

Family Preservation RFP #11483 – Vendor Questions final version July 25, 2008

#	RFP Reference	Question	Response
1	Page 7 – General	The Vendor Response Check-List includes Letters of Intent and Memorandums of Agreement. These do not appear to be defined within the RFP. (a) Can you define these two items, describe how they differ, and address if they are a required part of this RFP?	Letters of intent may be from associations, stakeholders or others willing to commit to collaborative efforts necessary to achieve outcomes and build community capacity. AAMemorandum of Agreement (MOA) is a contract and spells out the details of the responsibility of each party. They are required as part of RFP if bidder has entered into a MOA or received Letters of Intent.
2	Page 7, Vendor Response Checklist	(a) Are letters of support from associations and stakeholders within the system included in this? (b) Are you only requesting subcontractor letters of intent? (c) Could you clarify Letters of Intent vs. Letters of Support?	(a)No, they are not included on the Check list (b)No, letters of intent may be from associations, stakeholders or others willing to commit to collaborative efforts necessary to achieve outcomes and build community capacity. (c)Letter of intent is defined above. Letters of support are more general and do not commit to active involvement.
3	Section 2, Item 2	(a) Under what circumstances does SRS expect bidders to provide letters of intent and memorandums of agreement? (b) Can you provide more specific guidance about the sort of information SRS expects to receive in the event that bidders plan to provide certain services through affiliations or subcontracting arrangements?	(a) Required as part of RFP if bidder has entered into a MOA or received Letters of Intent. (b)Copies of the agreement or detail about the content of the intended agreements and letter of intent or other documentation from affiliates and subcontractors.
4	General	The RFP requires that an Executive Summary be are (sic) part of the submission. (a) What is the focus for the Executive Summary? (b) How does it relate to vendor information or qualifications? (c) Where should it be placed in the proposal?	(a) The summary provides a high level overview of the service delivery model (b) Only the extent it applies to the service delivery model. (c) See Vendor Response Check List
5	General	(a) How should the Terms and Conditions in Section 3 of the RFP be acknowledged by the bidder? (b) Should each item be acknowledged or will a general statement of assurance of compliance suffice?	A blanket assurance statement will suffice.

6	Section 3, General	In the past RFP process responses have not been required for Section 3 (Contract Terms and Conditions). However, some items have been moved to this section which have, in the past, required response. Are bidders required to stipulate to (in the form of "Yes, we agree to this") or discuss any or all items in Section 3?	A blanket assurance statement will suffice.
7	Page 1, Closing Date	If there were to be an extension to this date, how much notice will be given?	No extensions contemplated.
8	General	Is there a sample scorecard used to evaluate bids that the State is willing to share?	No, a sample score card is not available.
9	Page 1	Does SRS plan to engage a consultant to review the bid proposals, or will the review be conducted in-house?	No consultant is utilized. Proposal review is completed by state agency employees and final evaluation is made by the Procurement Negotiating Committee as indicated in Section 1, Item 2.
10	Section 1, Item 14	Can you more clearly define 'legally recognized' proprietary information? Outside of obtaining trademarks, copyrights, and patents, are there other legal avenues, (i.e. company policies, procedures and documentation) that would qualify documents as proprietary under your definition of 'legally recognized'?	As used the term has the generally accepted meaning indicating ownership and the right to protect use. The normal avenues to protect exclusive use are necessary. Company policies and procedures alone are not sufficient to create a legally protected proprietary interest.
11	Section 1, Item 14, Para 2	Please define "legally recognized" and "protected by law" in relation to proprietary information.	The rights of ownership as defined in statute and case law.
12	Section 1, Item 6	Does this mean that each copy should have original signatures?	No, original signature need only be on the original document.
13	Section 5: Vendor Qualifications, Item B, Page 14	In the RFP document section referenced above, the statement "The vendor must be accredited with Council of Accreditation" appears. [VENDOR NAME OMITTED] is currently accredited by the Commission on Accreditation of Rehabilitation Facilities, but not COA. (a) Will any alternate accreditation be accepted?	Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.
14	Section 5: Vendor Qualifications, Item B, Page 14	Follow up to Q1: If a provider is currently accredited by another organization and is willing to pursue additional accreditation from COA, will their application be accepted for review?	Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.

15	Section 1, Item 10	<p>(a) Would agencies currently not accredited with COA be excluded from submitting a bid?</p> <p>(b) If COA is required, will there be a time allowed for agencies to become accredited if current accreditation is maintained?</p>	<p>RFP reference appears to be in error. If the question is regarding Section 2, item 5.B, the bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.</p>
16	RFP: Page 14; Section 2; 5B	<p>Are any other national accreditation organizations included such as Joint Committee on Accreditation of Healthcare Organizations?</p>	<p>Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.</p>
17	Section 2, Item 5B	<p>Historically, the Family Preservation Contracts required accreditation either by the Council on Accreditation or The Joint Commission (TJC), formerly referred to as the Joint Commission on Accreditation of Healthcare Organizations. Founded in 1951 TJC is one of the oldest and most prestigious accrediting bodies, surveying child welfare organizations for more than 30 years. Providers who operate psychiatric residential and hospital facilities are required to be accredited by TJC, and this accreditation includes its child welfare case management services. Having all services accredited by one accrediting body avoids duplication of effort and cost.</p> <p>(a) Does accreditation with TJC satisfy the requirement of Section 2, 5.B?</p> <p>(b) If the Council on Accreditation is the only accrediting body accepted by SRS for this contract, what timeframe is allowed for a Contractor to achieve this accreditation?</p> <p>(c) Are the letter and most recent re-accreditation survey results considered attachments or should they be counted toward the page limitation?</p>	<p>Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.</p> <p>The letter and survey are not counted toward the page limit.</p>

18	Section 2, Item 5B	Our organization is accredited by the Joint Commission on Accreditation for Healthcare Organizations – Behavioral Health. Is this an acceptable accreditation for RFP 11483?	Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.
19	Section 2, Item 5B	(a) Will other accreditations, such as JCAHO, suffice? (b) If currently not COA accredited, will a grace period be granted to allow for establishment of accreditation by COA? (c) What would be that timeframe to get accredited?	Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.
20	Section 2, Item 5B	(a) Are alternate accreditations allowed? (b) Will SRS grant a grace period to non-COA agencies allowing them time to attain this accreditation?	Bidder must be accredited with the COA or Commission of Rehabilitation Facilities before July 1, 2009; or, if accredited by The Joint Commission, the proposal shall include information on how the organization will meet and maintain best practice standards related to family preservation and stabilization practices including assessment, personnel and aftercare.
21	Section 1, Item 10	Will the State be facilitating rapid accreditation if requiring COA?	RFP reference appears to be in error. If the question is in reference to Section 2, Item 5.B the answer is no.
22	Section 1, Item 2	Who are the members of the PNC?	The names of PNC members will be disclosed during bidder meetings and negotiations.
23	Section 1, Item 8	If a bid proposal is submitted prior to deadline and a contract addendum is subsequently issued, may we modify our proposal?	Yes. If a proposal is submitted prior to the closing date/time, a vendor may modify their proposal under this provision, prior to the closing date/time if the State issues a contract addendum.
24	Section 1, Item 11	Bullet 5: Is the PNC permitted to review past contractor service outcomes in addition to current proposals?	Yes.
25	Section 2, Item 1, Page 12	Second bullet point – please verify the number of cost proposal copies needed in addition to the original copy - ten or fifteen?	15 copies
26	Section 2, Item 1	Are we correct in understanding we need to provide 15 copies of the cost proposal?	Yes, 15 copies

27	Section 2, page 12, #1	Two (2) electronic/software version(s) of the technical and cost proposals are required and shall be in Microsoft Word or Excel. Some attachments to the technical proposal may come from outside parties or require signature and will need to be scanned in order to submit electronically. Can these items be submitted in a PDF format?	Those documents with signatures and any attachments, not available in Word or Excel, may be submitted in PDF format.
28	Section 2, Item 1	The RFP states 2 electronic versions of the technical and cost proposals are required for the technical and cost responses. (a) Does that mean 2 CD's for the Technical Proposal and 2 CD's for the Cost Proposal? (b) Or does that mean one for each proposal? (c) Are both "versions" to be provided in Word or Excel?	Two CDs are required for the Technical Proposals and two CDs are required for the Cost Proposals; for a total of four CDs. Those documents with signatures and any attachments, not available in Word or Excel, may be submitted in PDF format.
29	Section 2, Item 1	(a) Other than the documents being in Microsoft Word/Excel, is a particular format or file structure preferred for documents provided on the CD? (b) Should specific folders, or document titles, etc., appear on the CD when it is opened, or is it sufficient if we just include all of the proposal documents?	(a) Those documents with signatures and any attachments, not available in Word or Excel, may be submitted in PDF format. (b) Organization of files on the CD will be appreciated.
30	Section 2, page 12, #2 C	(a) Is it permissible to do one technical and cost proposal for a statewide (5 region) bid or must the bidder submit a separate proposal for each Region for a statewide bid? (b) Also, if separate bids are required for a statewide bid, must all bids be done by the same contractor?	(a) Per Section 2 (2) (C), "Separate technical and cost proposals are required for each region." (b) No.
31	Section 2, Item 2	Are bidders allowed to have our own generated exhibits that are outside the attachments outlined in the RFP? If so, do these exhibits need to be included in the page limitation count or do they have their own page limitation?	No, exhibits or attachments outside the outline of the RFP are not permitted.
32	Section 2, Item 5D	To what level within each organization would you like Resumes?	Program Director and above
33	Section 2, Item 5A	Does a vendor need to be registered to do business in Kansas at the time of RFP response or is it sufficient to be registered upon contract award?	The vendor would need to be registered to do business in Kansas upon award. A contract offer would be contingent upon vendor's ability to become a registered Kansas vendor.

34	Section 2, Item 5E	<p>The RFP states, "For services covered by Medicaid, the contractor as medical provider, shall be required to participate in the Kansas Medical Assistance Program (KMAP)."</p> <p>(a) Does this only apply to providers who provide medical services or all providers of family preservation services? Please clarify.</p>	<p>Participation in KMAP only applies to providers who provide medical services and wish to be reimbursed by Medicaid.</p>
35	Section 2, Item 8	<p>(a) Can you clarify the types of preferred entities for the required three references?</p> <p>(b) Is the expectation that these will be local, Kansas, or national organizations? Peers, partners, or community entities?</p> <p>(c) Is there an expectation or is it standard practice to provide letters of support in addition to references?</p> <p>(d) Do general letters of support provide a benefit in the evaluation process?</p>	<p>(a) Those with experience related to the services necessary to achieve contract outcomes or those with experience with your agency's performance.</p> <p>(b) Yes and yes.</p> <p>(c) Letters of support are not required.</p> <p>(d) No.</p>
36	Section 2, Item 11	<p>Can you please provide the fixed and variable rates for all contractors (including in-home and out-of-home rates) for the current year effective July 1, 2009? The supplemental information only includes rates effective July 1, 2008.</p>	<div style="text-align: center;">  <p>Microsoft Office Excel 2003 Workshee</p> </div> <p>See embedded Excel spreadsheet above for rates effective July 1, 2008. The rates for July 1, 2009, are the rates being bid in this RFP.</p>
37	Section 2, Item 11	<p>Can you provide historical rates paid for HIP services as described in the RFP attachments?</p>	<p>The current HIP projects were being paid through a grant. The grant requirements included some features which are not requirements of this RFP and the providers were not paid a rate per referral. Therefore, a case rate is not available based on the current HIP projects.</p>

38	Section 3, page 19, #13 A - C.	When referring to the term “subcontractor”, is the RFP referencing only those organizations/agencies/individuals with whom the contractor is contracting to provide an essential segment of the contract services as opposed to vendors of services utilized by the contractor in the performance of the contract? Examples of service vendors would include service providers for day care, transportation, residential care, foster homes, etc.	Subcontractor refers to those organizations and agencies providing essential contract services required to carry out the contract. This would include, but is not limited to, entities contracted to provide the case management functions since these are essential services required to carry out the contract. Vendors of goods or services for the day to day operation of the business are not subject to the subcontractor requirements
39	Section 3, Item 13B	(a) How is the term “subcontractor” used in this section defined? (b) Is it limited to a provider who is contracted with to provide the entire family preservation case management function of this contract, such as in a certain geographical area?	Subcontractor refers to those organizations and agencies providing essential contract services required to carry out the contract. This would include, but is not limited to, entities contracted to provide the case management functions since these are essential services required to carry out the contract. Vendors of goods or services for the day to day operation of the business are not subject to the subcontractor requirements
40	Section 3, Item 13B	We currently have contracts with a provider network for placement services, and not for case management services. Historically, SRS monitors have expected quality assurance monitoring for our provider network.(a) Is this your intent or is it limited to only case management?(b) If this is your intent, what do you expect to be included in quality assurance monitoring?	The expectation is that all services provided are subject to quality assurance.
41	Section 3, Item 13	How would an agency discover if a subcontractor was debarred?	We recommend checking the website: http://www.epls.gov/
42	Section 3, Item 43, Page 24	The SRS Recipient Monitoring Policy does not apply to procurement contracts. Historically, the Child Welfare contracts for Family Preservation Services have been considered a procurement contract, thus the SRS Recipient Monitoring Policy was not applicable, as the contractors were deemed to be vendors of the State of Kansas. (a) Will this contract be a change from the previous contracts and would this contract be subject to both the SRS Recipient Monitoring Policy and to the provisions of OMB Circular A-133?	The Recipient Monitoring Policy does not apply to procurement contracts. Thus, these contracts are not subject to the Recipient Monitoring Policy and are not required to have an A-133 audit. (An audit might be necessary if the entity receives funding from other funding sources, either through SRS, the county or other state and federal funding sources.) The successful bidder must have annual audits of their financial statements (which need not be an A-133 audit) and must submit them within 180 days following the end of the fiscal year.

43	Section 3, page 24, #43	<p>The RFP requires that the contractor comply with all applicable requirements of SRS Recipient Monitoring Policy current, and as revised (last revision is dated June 22, 2007). SRS has previously indicated that because the contract is a purchase of service contract as opposed to a grant, financial award or other covered pass through assistance that a Single Audit is not required unless required by other funding sources.</p> <p>(a) Is that still correct?</p>	<p>The Recipient Monitoring Policy does not apply to procurement contracts. Thus, these contracts are not subject to the Recipient Monitoring Policy and are not required to have an A-133 audit. (An audit might be necessary if the entity receives funding from other funding sources, either through SRS, the county or other state and federal funding sources.) The successful bidder must have annual audits of their financial statements (which need not be an A-133 audit) and must submit them within 180 days following the end of the fiscal year.</p>
44	Section 2, Item 3l	<p>(a) What is the extent of risk to contractors? (b) How are sanctions passed on to individual contractors? (c) How does this impact regional performance when federal sanctions are generally administered statewide?</p>	<p>Contractors are required to follow all contract requirements and meet the program outcomes. Unacceptable performance by a contractor will result in a corrective action plan (CAP). Failure of the contractor to meet the CAP requirements within CAP time lines may result in termination of the contract and/or penalties. If Contractor follows contract requirements, there is no risk of penalty. If a contractor is responsible for loss of federally matching fund and has failed to successfully complete a CAP, payments may be reduced accordingly.</p>
45	Not Provided	<p>The RFP requests that an agency's financials must be submitted. Since most CWCBS providers will not complete their year-end financials before bid submission, is submitting May financials considered as "current"?</p>	<p>Yes, the most current financials will be accepted in addition to the past two years audited financial statements.</p>
46	Page 20; Section 3, Item 22	<p>(a) Does this include the client record? (b) Does the state own the client record? Who obtains the consent?</p>	<p>(a) It does not include the client's records but does include any record created or received by the contractor. (b) The state owns all records and reports created or received by the contractor in the course of carrying out responsibilities under this contract. No consent is necessary in regard to Section 3, Item 22.</p>
47	Section 3, Item 25	<p>Is assignment and subcontracting considered to be the same thing? Could you clarify "assignment?"</p>	<p>No, assignment and subcontracting are not the same thing. Assignment is the transfer of responsibility for the process and outcomes under the contract and is not acceptable. However, contracting for some of the work necessary to carry out the processes and achieve the outcomes is acceptable. The contractor retains responsibility for meeting the terms of the contract whether subcontractors are involved or not.</p>

48	Section 3, Item 43D, Page 25	Will the reconciliation process be streamlined, given the Contractor assumption of these financial penalties?	The RMTS Administrator will supply reports weekly to contractors of the sample results requiring review allowing individual responses to be corrected during the quarter. If there is non-compliance, contractors will enter into a corrective action plan (CAP) and have a chance to come into compliance before any financial penalties are assessed.
49	Section 3, Item 43E, Page 25	Is there going to be a change in the reporting process whereby the Contractor will be able to monitor and report on this? (Currently the Contractor does not find out until the following month or later if there is an issue.)	The RMTS Administrator will supply reports weekly to contractors of the sample results requiring review allowing individual responses to be corrected during the quarter. If there is non-compliance, contractors will enter into a corrective action plan (CAP) and have a chance to come into compliance before any financial penalties are assessed.
50	Section 3, Item 43	What are the schedules and timelines for reporting financial information for this contract?	The annual certified public audit must be submitted within 180 days following fiscal year end. Routine quarterly financial statements are not required for family preservation. These would be a special request if it is determined they are needed to determine compliance or financial stability.
51	Section 3, Item 44	What is the process by which approval is granted by the using agency?	A written request and response from SRS, the using agency.
52	Section 3, Item 44	What constitutes written approval?	A document signed by the Secretary or the Secretary's designee.
53	Section 3, Item 45	Is the expectation that this will be given to other Contractors/Subcontractors?	No.
54	Section 3, Item 45	Where in the proposal are bidders expected to detail any existing intellectual property that will remain with the bidder?	SRS expects bidders to document any such intellectual property along with any other exceptions pursuant to RFP Section 1, Item 15 "Exceptions".
55	Page 26; Section 4; 4.1; Para 3	(a) Will the regional allotments increase to allow for the increase in referrals for the "HIP" population? (b) If so how many referrals do you anticipate per region?	(a)Regions make decisions for family preservation referrals based on risk and safety issues with a family's circumstances and manage their allocation for family preservation services within the agency's budget. (b)The number of referrals that may involve pregnant women using substances is unknown.
56	Page 27; Section 4; 4.1.2 Last Para	(a) To what extent will the state support the purchase of services to "remove barriers"? (b) Will this be included in the contract rate or fee for service? (c) If it is fee for service, will there be a cap?	Purchase of services to remove barriers should be included in the contract rate. The vendor will work with the family to secure services to remove identified barriers.
57	Section 4, Item 4.1.2	Can referrals come directly from SRS intake workers, or must they come from CPS Workers following assessment/investigation?	Referrals are from SRS social workers following assessment and investigation.

58	Section 4, Item 4.1.2	What is SRS' expectation for coordinating the services listed with SRS' current Solutions case management programs and partnerships across the state?	Solutions Recovery Care Coordination (SRCC) is mandated by EES for TAF clients with substance abuse. If another service was provided, it would need to be a decision by the multi-disciplinary team as in the best interest of the woman. This decision would be made prior to a referral to the FP provider.
59	Section 4, Item 4.2	(a) What is the definition of pregnant women and family? (b) Can a pregnant woman be referred without other family members? (c) If so, will these referrals be sent directly from SRS Intake Workers?	a)As used the term "pregnant woman" has the generally accepted meaning. Her family includes others living in the home and may include other significant relationships. b)Yes, a pregnant woman using alcohol and/or other drugs during pregnancy can be referred if she has no children or partner. c)Referrals are from SRS social workers following assessment and investigation.
60	Section 4, Item 4.2	(a) Can you provide additional information about the expected number of referrals for pregnant women affected by substance abuse, either by region or by county? (b) It would also be helpful to know the number of referrals each of the Health in Pregnancy pilot programs have received.	a) The number of referrals that may involve pregnant women using substances is unknown. b) The number of referrals in the current HIP project is not a good indicator of future volume of referrals.
61	Section 4, Item 4.2 Para 1 and Item 5.1.3	Can you provide any information on the projected number of referrals by region with regard to "...a family with a pregnant woman who abuses alcohol and/or drugs...?"	The number of referrals that may involve pregnant women using substances is unknown.
62	Section 5, Item 5.1.3	(a) Will SRS be able to provide potential bidders the expected number of referrals for each region for services to women using alcohol and/or drugs during pregnancy (as these services were not previously included in the contract and are not in the historical data)?(b) Or is it expected that the number of families to be referred for children at risk of removal will be reduced by a corresponding number so as to result in the total number of referrals to be about the same as in the past?	a) The number of referrals that may involve pregnant women using substances is unknown. b) At this point in time, we are not expecting a decline in referrals. Regions make decisions for family preservation referrals based on risk and safety issues with a family's circumstances and manage their allocation for family preservation services within the agency's budget.

63	Section 4, Item 4.2 Para 1 and Section 5, Item 5.1.3	For the families referred without a woman using alcohol and/or drugs during pregnancy, will the referral criteria for intensive family preservation services be the same as in the recent past (i.e. will any new pre-referral assessment tools be used by SRS that might result in a decrease in the mix of families currently being referred)?	SRS will use assessment tools that are current in policy. It is possible that SRS tools are improved or modified over time to keep current with standards of safety threat and/ or risk assessment properties.
64	Section 4, Item 4.2 Para 1 and Section 5, Item 5.1.3	Due to the inclusion of this new referral population, is it expected that historic Family Preservation referral populations will decline in order to stay within the historic allocation amount?	At this point in time, we are not expecting a decline in referrals. Regions make decisions for family preservation referrals based on risk and safety issues with a family's circumstances and manage their allocation for family preservation services within the agency's budget.
65	Section 4, Item 4.3.2G	Can you please define what is meant by "diligent efforts?"	The "diligent efforts" is the standard identified as "actively involved" in the Department of Health and Human Services Children and Family Services Review (CFSR). As defined in the CFSR on-site review instrument, "Actively involved" means that the agency involved the parent in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan in case planning meetings. For in-home services cases, "parents" are defined as the child's primary caregivers with whom the child lives, or as a noncustodial parent who is involved or wishes to be involved in the child's life.
66	Page 30; Section 4; 4.3.2; G	<p>(a) By what standard will <i>diligent efforts</i> be measured?</p> <p>(b) (Note: Currently a non-custodial parent would be considered a separate referral. Would that be the case here?)</p>	<p>a) The "diligent efforts" is the standard identified as "actively involved" in the Department of Health and Human Services Children and Family Services Review (CFSR). As defined in the CFSR on-site review instrument, "Actively involved" means that the agency involved the parent in (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in case plans, (4) evaluating progress toward goals, and (5) discussing the case plan in case planning meetings. For in-home services cases, "parents" are defined as the child's primary caregivers with whom the child lives, or as a noncustodial parent who is involved or wishes to be involved in the child's life.</p> <p>b) Currently a non-custodial parent may be considered as a separate referral if the circumstances set out in PPM 5104 are met.</p>

67	Section 4, Item 4.4, Page 32	Outcome 3 - Does the 5% removal standard include families that do not have a signed case plan? The operational definition provided uses families referred to family preservation, and does not differentiate between families referred and families engaged in family preservation services.	Yes, calculation is based on the number of families referred.
68	Section 4, Item 4.5	Are the women in the families who are referred with “women using alcohol and/or drugs during pregnancy” given a medical card by SRS	Women using alcohol and/or drugs during pregnancy will not receive a medical card for a referral to family preservation. They may have medical card based on their own eligibility.
69	RFP: Page 32; Section 4; 4.4; Outcome 04.1.	What factors were included in setting this outcome? Specifically, was consideration given to when a pregnant mother comes into the care of the contractor thus impacting the effectiveness of the FPS intervention?	The current HIP projects have 94% alcohol and drug free births on the women receiving HIP services. The outcome standard of 90% took into consideration that women be referred for FP intervention at any point during the pregnancy.
70	Same as #14	Follow up to Q14: Will the same eligibility as outlined in the “HIP” project (i.e. requires 34 weeks gestation) be used for purposes of referral? (See also #2 under programming below)	Women using alcohol &/or other drugs may be referred for FP intervention at any point during their pregnancy. We do not understand and are unable to respond to “#2 under programming below”
71	Page 28; Section 4.3.1F	The scope of circumstances under which the contractor must get written consent from SRS is unclear. (a) Are there differences between custody and non- custody children? (b) Under what circumstances would consent be necessary from SRS in a family preservation case?	We have deleted the first sentence as redundant and confusing.
72	Section 4, page 27, #4.2.1 E	(a) If families will be referred while in police protective custody, how will the referral be handled if the child is placed in out-of-home custody at the custody hearing vs. within 72 hours of referral? (b) Will this count against the 95% outcome goal of keeping families together?	(a) Contractors may apply for retraction of referral. See PPM 5113. (b)When retraction of referral is approved, it will not count against the 95%.

73	Section 4, page 30, #4.3.2 D	<p>(a) Please define “within two business days of referral”. If a referral comes in after 5:30 p.m. on Tuesday does the clock start from that day or the next business day on Wednesday?</p> <p>(b) And if the meeting is held after 5:00 p.m. on the second business day would that be considered in compliance or must it happen before 5:00 p.m.?</p>	SRS defines a business day is from 8:00 AM to 5:00 PM, Monday through Friday. If referral is 5:30 on Tuesday, the clock starts Wednesday (the next business day) and the meeting is required by 5PM on Thursday.
74	Section 4, Item 4.1.1 and 4.1.2	<p>Professional literature distinguishes a “model” as requiring a book, manual, and/or other available writings that specify the components of the practice protocol and prescribe how to administer it.</p> <p>(a) Are these the criteria you are using to define “model”?</p>	In this context, model refers to concepts, practice operations and lines of business related to programs and services to achieve outcomes for families and children.
75	Section 4, Item 4.1.1 and 4.1.2	<p>Professional literature distinguishes “evidence-based” as requiring a model that has had multi site replication with at least two rigorous randomized controlled trials in different usual care or practice settings which found the practice to be superior to an appropriate comparison practice; the trials having been reported in published peer reviewed literature; and in at least one trial, the practice has shown to have sustained effect for at least one year beyond the end of treatment.</p> <p>(a) Are these the criteria you are using to define “evidence-based”?</p>	These criteria would be acceptable as would others. Bidders need to describe evidence-based practice models that supports their proposal. The intent of the RFP is to solicit proposals that meet contract and program requirements. The RFP does not prescribe a single model or method of meeting those requirements.
76	Section 4, Item 4.1.2, Para 1	What is the name of an evidence-based family preservation model that is referred to? Please provide a list/examples of evidence-based practice models.	Bidders need to describe evidence-based practice models that supports their proposal. The intent of the RFP is to solicit proposals that meet contract and program requirements. The RFP does not prescribe a single model or method of meeting those requirements.
77	Section 4, Item 4.1.2	What are some examples of “evidence based practices” SRS is looking for?	Bidders need to describe evidence-based practice models that supports their proposal.. The intent of the RFP is to solicit proposals that meet contract and program requirements. The RFP does not prescribe a single model or method of meeting those requirements.
78	Section 4, Item 4.1.1 and 4.1.2	Are you open to adaptations that draw from the strongest components of evidence-based models but are not as cost prohibitive?	Each proposal will be evaluated on its own merit. Bidders need to describe evidence-based practice models that supports their proposal. Per 4.3.2 new or unique elements that are supported by available data are supported and encouraged.

79	Section 4, Item 4.1.2 and Section 5, Item 5.1.3	<p>Professional literature distinguishes Family Preservation services from Intensive Family Preservation services. Standards for Intensive Family Preservation services in professional literature include:</p> <ul style="list-style-type: none"> • Small caseloads of 2-3 families at a time per practitioner (serving only 18-19 families a year), • Ratio of supervisors to staff to not exceed 1:6, • 5-20 hours direct client contact per week providing intensive services and • “Intensive services” are time limited to 4-6 weeks total. <p>(a) Are you distinguishing Family Preservation services from Intensive Family Preservation Services in this RFP? And if you are and the above is not the criteria you are using, can you share the criteria you are using to distinguish “intensive family preservation” from “family preservation”?</p>	Bidders need to describe evidence-based practice models that supports their proposal. Each proposal will be evaluated on its own merit. The intent of the RFP is to solicit proposals that meet contract and program requirements. The RFP does not prescribe a single model or method of meeting those requirements.
80	Section 4, Item 4.1.2 and Section 5, Item 5.1.3	If you are referring to Intensive Family Preservation as described in professional literature, are you expecting to make fewer referrals in order to stay within the historic allocation amounts?	At this point in time, we are not expecting to make fewer referrals. Referrals will continue to be made based on assessments by SRS. The intent of the RFP is to solicit proposals that meet contract and program requirements. The RFP does not prescribe a single model or method of meeting those requirements.
81	Section 4, Item 4.1.2 and Section 5, Item 5.1.3	<p>As the potential for relapse is great, it is expected that the intensity of services for pregnant mothers will require an extended intensive period, potentially increasing costs.</p> <p>(a) How do you anticipate this affecting the intent to stay within allocated costs?</p>	Regions will manage the allocation for family preservation within the agency’s budget. Bidders should include factors impacting cost in their proposals.
82	Section 4, Item 4.2 Para 1 and Section 5, Item 5.1.3	<p>(a) Will families with women using alcohol and/or drugs during pregnancy who are over 34 weeks gestation be referred?</p> <p>(b) If yes, will these women be included in Outcome 4?</p>	<p>(a) Women using alcohol &/or other drugs may be referred for FP intervention at any point during their pregnancy.</p> <p>(b) The outcome standard of 90% took into consideration that women be referred for family preservation intervention at any point during the pregnancy.</p>
83	Section 4, Item 4.2 Para 1, Section 5, Item 5.1.3	<p>(a) Will pregnant clients using alcohol and/or drugs during pregnancy who are under the age of 18 be referred?</p> <p>(b) If yes, will parental consent be required?</p>	<p>(a) Yes</p> <p>(b) No. See AG Opinion 2003-35.</p>

84	Section 4, Item 4.3.1B	What does the pre-service training include?	In general the pre-service would be a basic course on family centered case management and likely to include: Engaging Families from a Family-Centered Systems of Care Perspective Legal mandates in Kansas (federal and state laws impacting child welfare – ASFA, ICWA, ICPC, etc.), Impact of Child Abuse and Neglect, Impact of Loss and Attachment, Engaging Fathers (to include either non-custodial parent and kin), Supporting Family Interactions, Introduction to Family Meetings Effective Interviewing, Engagement and Promoting Change and Cultural Responsiveness.
85	Section 4, Item 4.3.1B	(a) Can you please provide clarification about the pre-service training referenced in this section? (b) Can you furnish additional information about the training content, and availability?	a)In general the pre-service would a basic course on family centered case management and likely to include: Engaging Families from a Family-Centered Systems of Care Perspective, Legal mandates in Kansas (federal and state laws impacting child welfare – ASFA, ICWA, ICPC, etc.), Impact of Child Abuse and Neglect, Impact of Loss and Attachment, Engaging Fathers (to include either non-custodial parent and kin), Supporting Family Interactions, Introduction to Family Meetings Effective Interviewing, Engagement and Promoting Change and Cultural Responsiveness. b)Pre-service generally includes training required prior to caseload assignment and training required within a set time frame (frequently six months). CFS is developing a plan to make the training available statewide and will likely include some on-line courses.
86	Section 4, Item 4.3.1B	Are staff of current contractors 'grandfathered' in on this?	A plan for current staff to be "grandfathered" is being considered. Any exceptions made will be based on individual staff demonstrating they have basic skills and knowledge contained in the pre-service requirement, using a needs assessment tool or past training records. Exceptions are unlikely to be based solely on past employment.

87	Section 4, Item 4.3.2	Will the Family Preservation contractor be required to use any of the tools referenced in the HIP attachments to the RFP (e.g. KCPC assessment and the strengths based planning tool)?	Requirements for this proposal are contained in the RFP, the information in the "vendor file" contains information to inform proposals but are not requirements. Therefore, use of KCPC and the strengths based planning tools is not a requirement. Proposals should contain information on how the vendor would assess and make case plans with women in need of alcohol and drug services.
88	Section 4, 4.3.2V(1)(b)	Can you please provide your definition of a 'Case Plan Worker'? Does this consist of one staff person, or could it be represented by various members on the case plan team?	This is one staff person who meets with the family. They may represent a case plan team.
89	Section 4, 4.3.2V(2)	Please define supervised family activities?	The case plan worker attends the family activity.
90	Section 4, Item 4.1.1	Please clarify whether a response to this section is required?	No response is required.
91	Section 4, Item 4.1.2, Last Para	Does this mean that the Contractors are required to develop the services identified above and financially support them, or does this mean the expectation is to help facilitate access to these services?	Contractor develops, financially supports or facilitates access to these services as applicable to the circumstances.
92	Section 4, Item 4.6A(3)	Currently SCRIPTS is submitted in a State-specified format (.txt) - are the requirements being changed on this and other reports provided to the State that they all be provided via Microsoft Excel?	No. SCRIPTS files will continue to be submitted in txt. format.
93	Section 4, Item 4.3.2A	How many providers will be chosen for each region?	One Family Preservation organization per contract region
94	Section 4, Item 4.3.2V	Please provide more information on a child case-plan and the items required for inclusion in the plan.	Refer to Policy and Procedures Manual (PPM) Section 3000, Case Management; or 3200 for specific Case Plan issues.
95	Section 4, Item 4.3.2V(c)	Is it expected that the provider will provide "intensive family preservation services" for a portion of the 365-day "referral period" and then provide case management for the remainder of the 365 days or is it expected the that contractor(s) will provide intense family preservation services for the full 365-day time period?	The contract is responsible for the entire 365 day referral period and decides the duration for intensities of service.
96	Section 4, Item 4.3.1V	(a) How is item V related to Item AA, which requires at least one meeting annually for feedback from families, youth, and other stakeholders? (b) Are these the same or different meetings?	(a) AA is duplicative. It should be deleted. (b) Same meeting.

97	Section 4, Item 4.3.1W	How is item W related to item Z?	W is duplicative. It should be deleted.
98	Section 4, Item 4.3.2O	Is the initial case plan the same things as the Family Case Plan?	The initial case plan is a family case plan.
99	Section 4, Item 4.3.2V	(a) Can you please provide further clarification of the timelines for the various case plans? (b) Is the family case plan the same thing as the Family Preservation case plan?	(a)The initial case plan is signed by the family within 20 days of referral and submitted to SRS within 23 days. The case plan is updated at least every 180 days thereafter. Case plan activities are updated in the case file as they occur. (b) Yes
100	Section 4, Item 4.4, O4.1	Can this outcome measure be modified based on the time of referral and period of pregnancy (i.e., 3 months pregnant vs. 8 months pregnant at time of referral?)	The outcome standard of 90% took into consideration that women may be referred for family preservation intervention at any point during the pregnancy.
101	Fiscal Spreadsheet	On the FP Fiscal Spreadsheet there are columns for both “fixed and variable” costs. (a) Do those costs actually need to be broken out even though there is not a fixed and variable payment for Family Preservation?	Yes.
102	Page 37; Section 5; 5.1.3	Does the number for the projected annual referrals equal the total referral number minus the NCCP and children moving into out of home custody prior to ninety days?	No. Referrals include all referrals for services less retractions (see Section 5.2.4A). The intent of asking for referrals is to determine the approximate number of referrals on which bidders based their proposals given the historical information. The number of referrals and rates should tie to the projected revenues on the income statement. Consideration would need to be given to the number of non-engagements (see Section 5.2.4B) for which only one payment is made and the number of families having children removed from their homes prior to 90 days from the date of referral in which case only one or two payments would be made (see Section 5.2.4C). Given these variables, bidders will not be tied to any specific calculation formula, but the projected referrals will only be reviewed for reasonableness.

103	Section 5, Page 37, # 5.1	The section states in part: "An electronic file must also be provided in Microsoft Excel (see embedded spreadsheet)". Is this a requirement in addition to the 1 original, 15 copies and 2 electronic/software versions of the technical and cost proposals that are required in section 2, page 12, # 1.	No, two are sufficient.
104	Section 5, page 37, #5.1.4	(a) Should allocated indirect costs, inclusive of support personnel who may be indirectly associated with the contract, be included under the "other category" on the pro forma income statement? (b) Or should all Administrative personnel whether direct or indirect be included on the Administrative salaries tab with salary adjustments based on allocations?	Indirect costs are to be reported on the applicable line of the pro forma income statement, i.e., Administrative Salaries, Case Management Salaries, OOE, etc. Indirect salary expenses need to be included on the applicable salary tab. The FTE column on the salary tab is to reflect the portion of an FTE that is being allocated to this program. The "Total" column for the "Base Salary Expense" is to reflect only the portion of the salary allocated to this program. For example, if the base salary for a specific position is \$50,000 and .2 FTE for this position is applicable to this program, the "Base Salary Expense" to reflect would be \$10,000.
105	Section 5, Item 5.1 – Embedded Spreadsheet	The spreadsheet includes a tab for an explanation of the Indirect Cost Allocation, but there is no distinct line item on the "Income Statement" tab for Indirect Costs. (a) Are Indirect Costs to be included and intermingled with Direct Costs on the tabs "Admin Salaries" and "Operating Expenses"?	Yes, indirect costs are to be reported on the applicable line of the pro forma income statement, i.e., Administrative Salaries, Case Management Salaries, OOE, etc. Indirect salary expenses need to be included on the applicable salary tab. The FTE column on the salary tab is to reflect the portion of an FTE that is being allocated to this program. The "Total" column for the "Base Salary Expense" is to reflect only the portion of the salary allocated to this program. For example, if the base salary for a specific position is \$50,000 and .2 FTE for this position is applicable to this program, the "Base Salary Expense" to reflect would be \$10,000.
106	Section 5, Item 5.1 – Embedded Spreadsheet	The spreadsheet includes a line item in both the "Admin Salaries" and the "Case Mgmt Salaries" tabs entitled "Other Salary". (a) Is this line item to be used to report benefits such as retirement plan contributions?	Yes, any expense that would be considered a benefit expense that is not included on the "Payroll Taxes" or "Health Insurance" lines is to be included on the "Other Salary" line.

107	Section 5, Item 5.1 – Embedded Spreadsheets	In the spreadsheet “Rates” – at the bottom “explanation for rate increases from FY 2012 forward” – the Reintegration Proposal asks for “explanation for rate increases in FY 2012 and 2017”. (a) Are these meant to be different? Could you please verify?	Historically, rates have changed from year to year. Rates may increase or decrease. While pro forma income statements will provide support for the proposed rates for the first two years, bidders are being asked to identify any significant changes supporting changes in their bids for FY 2012 through FY 2017 for both RFPs. Instead of completing pro forma income statements for every year, identification of the applicable cost categories impacting the rates along with an explanation for the projected change will suffice.
108	Section 5, Item 5.1.1	States that “for purposes of estimating the rates, see payment sections 5.3 through 5.4. (a) There are no sections 5.3 or 5.4 in this proposal. Please clarify?	This line should refer to Section 4.3 and Section 5.2
109	Section 5, Item 5.2.2	How are payments made under the schedule listed. Daily? Weekly? Please clarify. (Page 25 – section 3.43.E – references weekly payments.) Is this accurate?	Payments are processed weekly.
110	Section 5, Item 5.2.2	Please describe payment methodology for Family Preservation Services.	Payment schedules for the family case rate is addressed in 5.2.2. When a referral is made to a Family Preservation Contractor, the information is entered by SRS regional office staff into the agency FACTS system. New referral information from FACTS is imported into eScripts each morning. Any changes to that new referral (non-engagement, early closure, etc) is entered directly into eScripts by SRS and taken into consideration by SCRIPTS when calculating payments each week.
111	Section 5, Item 5.2.4A	Please clarify retraction of referral.	See PPM 5113.
112	Section 5, Item 5.2.4A	How long after a referral is made is it possible to be “retracted”? (There is no timeframe given).	In the first three business days. See PPM 5113.