that for reunification, placement, and 180 days stay. Foster board rate payments will be made to foster parents directly by DCYF and</p>

		are outside of the scope of this RFP.
Question 41:	Would an accommodation be made if a resource family had an emergency where they would have to give up the child/youth? Would the agency still be compensated since this would be beyond our control?	Successful vendors will be compensated at the standard per diem rate for any night that the child is placed with a resource family associated with that vendor.
Question 42:	Will resource families be reimbursed for travel to doctor's appointments and birth parent visits?	Any reimbursement made directly to foster parents for travel will be made by the department. This is outside of the scope of this RFP.
Question 43a:	At the bidder's conference there was reference to the Technical Proposal needing to be signed. It is not indicated in the new RFP that the Technical Proposal needs to be signed. If it does need to be signed, can the Department clarify how, where, etc. the Technical Proposal should be signed?	Technical Proposal does not need to be signed. The RIVIP BIDDER CERTIFICATION COVER FORM needs to be signed.
Question 43b:	Should the RIVIP Bidder Certification Cover Form and W-9 also be included in the electronic copy on a CD-R with the Technical proposal?	Yes, that is acceptable.

<p>Question 43c:</p>	<p>· Can you clarify how the Department wants the fee attestation presented? Should this be on top of the Technical Proposal, and separate to the Technical Proposal versus within the Technical Proposal itself? Does it have to be signed? And please confirm that the fee attestation is not included in the 15 page maximum for the Technical Proposal.</p>	<p>It can be included in the Technical proposal document, but is counted as 2 additional pages. Please see answer to Number 11 above.</p>
<p>Question 43d:</p>	<p>· There is reference to “appendices” as well as “attachments.” Is the Department using these words interchangeably or are there supposed to be appendices and attachments? If these are two separate requirements, please clarify which is required for each.</p>	<p>The Department makes specific references to Appendices, and they are described in the Table of Contents. Attachment is the word used in the RFP which makes reference to the more generic document related to Purchasing documents, as opposed to the substantive technical proposal. To be clear, with respect to the appendices, 25 pages is the limit as has been described, and the home study required and the work plans required are not apart of the Appendices.</p>
<p>Question 44:</p>	<p>On pages 22-24, the RFP asks for the following: detailed work plan on recruitment; copy of a sample home study; placement work plan; care coordination work plan; resumes/bios. We are assuming these documents would be in the appendix? Can the Department clarify what information is required for each of the work plans?</p>	<p>Resumes are included as pages in the appendices and other document you would like. The workplans required and the Home studies are not part of the 25 pages Appendices.</p>

<p>Question 45:</p>	<p>In regards to the copy of the sample home study, our agency is also concerned about the application being considered a public record. Our agency will be removing identifying information, however, we are still concerned about the sensitivity of information and protecting our resource families. Are the sample home studies considered to information that will not be released to the general public or can this requirement be removed to ensure the confidentiality of resource families?</p>	<p>Home Studies should be redacted for all identifying information. DOA cannot guarantee the RFP related documents will not become public, so taking out the sensitive information is the best way to protect confidentiality</p>
<p>Question 46:</p>	<p>Also in regards to the copy of the sample home study, a home study can be up to 25 pages in length. The RFP only allows for up to 25 pages in appendices. If a home study is included in the maximum page numbers for appendices, can the Department increase the maximum page numbers to at least 50? This should allow adequate pages for the requested sample home study, resumes, work plans, etc.</p>	<p>Only resumes part of appendices. Work plans and Home studies are not.</p>

Question 47:	Additionally, page 25 states, “The fee attestation shall consist of a ‘two-page’ narrative...” Please clarify why two-pages are requested for the fee attestation. Does it have to be two-pages in length or no more than two-pages in length?	Should be two pages as close as possible in order to provide the information being requested.
Question 48:	Can you also clarify, do all appendices (home study, resumes, work improvement plans, letter of support, MOUs, etc.) need have one-inch margins, be single spaced, and use only 12 point Calibri or 12 point Times New Roman font?	Yes.

<p>Question 49:</p>	<p>Page 8, <i>Vision for Resource Families</i>, states “The Successful Vendors will recruit new resource families with the goal of having sufficient number of resource families so that unrelated children will not be placed in the same resource family home together”</p> <p>a) What is the Department’s timeline for achieving this goal?</p> <p>b) Will (and if so, how quickly) current non-related children placed together need to be separated into different Resource Family homes?</p> <p>c) How does the Department respond to the concern that this may strictly limit potential matches for new referrals and result in placements that are not the best clinical match, due to an agency’s most experienced Resource Families being considered unavailable for already having a placement? Often newer families may not have the experience to successfully serve a child with a high level of need, but wouldn’t placing such a child with a less experienced family increase the risks associated with the placement?</p> <p>d) How does the goal of not placing unrelated children together in the same home related to a Resource Family’s biological children? A child that the Resource Family has adopted or is in the process of adopting? Are these situations considered placement with an unrelated child?</p>	<p>This directive is currently in place for new placements.</p> <p>There is not an intent to disrupt currently successful placements where unrelated children are placed together. Over time, through attrition of current placements, thoughtful matching for placement, new recruitment of foster families, and the reduction in foster care census, this goal can be achieved.</p> <p>Resource families are not mandated to take any child,. The needs of the child, and skill of the resource family will be considered. In any of these cases, placing a child with a family who is best suited to meet their needs remains a priority.</p> <p>This goal based on unrelated children in foster care, and does not contemplate biological or adopted children.</p>
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<p>Question 50:</p>	<p>Page 8, Vision for Resource Families, states “The Successful Vendors will recruit and maintain a certain number of families willing to work with and mentor birth families.”</p> <p>a) Please provide clarification on the scope of this service (specific examples of service activities, expected hours, etc.) Essentially, how intensive a commitment is it for these certain number of families who will do this work and what exactly does it entail?</p> <p>b) Can the Department provide an estimated number of these birth family mentor families per agency that are needed/desired (based on an agency maintaining a total of 50 actively licensed families)?</p> <p>c) Will there be any hourly or other reimbursement associated with this birth family work/mentoring service?</p> <p>d) Will there be a way for Resource Families to choose not to/discontinue working with and mentoring a birth family if they do not feel comfortable and safe doing so?</p>	<p><i>Please see response to PPC 47.</i></p>
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<p>Question 51:</p>	<p>Pages 9-10, Tier scores and the Level Of Need to be assessed by the Department” state “If a child’s level of need tier decreases, payment would be reduced annually. If a Tier increases, higher payment would be issued at the time of need.” a) Does “time of need” mean the time an agency makes a request or the time a decision is made?</p>	<p>The "Time of need" would be the date the agency made the request.</p>
<p>Question 52:</p>	<p>The last paragraph on Page 10 states “The Level of Need of the child shall inform the appropriate placement of the child with a resource family and shall determine the amount of payment to successful vendors for Care Coordination and Support services described in Component 5 of the Scope of Work” and Page 27 states Tiers 1, 2 and 3 is \$37 per diem reimbursement for Placement Care Coordination and Support of Children, and Tiers 4 and 5 are \$28 for per diem reimbursement. a) Is there a plan to reduce the number of Tiers from 5 to 2 to match the payment structure? b) If not, please explain why there are 5 Tiers if there are only 2 reimbursement rates?</p>	<p>No, tiers will remain 1 through 5. There are two payment rates - one for tiers 1, 2, and 3 (\$37/day) and a separate rate for tiers 4 and (\$28/day). There are only two reimbursement rates for ease of administration of the new financing structure understanding that youth may shift as appropriate between tiers, given their level of need. The Level of Need tool will continue to generate a tier score of 1, 2, 3, 4, or 5 to guide treatment and placement decisions.</p>

<p>Question 53:</p>	<p>Page 13 states “For the duration of any contract awarded under this RFP, successful vendors will be compensated in accordance with the payment structure described in Section 4 of this RFP, <i>which includes the compensation for one FTE related to providing this service.</i>”</p> <p>a) What is the caseload size expected for this person? If said case load requires another FTE for recruitment will that be approved by DCYF?</p> <p>b) Is the expectation that one person covers the recertifications and ongoing recruitment of new families for an agency maintaining a minimum of 50 homes?</p> <p>c) Does “1 FTE” include costs for mileage, advertising, and specialized training?</p>	<p>The Department has not defined specific caseloads and would be looking for proposals that would outline what can be offered to the state. For information on increases to the FTE, <i>please see response to PPC 16</i></p> <p>Successful vendors will have autonomy in hiring capacity (e.g. 1 FTE vs. two .5 FTEs), and determining work distribution among staff.</p> <p>All reimbursements for costs associated with training are inclusive within the FTE reimbursement.</p>
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<p>Question 54:</p>	<p>Pages 14-15 regarding Parent Co Trainers:</p> <p>a) Is the expectation that a Resource Family goes to MAPP training to be a Co Trainer?</p> <p>b) If this training is required for Co-Trainers, how will payment/reimbursement work for the family to go through the 2-week, 8 hours/day MAPP training process?</p> <p>c) If this training is required for Co-Trainers, who will provide services to the child(ren) in placement while they attend the training?</p> <p>d) Regarding the requirement for Parent Co-Trainers to be approved by DCYF with regard to background checks, licensure history and content knowledge – is there an additional review/evaluation process in addition to their prior approval as a Resource Parent?</p> <p>e) Approximately how many Co-Trainers per selected vendor agency are expected to be needed going forward?</p>	<p>Yes, Parent Co-Trainers are required to attend TIPS MAPP Leader Training.</p> <p>Yes, the standard hourly rate provided to co-parent trainers should be applied while the individual attends the TIPS MAPP Leader training.</p> <p>Being a Parent Co-Trainer is considered compensated employment. The Resource Family would be responsible to find child care, as they would with any other employment. Possibly, as information from a previous license may be outdated. The Department will conduct a current review of the applicant to complete the vetting process.</p> <p>The state estimates that a total pool of 15 Parent Co-Trainers will be sufficient to meet the need. Parent Co-Trainers are not associated with a single specific successful vendor.</p>
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<p>Question 55:</p>	<p>Page 15 states “The successful vendor shall be required to make all compensation payments to the Parent Co Trainers at the hourly rate of \$30 per hour currently....” What is the expected length of training sessions – 2 hours or 3 hours?</p>	<p><i>Please see response to PPC 58.</i></p>
<p>Question 56:</p>	<p>Page 24, <i>Staff Qualifications</i>, asks vendors to provide “essential qualifications and requirements” for all staff. Is the expectation for agencies to maintain a licensed master’s level clinician on staff? If so, where does the requirement come from (licensing standards, Medicaid, other regulation, etc.?)</p>	<p>The expectation is to have an independently licensed clinician (e.g., LICSW, LMHC, LMFT and above) either complete or sign off of the CANS Plus Assessments and treatment plans. This is a requirement of Medicaid.</p>
<p>Question 57:</p>	<p>What licensing standards, and/or any other standards/regulations are the agencies expected to follow?</p>	<p>Under RI General Law 42-72.1, DCYF has the statutory authority to regulate, license, and monitor Child Placing Agencies and Foster and Adoptive Homes. All applicable regulations are required and have the full force and effect of law.</p>

<p>Question 58:</p>	<p>Page 27, Home Studies, states “For each home study completed for a new Resource Family in a timely fashion and meeting the requirements of the Department as described in this RFP, DCYF will compensate the vendor \$1,000.”</p> <p>a) Does the 60-day limit for being “timely” refer to when the Home Study is submitted, or when it is approved?</p> <p>b) What happens in terms of payment if the Home Study is completed at 61 days or after?</p> <p>c) How was the rate of \$1000 determined? I.e. what is the breakdown of the components?</p> <p>d) Are there benchmarks/reimbursement points in the Home Study process to be paid along the way if a family goes partially through the process but does not ultimately become certified?</p>	<p>The completion date would be based on when the home study is approved by the Certified SAFE Home Study Supervisor.</p> <p>These situations will be reviewed on a case by case basis.</p> <p>The SAFE Home Study model takes, on average, 18-22 hours to complete (including travel time). The Department has determined a standard home study rate of \$1,000 based on rate of \$50/hour for an average of 20 hours.</p> <p>The Department will consider compensating successful vendors for incomplete home studies, with specific benchmarks completed, when the family chooses not to proceed with the licensing process. This payment will be addressed in contract negotiations.</p>
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<p>Question 59:</p>	<p>Since the RFP requires vendors to attest to the rates specified by the Department, should proposals reflect changes to services, caseloads, etc. based on the new rates, or what we provide currently, which is based on the current level of care needed by the children in our program? Essentially, going forward, will the rate be determined by the program or the program determined by the rate?</p> <p>a) What is the expectation of caseload size vs. what is provided currently? What if children in our care can't be safely served with a 1:15 ratio?</p> <p>b) Is there a Supervisor to Staff ratio that needs to be followed? In other words, how many staff are each Supervisor allowed to supervise?</p>	<p>Bidders are expected to outline in their proposals how they can meet the scope of work and requirements as outlined in the RFP and in accordance with the fee attestation. Proposals will then be evaluated in accordance with section 5 of the RFP regarding evaluation and selection.</p> <p>The Department has not defined specific caseloads and would be looking for proposals that would outline what can be offered to the state. We suggest that ratios are based on the needs of the families and children who are served by the successful vendor.</p> <p>The Department has not defined specific caseloads and would be looking for proposals that would outline what can be offered to the state.</p>
<p>Question 60:</p>	<p>How many children does the Department estimate are at Tier 1-3 vs. Tier 4-5?</p> <p>a. How can a current vendor attest to these new rates without knowing the current scoring (Tiers) of its clients? Can you provide scoring of all current clients?</p> <p>b. How many foster children are will private foster care agencies currently and what is the distribution by Tier?</p>	<p><i>Please see response to PPC 06.</i> <i>Please see response to Question 22.</i></p>

<p>Question 61:</p>	<p>Under the proposed financial structure, a) How and who is responsible for in-service training? b) Are those hours reimbursed by the state?</p>	<p>The FTE for recruitment and training. Reimbursement is accounted for in the compensation for the FTE for recruitment and training.</p>
<p>Question 62:</p>	<p>Given that the current RFP has added additional items for vendors to include/respond to in their proposals, would the Department consider increasing the page limits for the Technical Proposal? We are concerned that only a very cursory description of each of the items requested is possible in 15 pages.</p>	<p>Yes from 15 pages to 18 pages.</p>

Question 63:	<p>On page Page 24, <i>Staff Qualifications</i>, please define “key staff.” Our agency has 12 individuals identified that would be significantly contributing to the services outlined in the RFP, so even cutting their resumes to 1 page each would only leave 13 pages, which is the length of our Sample Home Study. We have several other Appendices related to other RFP section requirements that we believe the Department would find relevant and would help reviewers evaluate our agency’s ability to meet the goals and service expectations in the RFP, however, shortening/cutting staff resumes and the home study won’t give reviewers an accurate sense of our capacity in these areas.</p>	<p>The agency has to define and describe their own key staff. Resumes and your other related documents are part of appendices, the work plans and Home studies are not.</p>
Question 64:	<p>When does the Department anticipate posting the responses to Written Questions?</p>	<p><i>Please see response to PPC 27.</i></p>
Question 65:	<p>Will all Written Questions be answered or will it be a summary of questions/topics similar to the Q&As for the prior version of this RFP?</p>	<p>Questions will be answered.</p>
Question 66:	<p>Is an April 1, 2019 contract start date feasible or has the estimated start date shifted?</p>	<p>Please see answer to Number 3 above</p>
Question 67:	<p>Can a payment structure be set so that All five tiers have a separate rate instead of only having two rates?</p>	<p>No, the rates are final.</p>

Question 68:	<p>The Recruitment Reimbursement is specific to recruitment and Care Coordination shows rates per Tier at \$37/day and \$28/day. There appears to be no section in the rates for administrative overhead so the assumption is that overhead (rent, supplies, audit fees, General and Liability Insurance, etc) is part of the Tier rates. Therefore, for the Tier rates what amount is for direct care and what amount is for Indirect care and what is DCYF's definition of indirect care?</p>	<p>DCYF does not dictate what amount or percentage of the per diem or other reimbursement rates is to be allocated to direct costs versus indirect costs, that determination is to be made by the successful vendors.</p>
Question 69:	<p>Do vendors need to be accredited by CARF or other accreditation organization?</p>	<p><i>Please see response to PPC 10.</i></p>
Question 70:	<p>Are vendors required to have the ability to bill to Medicaid or other third parties?</p>	<p>No, that is not in the criteria for the technical proposal, so it is not required at this time.</p>
Question 71:	<p>If a Parent Co-trainer needs MAPP training will that be reimbursed by DCYF? If yes, then how does that process work?</p>	<p>The Department is assuming the cost of the facilitation of TIPS MAPP Leader Training. Please see response to question 54b regarding co-parent trainer compensation.</p>
Question 72:	<p>Is there a requirement to have a licensed staff member to sign off on treatment plans, etc? If yes, what are the job requirements of that staff person?</p>	<p><i>Please see responses to PPC 39 and PPC 41.</i></p>

<p>Question 73:</p>	<p>On page 10, the RFP states that “The Department shall develop a protocol if.....there is a disagreement on the determined level of need”. Can you summarize what this protocol would look like? Would it be on an as needed basis or more formalized on either a monthly or quarterly basis per client?</p>	<p>The development of a protocol regarding this review will be developed upon implementation of the new contracts with the input of successful vendors The protocol will base based on each individual case.</p>
<p>Question 75:</p>	<p>Can we bill NHP for an emergency behavioral health evaluation? If not, why not?</p>	<p>An emergency behavioral health evaluation is not contemplated in the scope of work of this RFP, so to the extent that it is reimbursable via NHP, DCYF would not preclude or prevent any successful vendor from billing NHP for this service.</p>
<p>Question 76:</p>	<p>At the bidders conference we were told not to worry about the number of pages in the appendices. To confirm, there’s no page limit for the appendices? If there <u>are</u> limits to the number of pages, are the resumes considered part of the appendices?</p>	<p>Appendices limited to 25 pages, resumes are included but not the work plans or home studies.</p>

<p>Question 77:</p>	<p>On page 27, #3, placement care coordination and support, it states that these functions will be reimbursed at a rate of \$37 for tier 1, 2, and 3, and \$28 for tier 4 and 5. This section does not include assessment, including CANS nor treatment planning signed off by an independently licensed professional. At the bidders conference, it was mentioned these functions are expected and staffing is expected. Will these per diem rates be adjusted to reflect that? If not, why not? Can you give us a breakdown of how this is being calculated based on current market salaries and the professionals you included in this calculation.</p>	<p>All reimbursement for the scope of work outlined in this proposal is included within the fee attestation section of the RFP. The per diems will remain as is, and additional reimbursements will be made for recruitment and training, home studies, license navigation, and emergency clothing vouchers. The same dollars are available for this procurement as was discussed during DCYF-provider vision and finance workgroups, but allocated in a different manner between both tier groups to remain within budget. DCYF examined salaries within the northeast region of the United States for case management and clinical staff to determine these salaries. Bidders have the ability to determine what caseloads are reasonable given the scope of work as outlined in the entirety of the bid.</p>
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ATTACHMENT 1

FY17			
Rank	Case Town	Number of children removed from home	Removal rate (per 1,000 children under 18 in RI)
	Rhode Island	1096	5.1
1	Woonsocket	117	12.9
2	Westerly	44	10.0
3	Newport	35	9.5
4	Central Falls	48	8.4
5	Providence	322	8.0
6	Pawtucket	110	6.6
7	West Warwick	35	6.3
8	North Providence	33	6.1
9	Coventry	32	4.7
10	Bristol	15	4.3
11	Cranston	60	3.8
11	Johnston	20	3.8
11	Narragansett	8	3.8
11	Tiverton	11	3.8
15	South Kingstown	18	3.7
16	East Providence	35	3.6
16	Hopkinton	5	3.6
16	Warren	7	3.6
19	Lincoln	16	3.3
20	Jamestown	3	3.2
21	Richmond	5	2.8
22	Burrillville	9	2.7
22	Portsmouth	10	2.7
24	Foster	2	2.6
24	North Kingstown	16	2.6
26	Warwick	38	2.5
27	North Smithfield	5	2.4
28	East Greenwich	7	2.1
28	Middletown	8	2.1
30	Little Compton	1	1.8
31	Scituate	3	1.5
32	Charlestown	2	1.3
33	Cumberland	8	1.1
34	Smithfield	3	0.8

ATTACHMENT 2

SAMPLE Quarterly Payments

	Date of Payment	10/15/2019	1/15/2020	4/15/2020	6/30/2020
	7/1/2019-9/30/2019	10/1/2019-12/31/2019	1/1/2020-3/30/2020	4/1/2020-6/30/2020	N/A
	91	91	89	90	91
	90	110	115	120	(30)
	1st payment (1/4 of contract value of care coordination and support)	2nd payment (based on utilization)	3rd payment (based on utilization)	4th payment (based on utilization)	Reconciliation of 1st payment
Tiers 1, 2, and 3	81,030	74,074	75,739	79,920	(20,202)
Tiers 4 and 5	245,280	224,224	229,264	241,920	(61,152)
Total	326,310	298,298	305,003	321,840	(81,354)
Care Coordination and Support					
Tiers 1, 2, and 3	324,120				
Tiers 4 and 5	981,120				
Total	1,305,240				
Assumptions:					
Capacity of contract (# children)	120				
Tier Distribution					
Tiers 1, 2, and 3 (20%)	24				
Tiers 4, and 5 (80%)	96				
Per Diem					
Tiers 1, 2, and 3	\$37.00				
Tiers 4, and 5	\$28.00				

ATTACHMENT 3

	Bill DCYF	Bill 3rd Party	Comments
Baseline clinical	X		Includes the identification of behavioral health needs (for children), identification, locating and matching of resources (for children), and coordinating appointments (for children.)
Individual clinical	X	X	If billed 3rd party, would need to be delivered outside of DCYF-funded staff)
Family clinical/therapy	X	X	If billed 3rd party, would need to be delivered outside of DCYF-funded staff)
Specialized behavioral health services		X	eg. SUD treatment, sex abuse evals, etc.



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

(A)

BID NUMBER: 7598599
 BID TITLE: PRIVATE RESOURCE FAMILY CARE, RECRUITMENT, DEVELOPMENT AND SUPPORT FOR THE RIDCYF
 PRE-BID DATE AND TIME: February 13, 2019 2:00 pm- 4:00 pm

Purchasing Representative:
 David Francis
 NON-Mandatory Pre-Bid Start Time:
 2:00 PM
 NON-Mandatory Pre-Bid End Time:
 4:00 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
1 State of RI	David Francis	David Francis		David.Francis@Procure.ri.gov	
2 FSRRI	Ben Selner	Ben Selner	134 Thruway Ave Webster, MA 01580	ben.selner@fsrri.com	331-1350
3 NAFI	Cindy Lusey	Cindy Lusey	501 Centreville, Va 27161	cindy.lusey@nafi.com	271-6310x1357
4 Groden	Andrea Meri	Andrea Meri	610 Manton Ave Providence, RI 02903	ameri@grodenprovidence.org	
5 Alliance	Rick Conry	Rick Conry	50 Albany, MA 01106	rick.conry@alliancelh.org	
6 CFP, Inc.	Nanette Thayer	Nanette Thayer	623 Athol St Providence, RI 02903	nthayer@cfp.org	373-7105
7 CFP	Jean Valcourt	Jean Valcourt	" "	jvalcourt@cfp.org	273-7105
8 FSK	Margaret McDuff	Margaret McDuff	55 Hospital Providence, RI 02903	margaret@fsk.org	
9 CCA	Riley Gendlin	Riley Gendlin	See CYPHEN		
10 Groden Center	Nancy Mabry	Nancy Mabry	610 Manton Ave., Prov. 02903	nmabry@grodencenter.org	401-274-6310
11 BoysTown	Murray Smith	Murray Smith	58 Farnagated Providence, RI 02903	murray.smith@boystown.org	401-314-4910
12 BoysTown	Michelle Dunsford	Michelle Dunsford		mdunsford@boystown.org	
13 FSRRI	Haggie Jones	Haggie Jones	9 Pleasant Providence, RI 02903	haggie.jones@fsrri.com	401-274-6310
14 BoysTown	Kristen D Smith	Kristen D Smith	58 Farnagated Rd Providence, RI 02903	kristen.smith@boystown.org	401-274-6310
15					



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

BID NUMBER: 7598599
BID TITLE: PRIVATE RESOURCE FAMILY CARE, RECRUITMENT, DEVELOPMENT AND SUPPORT FOR THE RIDCYF
PRE-BID DATE AND TIME: February 13, 2019 2:00 pm- 4:00 pm

Purchasing Representative:
 David Francis
Non-Mandatory Pre-Bid Start Time:
 2:00 PM
Non-Mandatory Pre-Bid End Time:
 4:00 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
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BID TITLE: PRIVATE RESOURCE FAMILY CARE, RECRUITMENT, DEVELOPMENT AND SUPPORT FOR THE RI DCYF

PRE-BID DATE AND TIME: February 13, 2019 2:00 pm- 4:00 pm

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Purchasing Representative
David Francis

NON-Mandatory Pre-bid START TIME
2:00 PM

NON-Mandatory Pre-bid END TIME
4:00 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
1 All Weather Services	Doris Banks	<i>[Signature]</i>	Erasmus Drive	Doris.Banks@allweather.com	
2 All Weather Services	Debbie Jones	<i>[Signature]</i>	Westerly RI	Debbiejones@allweather.com	
3 Childs Fund	Andrew Cap...	<i>[Signature]</i>		dcapric@childsfund.org	
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16	COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
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(2)

Purchasing Representative
 David Francis
 Non-Mandatory Pre-Bid START TIME
 2:00 PM
 Non-Mandatory Pre-Bid END TIME
 4:00 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
1	CCA	Linda Howard	P.O. Box 1200 Providence	LindaHoward	1402008
2	FSRT	Christina Bissett	1000 the Providence	ChristinaBissett	4020101
3	DCYF	Kelly Brewster			
4	FSRI	S. HUC	Providence, RI	hoyss9family@verizon	4020101
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Purchasing Representative:
 David Francis
 NON-Mandatory Pre-Bid START TIME
 2:00 PM
 NON-Mandatory Pre-Bid END TIME
 4:00 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
1	312T	JOHN E FOLEY	176 Box 4655	Johny.Foley@familycare.org	401-575-2727
2	SEA	Mark Cate	RIS/INDOCONSULT		
3	CFP	Craig Gordon	623 Atwells Ave	cgordon@cfp.org	617-262-1033
4	CAF	M. SIMONOTT	WINDBLOWN RI	msimonott@familycare.org	
5	Child's Friend	Dana Muller	133 Summer Recipience	dnamuller@cfri.org	
6	"	Middle Yun	"	myun@cfri.org	
7	Duroux	Dannell Gallopkin	13410 Post Rd Narravut RI	dgallopkin@duroux.org	401-734-9480
8	Duroux	Jenn Wong	13410 Post Rd Narravut RI	jjwong@duroux.org	401-734-9480
9	ARTI	Barbara Xu	2 Bradford St	dalland@adoptionri.org	
10	Village Center	Sue Pal	Ocean Ave Cranston RI		593-3300
11					
12	CFP	TIC Goddard H		egodds@healthcare.org	273-7103
13	CAF	Shelley Foulson	1248 Eddy St	spoulson@evocarefamilyri.org	401-744-6578
14	CFP	Shelley Foulson			
15	RCCF	Therese Lubalys	623 Atwells Providence 02908	tlubalys@rccf.org	401-632-4637



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