**Community Services RFP Questions & Answers**

1. On page 6 of the RFP it states “For information about how many NAN referrals the agency has received in past years, please see [www.dcf.ks.gov/services/PPS/Pages/CPSReports.aspx](https://dcfauth.dcf.ks.gov/services/PPS/Pages/CPSReports.aspx).”  There are several reports available there and I am unable to determine what report is the correct one.  I printed and attached Family Services Cases Initiated FY2017.  In this report it shows 33 referrals in the East Region for July thru October 2017. Is this the correct report referenced in the RFP?  If so is it possible to get a further breakdown of the locations of those cases?  If is not the correct report I would appreciate your assistance in guiding me to the correct report that will help me determine the possible number of referrals.

* [http://www.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/CPS/CPSintakereports\_AssignedFY17.pdf](https://dcfauth.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/CPS/CPSintakereports_AssignedFY17.pdf). This report provides information about all reports assigned and what percentage are assigned as abuse/neglect versus non-abuse/neglect. This information will assist in understanding potential numbers of referrals.

1. On the cover page of the RFP, it states that the due date is 2/3/17, but on page 4, the due date states 1/31/17 by 2pm. Please clarify the due date.

* There is an inconsistency on the due dates. The due date is being extended to 2/17/17 and the RFP document has been updated with the correction.

1. Can you give us a clear picture of what are the projected numbers of the clients per age range, per region? Ex. 0-5, 5-12, 13-17…

* This information is not available due to the pending changes. Please use the report referenced in question 1 for the best possible information.

1. What is the projected number of referrals per region, per year?

* Please see questions 1 and 3.

1. What amount of training is required by staff? (In hours) Is travel required for the training? Does all training for staff happen up front before they start interacting with clients or is it spread out over a period of time?  If it is spread out, over what period of time?

* The required pre-service is approximately 20 hours. The training is offered in each of the four regions. Travel and lodging may be necessary depending on staff and training availability. Additional training may be required in the future.

1. What types of drug testing are expected?

* It is not clear what this is asking. Providers should be able to conduct or refer for drug screens for any suspected drugs being used (within accepted standards) using a variety of methods; urine, blood, breath, and hair.

1. Are there case load requirements for staff (licensed and non)?

* Potential bidders should include staffing patterns in their proposals.

1. Please provide clarification on the last line on page 4. (Family service cases require a lower level of cases than a family preservation case. The provider is not expected to be available 24/7. The child(ren) is not at imminent risk of removal).

* Family service cases require a lower level of intervention than a family preservation case.

1. Is teleconsulting with an appropriately licensed staff in sparsely populated rural areas where recruitment of full-time dedicated licensed staff is difficult an accepted practice?

* The question is not clear. Bidders should put any plans in their proposal.

1. Does the Director need to be solely on the DCF Community Service program?

* The proposal should specify what percentage of time the Director will be dedicated to this grant.

1. The RFP states on page 5 “The provider is not expected to be available 24/7” however, page 6 #10 states “Family crisis intervention”. Please describe how the provider will be responsible for assisting with family crisis intervention if the provider is not expected to be available 24/7.

* There is no expectation the successful bidder should be available 24/7 for routine case management activities. The proposal should state how the grantee will respond if a family has a crisis during non-business hours.

1. Is the provider expected to specifically follow PPM 3000 (case planning) and PPM 4000 (Family Services)? Please clarify if the provider is expected to adhere to the policy regarding a licensed worker maintaining in-person contact with the family at least every other month while the case is open as well as the licensed worker having in person contact with each child alone while the case is open for the non-abuse/neglect referrals received.

* The provider is responsible to follow all DCF PPS policies and procedures.

1. Will DCF and/or KPRC use a specific referral form when sending a referral to the provider?

* The provider will receive the PPS intake documents.

1. Is the provider expected to utilize a specific assessment form to complete the initial safety and risk assessment as well as the ongoing safety and risk assessment?

* The provider will utilize the PPS safety and risk assessment tools.

1. Is the PPS 4105 form required to be used for consultations between staff and supervisor or can the provider utilize their own similar form?

* It appears this is referring to PPM policy 4105 which references PPS form 4010. The policy states: The PPS 4010 In-Home Family Services Supervisor Consultation Log or a similar form which addresses required documentation of the consultation shall be completed by the DCF CPS specialist/licensed case manager or supervisor.  Preference for this consultation is to be in person.

1. On page 5, the RFP states “the grantee will accept all referrals from DCF.” However, on page 6, under the section title *Population to be Serve*, it states “The agency understands the successful bidder may not be able to serve all NAN reports received by the agency given grant amount limitations.” Can you please clarify the expectation?

* PPS and the selected provider will work together to monitor the number of NAN reports being received in the grant area. If the numbers being received exceed the amount of the grant, PPS will determine which reports the provider shall receive. If PPS sends a report to the provider, the provider will accept the report.

1. On page 24, Section 10.8, regarding Start-Up Costs:
   1. Is there an allowable amount or maximum?
      * No.
   2. Are start-up costs in excess of the $250,000 grant?
      * The limit of the grant is $250,000. There is no additional funding for start-up costs. Start-up costs may be counted as the 5% match if it is tied to the grant requirements.
   3. Where do we account for the start-up costs on the budget?
      * These need to be itemized within the budget as per actual expenses and explained within the budget narrative provided.
   4. What types of expenses are allowable for start-up costs?

* Allowable expenses must be tied to the grant requirements.

1. What is the expected time period between an award date and effective start date (when we are expected to begin accepting referrals)?

* It is expected referrals will begin on July 1, 2017. Award announcement will be as soon as possible after closure of the RFP.

1. Who/what organization(s) is currently providing this service?

* The current family service grants are held by:

DCCCA-Kansas City Region

KVC-East Region

SFCS-West Region

Mental Health Center of South Central Kansas-Wichita Region

1. How many families make up an average caseload?

* Caseloads should be demonstrated in proposals and be within acceptable industry standards.

1. What is the average length of service for a family served in the program?

* PPS does not currently have data on this.

1. Is there an expectation of frequency of in-home visits? Is there an expectation for frequency of contact (phone, in person, etc.) with each family?

* Families and each child in the home must be seen at least monthly while a case is open. Other than this, there is not an expectation for contact other than at a frequency sufficient to meet the identified needs of the family.

1. Will the State be keeping any of the referrals?

* This is yet to be determined based on the number of NAN referrals received.

1. Per Program Requirement NN on page 9: Is there any data on how often drug testing/assessments are currently provided?

* No.

1. On page 6, the RFP references assistance in obtaining and/or funding for core support services.

* Correct.

1. What percentage of grants funds can be dedicated to support core support services costs? What is the average current spending for these services by region?

* The bidder may incorporate this into their proposal as they wish. PPS does not have data on current grantee spending on these services.

1. Per the Match Requirement on page 12: Can Medicaid be a source for the 5% match?

* Yes.

1. If we want to bid on multiple regions, do we need to submit multiple proposals or can we accomplish this by submitting a single proposal?

* Bidders must submit a proposal for each region.

1. Can you explain the reason for an expected reduction in NAN cases, per the statement regarding policy revisions on page 6? What is the expected percentage reduction in the number of cases?

* PPS is in the process of revising some abuse/neglect and NAN categories. As a result, it is believed the number of reports assigned as NAN’s will decrease. It is unknown by what percentage.

1. Can you provide an explanation or reason for the large decrease in Family Services cases from 2014 to 2016?

* PPS is unaware for the reason of this decline.

1. Can DCF provide the average number of cases served through family services in each region for the past year?

* Reports with referral data can be found at

http://www.dcf.ks.gov/services/PPS/Pages/FSReports.aspx

1. What is the estimated service length of cases served through family services?

* PPS does not have this data.

1. On page 6 of the RFP under Program Requirements it states have direct service staff assigned solely to this grant. Does this include the program director?

* The proposal should specify what percentage of time the Director will be dedicated to this grant.

1. If our organization does not have a federal indirect cost rate proposal are we to submit individual line items as indirect cost?

* If the bidder does not have a federal indirect cost rate use a 10% rate for indirect cost.

1. Pg. 6, #4, notes, “Assistance in obtaining and /or funding for core support services”. Is there an expectation that the grantee shall provide funds to assist with covering the core support services?

* This should be addressed in the bidder’s proposal.

1. Top of Pg 7, g, acknowledges there may be a Program Improvement Plan (PIP) associated with the Children and Family Services Review. Is there a PIP in place already related to the services in this grant request?

* No.

1. Pg. 9 states, “Accept all referrals from DCF in the designated area”. Will there be a cap on the number of referrals that may be sent?

* PPS and the selected provider will work together to monitor the number of NAN reports being received in the grant area. If the numbers being received exceed the amount of the grant, PPS will determine which reports the provider shall receive. If PPS sends a report to the provider, the provider will accept the report.

1. Pg. 12 references a 5% match, can this be a cash and/or in kind match?

* In-Kind match is allowable if providing the same service.

1. Pg. 15 notes, “Indirect costs should not exceed 10 percent of the grant budget request. A copy of the applicant agency’s federally approved indirect cost rate agreement must be included with the application”. For agencies that do not have a federally approved indirect cost rate agreement, do they follow the statement, “Indirect costs should not exceed 10 percent of the grant budget request”?

* That is correct.

1. Are there case load size preferences for case managers/para-professionals?

* Caseloads should be demonstrated in proposals and be within acceptable industry standards.

1. In reading the RFP, we think you want a copy of the Conflict of Interest Policy and a copy of the Conflict Statement and you DON’T expect to see copies of ALL of the signed conflict documents from each board member. Please clarify.

* Correct.

1. Does DCF have a computer program or manual forms for collecting data or does the grantee develop their own system?

* PPS has the Family and Child Tracking System (FACTS) which is where data will be tracked and reports will be generated. The grantee will be responsible to provide information to PPS for entering and tracking purposes. How information is communicated is flexible and can be part of a bidder’s proposal.

1. Will the grantee use the DCF database or maintain a separate one?

* See response to question 42.

1. What age groups are served by the grant? Birth to 18 or birth to age 17?

* PPS serves families with children birth to age 18. Occasionally, if a child is in DCF custody, the court may maintain them in custody past their 18th birthday.

1. Will DCF release families being served to the grantee?

* This question is unclear.

1. When referrals are made to the grantee, what information will be provided from DCF? Will the original abuse report and/or the DCF screening and/or investigation notes be included in the referral to help us better collaborate with DCF?

* The grantee will receive the report received by PPS. The grantee will complete the assessment.

1. Page 9, Z says the grantee will accept ALL referrals from DCF in the designated geographic region. But page 6 under Population to be served says, the agency understands the successful bidder may not be able to serve all NAN reports received by the agency given grant amount limitations. Who decides which cases are opened if referrals exceed resources?

* PPS and the selected provider will work together to monitor the number of NAN reports being received in the grant area. If the numbers being received exceed the amount of the grant, PPS will determine which reports the provider shall receive. If PPS sends a report to the provider, the provider will accept the report.

1. The grant says the cases should remain open until goals are met, does DCF have an anticipated case time length?

* No.

1. A statement on page 6 that reads “Families who have at least one child in out of home placement through a regional Foster Care/Reintegration Adoption provider ARE NOT eligible for family services. A family services referral is TERMINATED when the court removes one or more children from the home.” This statement is different from a statement on page 8 S that reads, “Facilitate seamless transition for the child and family to the reintegration provider whenever a child receiving services under the grant is placed in out of home care.” Do we continue to work with children or not continue to work with children when one or more is taken out of the home?

* The family services grantee will cease work with a child and family if/when they are referred to the foster care provider. The expectation is they will work with the foster care provider for a seamless transition to the foster care provider.

1. On page 10 we are directed to submit resumes of everyone on the grant. What would you like us to do if these people have not been hired yet?

* Submit resumes for staff currently hired.

1. Is there a required Safety and Risk Assessment the grantee is expected to use or are we expected to use evidence-based tools we already use?

* The grantee will utilize the PPS safety and risk assessment in the KIDS system.

1. Is there a required matching amount for the grant? We think it is 5%. Can it all be in in-kind or is there a certain amount that must be in dollars?

* The match is 5%. In-Kind match is allowable if providing the same service.

1. Is the 5% in match in addition to the $250,000?

* Yes.

1. Are flexible funds expected or allowed in this grant?

* The RFP does not require flexible funds.

1. Is there a requirement for grant project partners?

* No.

1. Is there a preferred model or EBP to follow as currently the program follows the policies of Family Services? And if there is, will there be a training for that model?

* There is not a preferred model.

1. Can you provide an overview for the DCF pre-service training and should we budget travel and lodging for this training?

* The required pre-service is approximately 20 hours. The training is offered in each of the four regions. Travel and lodging may be necessary depending on staff and training availability. Additional training may be required in the future.

1. Do you anticipate the number of referrals in each region being equal since the funding is the same for each region?

* Please refer to the report found at: [http://www.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/CPS/CPSintakereports\_AssignedFY17.pdf](https://dcfauth.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/CPS/CPSintakereports_AssignedFY17.pdf). This report details PPS reports assigned.

1. If some expensive core support services are needed and not available through the medical card, private insurance or other funding, how much responsibility does the successful bidder/grantee have for funding them or providing them, or is it possible to ask for DCF to fund these services?

* This should be included in the bidder’s proposal. PPS may have some additional funds.

1. Can the successful bidder/grantee have the same program director for two regions?

* Yes. The bidder will outline the directors dedicated time to each regions’ grant in the region proposal.

1. Is it possible for one contractor/grantee to bid and contract for more than one region?

* Yes. A separate bid must be submitted for each region.

1. Is there a top limit for the number of cases a successful contractor/grantee would be required to serve for $250,000?  “The agency understands the successful bidder may not be able to serve all NAN reports received by the agency, given grant amount limitations.”

* PPS and the selected provider will work together to monitor the number of NAN reports being received in the grant area. If the numbers being received exceed the amount of the grant, PPS will determine which reports the provider shall receive. If PPS sends a report to the provider, the provider will accept the report.

1. In what circumstances would/could a contractor/grantee withdraw?

* If an applicant wishes to withdraw their application prior to a final award notification they are able to do so by contacting [dcf.grants@ks.gov](mailto:dcf.grants@ks.gov).
* If a grantee is offered an award and does not wish to accept they can advise such when they receive the notification of award.
* If a grantee signs an award and approves all within the notification of grant award and circumstances change during the grant term so they wish to withdraw, then there are other procedures in place to proceed with that request at that time.

1. Are there specific job duties that are defined as work required to be done by professionals vs. paraprofessionals?

* Refer to the PPS Policy and Procedure Manual PPM 4100. http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/

1. Is there a required ratio of professional to paraprofessional staff involved in serving clients thru this RFP/grant?

* No.

1. It appears that in-kind match can count toward match requirement.  What counts as allowable in-kind match?

* An in-kind match is dollars the bidder is spending on the same service.

1. Is match required to be secured prior to application?

* No. Match must be secured prior to signing the grant documents.

1. By submitting a grant, are we committing to accepting it if it is offered to us, even if there are changes?  Are we committing to accepting it if it is offered to us with no changes from what we submitted?  Are we committed to accepting renewals if they are offered to us?

* No to all.

1. Is there a deadline for the Implementation Plan to be completed?

* It is expected referrals will begin on July 1, 2017

1. Is every contractor required to have a federally approved indirect cost rate?

* No

1. Are Budget Transaction Reports submitted quarterly?

* Reports will be due based on the language within the Notification of Grant award signed by the parties.

1. Is it possible to charge on an approved sliding scale for services, as long as the income is used to support the work of the grant?

* No.

1. What are the qualifications of a case to determine if referring to Family Preservation is appropriate, likewise, if we see immanent risk to children when we meet with a family, what is the process we follow?

* If after assessment, the grantee believes the case is not appropriate for family services, it will be discussed with the DCF regional contact.

1. Does DCF have an estimated number of clients they anticipate serving by county/region, giving new definitions in policy?

* No.

1. We assume that the length a case is open is determined by need and the case plan, but want to assure that there is no expectation that cases will remain open for a giving period of time.

* Correct.

1. We understand the NAN definition is changing, can you tell us how it is changing, and how this will impact the potential number to be served?

* Final revisions to the NAN definitions have not been made. At this time, it is unknown how upcoming changes will impact the potential number to be served.

1. Is there a caseload and case length expectation?

* Caseloads should be addressed in the proposal and should be within accepted industry standards. There is no required case length.

1. From our reading of the RFP, it looks like DCF will not be completing the initial assessment, that a referral to complete the initial assessment will be made to the grantee/Family Services.  Is this a correct understanding of the RFP?
   1. If this is a correct understanding, will those families referred to the grantee for an initial assessment but then referred to Family Preservation Services be counted in the outcomes of the grantee?  Specifically the outcome: “75% of families referred for family services will not be referred for Family Preservation Services for 180 days from the date of referral for family services.”

* This is a correct understanding of the RFP. If a NAN case is referred to the grantee for an initial assessment and the assessment determines the family needs family preservation, the family preservation referral will not negatively impact the grantees outcome measure. However, the outcome measure will be negatively impacted if the family is referred to family preservation after signing a family services case plan.

1. Do ALL direct service staff working on this grant need to be solely assigned to this grant? (Page 6, Section B)

* No. Proposal should address what staff will be solely assigned to this grant and what additional duties staff not solely assigned will have.

1. Does DCF currently have and offer DCF pre-service training?  What does or will this training consist of? (Page 6, Section C).  Our reason for asking is to plan timeframes, but also to not duplicate training of staff/efficiency.

* The required pre-service is approximately 20 hours. The training is offered in each of the four regions. Travel and lodging may be necessary depending on staff and training availability. Additional training may be required in the future.

1. Does the grantee have to accept all referrals from DCF? For example:
2. Or duplication of services (i.e. paying for a PRTF stay, etc.)?
3. What about referrals that are not appropriate?
4. What about referrals that are outside the scope of contract requirements?

* The provider will accept all referral from DCF. The provider is not expected to pay for PRTF stays. Other variances will be handled on a case by case basis.

1. What are the criteria for a family/child(ren) to be eligible for these services and referred to the grantee?

* PPS has received a NAN report on the family.

1. From whom and how many DCF staff will the grantee receive referrals from in the Region and at KPRC?  Is there one point of contact per region and KPRC, or multiple?

* The grantee will receive referrals from one source at DCF.

1. If grant responsibility for families ends when goal is met, does this mean that the grantee is no longer responsible for the referral? What about monitoring outcomes for those families who are no longer in services at the end of a year? (Page 7, Section J).

* PPS data team will be responsible to monitor outcomes for the family/child.

1. What is the quarterly management report? Is there a form/format, or specific data or information that needs to be included? (Page 8, Section U).

* The Status Report Form required for payment serves as the quarterly management report.

1. Does the match need to be cash, or can it be in kind or donated materials and services?

* In-Kind match is allowable if providing the same service.

1. What’s the source of the funds for this RFP?  Please be as specific as possible, providing CFDA number, etc.

* State Funds only.

1. What are the number (not just percentages) of NAN cases referred for family services for each region over the past year?  Our reason for asking, is not being able to find counts of NAN case as referenced in the RFP using the link provided: [http://www.dcf.ks.gov/services/PPS/Pages/CPSReports.aspx](https://dcfauth.dcf.ks.gov/services/PPS/Pages/CPSReports.aspx)  (Page 6)

* [http://www.dcf.ks.gov/services/PPS/Pages/FSReports.aspx](https://dcfauth.dcf.ks.gov/services/PPS/Pages/FSReports.aspx). This link will provide the number of family service cases referred. These may or may not have originally been NAN reports. This data is not available.

1. Do you prefer one application for all regions we are applying, or separate applications for each region?
2. If one application with all regions for which we are applying, should we separate costs, etc. by region in the budget or other documents?  One reason for asking, is if costs for one region can be over $250,000 as long as the maximum total contract is not reached.

* Each region requires a separate proposal.

1. Please confirm that the Program Narrative and its 5 sections are the only sections included in the 75 page limit.
2. The reason for asking is the Checklist page has sections with an “\*” only, but there are other sections with an “\*” followed by a note regarding initial or signature requirements.  We are simply verifying the pages with the initial or signature notations are not part of the 75 page limit. (Page 18)

* Requirements of the Program Narrative are discussed on page 14-15 of the RFP**.**

1. The reference on page 18 to page 8 should indicate page 14, correct?

* That is correct**.**

1. Is the management of and payment of flex funds expected to be a part of this proposal?

* No.

1. Will there be referrals that involve only flex funds?  Are those funds expected to come out of the $250,000 per region?

* The RFP does not require flex funds.

1. Is the successful applicant bound to using the staff whose resumes are included in this proposal?  For example, staff changes, etc.

* No. But the bidder must maintain staff dedicated to this grant.

1. What’s the transition plan between grantees?

* It is not clear what this question is referring to, but there is a requirement for grantees to transition if the awarded grantee becomes unable to maintain the grant, page 9(Y).

1. Is there a form for a cost allocation plan?

* No.

1. If there is no form for a cost allocation plan, please detail what information DCF would like to see.

* The cost allocation plan should summarize how the applicant agency allocates its costs to its various funding sources. DCF would like to see how the applicant agencies costs are allocated and using which method.

1. Page 8, Section V is the only reference to/request for a model of quality assurance.  Is this different than the PPS quality assurance (referenced on the same page)?  Are you requesting how or a statement that we will participate in PPS quality assurance?  Or want a separate quality assurance plan just for this grant? Please detail what you would like and what order/where within the checklist applicants should include this attachment.

* The bidder needs to include a description of their internal quality assurance model.