**Questions Family Preservation RFP**

1. On page 4 regarding accreditation, may a grantee applicant be in the process of obtaining accreditation?

As long as accreditation is approved by award negotiations.

1. Page 5, 1st paragraph under Key components - “The applicant will describe the documentation system utilized to capture pertinent information related to all interactions with children, families and collaterals. Complete and accurate documentation utilizing DCF approved forms and formats shall be an expectation linked to all requirements and activities associated with this RFP.” Will providers be entering into two systems (Grantee and DCF) for documentation or will only family contacts be entered into the provider’s system?

Grantee shall plan on implementing a documentation system that will allow for reporting of all applicable information to DCF.

1. On page 6 under “Purpose, Goals, and Objectives”, does the grantee need to purchase an evidence-based practice model?

Grantee is not required to purchase an evidence-based practice model, but must use an evidence-based intervention.

1. Purpose, Goals and Objectives, p.6 - If a Grantee chooses to submit a proposal for every region available in this RFP, will they need to submit a total of four (4) proposals?

Yes

1. Purpose, Goals and Objectives, p.6 - If a Grantee chooses to submit a proposal for every region available in this RFP, will they need to submit a total of four (4) project budgets, one (1) for each proposal?

A project budget for each year of award for each region. There shall be 4 budget reports submitted per each region applied for.

1. Page 6 Purpose Goals & Objective Grantees may bid on more than one program grant within a DCF region, however only one grant will be awarded in the region identified within the application.” The grant can’t be in the same region/catchment. Please clarify if a Grantee may have both Foster Care and FPS or just one?

It is the intent, an applicant may receive either the Family Preservation application or, one/both Case Management applications in the same DCF Region.

1. Purpose, Goals and Objectives, p.6 - Is it acceptable to utilize the 6 Protective Factors endorsed by the US Department of Health & Human Services, Administration for Children & Families, and the Children’s Bureau, who include “nurturing and attachment” as one of the protective factors?

Yes, this may be in addition to what is identified within the RFP.

1. Page 10 #4. Please clarify if it is expected that the Grantee conduct drug screenings, assessments and drug testing with the funding from this grant from the Grantee’s staff or is this meant to say the Grantee should refer for services?

All of the above may be acceptable.

1. B. Population Serviced, p.11 - Please clarify or define “substance-affected” and “substance-exposed.”

Substance-affected infants requires a determination by a medical provider and substance-exposed is an infant whose mother used substances during pregnancy.

1. B. Population Served, p.11 - Who decides which level of family preservation services a referral is made for? If the Grantee disagrees with the initial level of referral, can an appeal be made to request a different service level?

DCF makes all referrals. Grantee provides recommendations if family is already being served.

1. Page 13 Services to be Provided, #2. Clarify if DCF plans to train all Grantee’s staff for pre-service and on-going or will the Grantee be responsible for some of the identified training?

DCF will provide pre-service training. Grantee will be responsible for training specific to evidence based programs.

1. C. Eligibility for FPS, p.13 - Does “…unless a court order indicates otherwise” mean that Reintegration-Foster Care Management and Family Preservation teams can both provide services to the same family under certain circumstances?

DCF will follow the orders of the court.

1. C. Eligibility for FPS, p.13 - Please define how strictly “family” is defined for this purpose. We have had cases where a father is in FPS for a child within the home, but the child’s half-sibling (the child of another father) is in custody for reintegration. Would the first family no longer be eligible for services?

Federal guidelines define applicable parents. All exceptions are based on current DCF policy and practice.

1. D. Services to be Provided, 2., p.13 - What DCF trainings will be required for Family Preservation Services staff? Does this include the online and Core Module training?

DCF will provide pre-service training. Yes.

1. D. Services to be Provided, 4., p.13 - How do we ensure that our policies do not conflict with DCF policies in the PPM? If our policy is stricter than a DCF policy, is that a conflict?

Grantee is required to follow DCF policies.

1. Page 14 Services to be Provided, #5. “the specific training the in-home workers will have received by the time the grant is finalized;” Will Grantee’s staff receive DCF training and the Grantee’s evidence based approach training before a signed grant is issued?

Discussions on training schedule will take place during award negotiations.

1. D. Services to be Provided, 6., p.14 - Is this expected on ALL complaints received?

Yes

1. D. Services to be Provided, 7., p.14 - Our policy is not to release without a court order. Does this conflict with DCF’s policy?

Yes.

1. D. Services to be Provided, 8. & 10., p.14 - Item 8 indicates that files are to be returned to DCF within ten (10) days, and item 10 indicates that files are to be returned within five (5) working days. Why is there a discrepancy between these two timeframes?

#8 is referring to case closure dates. #10 is referring to end of the referral period. These may be two different dates. If they are the same date, the referral period timeframe takes precedent.

1. D. Services to be Provided, 8 & 10, p.14 - Are files and all related materials to be sent to the local DCF office or the regional DCF office?

To be negotiated with regional DCF office.

1. D. Services to be Provided, 21., p.15 - Can stakeholder feedback opportunities and open invitation alumni activities be held on the same day?

No, the populations for these two events are different.

1. D. Services to be Provided, 22, p.16 - Our organization has multiple other ventures that do not pertain to this grant, and those services’ information and staff are not relevant to this RFP. How is the Grantee to define which are pertinent files/staff/data and which are not? Will the RFP be changed to reflect that DCF will only have access to this information for this RFP?

Full access to everything within the grant award shall be available to DCF. If grant information is on a shared system then outside information shall be appropriately segregated from DCF

grant information to allow for DCF full access to said modules within the system. This includes files, staff and data.

1. Page 16 #24 - Standing Advisory Board - Can Grantee have one for both Foster Care and Family Preservation? Clarify the role/need of the standing advisory board.

No, to provide information/feedback on policies and practices. Please refer to page 16 #24.

1. E. Program Requirements, p.16 - In the case of Tier 1, can the additional 6-week period amount be adjusted as needed, such as for 2 or 3 additional weeks rather than 6?

Yes

1. Pages 16-17 Section E. On the time frames for the Tiers, if a family starts in Tier 1 and are then transitioned to Tier 2 or 3, does the time in Tier 1 count towards the service period noted in the other Tier?

No

1. E. Program Requirements, p.17 - Is an extension available for Tier 3 services? Is service at Tier 3 limited to a one year maximum?

Refer to RFP, page 32, Tier 3, 2B.

1. Page 17, #6. Does contact within 24 hours mean in-person contact or is the contact made within 24 hours to schedule the in-person meeting?

24-hours means to schedule the in-person meeting.

1. E. Program Requirements, Minimum Requirements, 7., p.17 - Is the Initial Case Plan at the IFM to be completed on DCF Case Plan forms?

Yes

1. E. Program Requirements, Minimum Program Requirements, 7., p.17 - Does the Initial Case Plan at the IFM fall under the same timeline as the second assessment, which requires submission to DCF within five (5) working days?

Yes, Refer to RFP page 23, r.

1. E. Program Requirements, Minimum Program Requirements, 7., p.17 - While this section states that the Grantee shall meet in person with the family within two (2) business days of referral, pages 23 (Tier Specific Staffing & Programming, 1. Tier 1, n.) and 28 (Tier Specific Staffing & Programming, 1. Tier 2, l.) cite that the Grantee shall meet in person within 48 hours of referral. Please clarify whether the timeframe is within two (2) business days of referral or 48 hours.

Meet in person with the family within two (2) business days of referral, unless a different time frame is specified under tier-specific program requirements or an earlier in-person meeting is directed by the DCF CPS Specialist.

1. Is the grantee responsible for the purchasing and related training costs of the required assessment tools as outlined on page 18, number 11?

Yes

1. Page 18, #11. Will DCF be providing the assessment tools for the Grantee or is it the responsibility of the Grantee to purchase any of the listed assessments (i.e. SDM)?

Assessment tools are responsibility of the Grantee.

1. E. Program Requirements, Minimum Program Requirements, 10., p.18 - Please specify what the time frame is for developing a Genogram, and when it is to be used. It is not specified for any individual Tier.

It is a living document to be used for assessment purposes.

1. E. Program Requirements, Minimum Program Requirements, 11., p.18 - Do the assessments outlined in this segment fully cover the requirement to “assess all family members, as age appropriate, for components of well-being: including social, emotional, physical, education, intellectual, mental health, substance misuse, domestic violence and parent-child relationships.”?

Yes

1. E. Program Requirements, Minimum Program Requirements, 11. a., p.18 - Will Grantees be required to complete the Structured Decision Making Safety Assessment, Family Strengths and Needs Assessments, and the Risk Reassessment? For Grantees not currently utilizing these models at the time of the grant award, will a grace period be given for training and implementation if it exceeds the grant year’s start date?

Yes. Discussions on training schedule will take place during award negotiations.

1. E. Program Requirements, Minimum Program Requirements, 11. a., p.18 - Are Grantees expected to contract with the NCCD Children’s Research Center and formulate a Structured Decision Making Risk Reassessment tool for determination of readiness for reunification?

Yes

1. E. Program Requirements, Minimum Program Requirements, 11. d., p.18 - Since several versions of the ASQ are available for screening social, emotional, behavioral and/or developmental areas, is the Grantee allowed to use any version of the ASQ-SE? Is there a DCF preferred version to use?

Preferred version is ASQ-SE.

1. E. Program Requirements, Minimum Program Requirements, 11. i., p.18 - Is there a DCF preferred or approved Adverse Childhood Experiences screen to use for parents?

DCF will provide an approved form.

1. Page 18 (13) Can the Grantee utilize a different evidence based case planning process than Family Group Decision Making?

Yes, inclusive of Family Group Decision Making elements.

1. On page 19 paragraph 22 indicates the first $500 of concrete goods can be purchased however any funds exceeding $500, approval from DCF must be received. What is the average amount of flex funding spent per family in each of the three tiers?

The average amount of flex funds spent per family for FY2017 was approximately $200 each family.

1. Page 20 #26/27 Is Grantee able to build into the cost to provide services (non-Medicaid reimbursable) if services aren’t covered?

Yes

1. Page 20 (29) Who pays for the periodic drug testing?

See question #8.

1. Page 20 #29 Does Grantee provide testing or send clients to a service location?

See question #8.

1. E. Program Requirements, Minimum Program Requirements, 30., p.20 - Please define “affirmed” versus “substantiated” in terms of abuse or neglect findings.

As defined in DCF PPS PPM 2502:

**Affirmed** - A reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse and/or neglect definition per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).

**Substantiated** - When abuse and/or neglect of a child meets criteria to affirm, the Child Protection Services (CPS) specialist in consultation with his/her supervisor shall evaluate the facts and circumstances of the alleged incidents to determine whether criterion for a substantiated case finding is met. When criterion is met, a substantiated case finding shall be considered. A substantiated case finding results in the perpetrator’s name being placed on the Kansas Child Abuse/Neglect Central Registry. Per Kansas statutes and regulations, the perpetrator is not permitted to reside, work, or regularly volunteer in a Kansas Department of Health and Environment (KDHE) or Department for Children and Families (DCF) Foster Care and Residential Facility Licensing regulated child care or residential facility.

1. E. Program Requirements, Minimum Program Requirements, 32., p.20 - Does any opioid use necessitate referral to medication assisted treatment? For example, if a pregnant woman is a polysubstance user (i.e. primarily methamphetamine and marijuana with occasional opioid use) is a medication assisted treatment referral required?

Dependent on substance use disorder assessment.

1. E. Program Requirements, Minimum Program Requirements, 31., p.20 - Are Plans of Safe Care developed and monitored for all referrals designated as PWS and only the babies born designated as substance-affected?

Yes and yes.

1. Minimum Program Requirements, #29, p.20 - Will all drug screens be paid for by the grantee?

See question #8.

1. E. Program Requirements, Minimum Program Requirements, 36., p.21 - Can Client Satisfaction Surveys be completed in a secured mobile electronic format rather than on paper, in a sealed envelope?

Yes, in a format approved by DCF.

1. E. Program Requirements, Minimum Program Requirements, 36., p.21 - Will DCF supply the survey tool or questions for the Client Satisfaction Survey, or is the Grantee responsible for creating this?

Yes, DCF will provide.

1. Page 21 Item 36 – Can the survey be electronic, such as in Survey Monkey and the link sent to the client, or they do in person electronically and confidentially or does it have to be in paper format?

Yes, in a format approved by DCF.

1. E. Program Requirements, Minimum Program Requirements, 37., p.21 - Please define “inactive status.”

A temporary closure of case during the referral period.

1. E. Program Requirements, Minimum Program Requirements, 37., p.21 - Is a case in inactive status still open and eligible for CFSR to read, and if so, what are the expectations for contact with the family and services to be provided during inactive status?

If the case has been open for at least 45 continuous days of service, it is eligible for CFSR case review. If case is temporarily closed no services will be provided during inactive status.

1. RFP page 21, #37, states “The Grantee shall notify DCF immediately when a family moves out of state, or places their children out of state. If child safety concerns exist or cannot be determined, the Grantee shall facilitate a report to the child protection agency of the new state or county in which the children reside in collaboration with DCF. The Grantee shall move the case to inactive status and document the reason for the status change. DCF shall be notified and services shall be resumed if the family and/or children return to Kansas during the referral period;” Should this occur, will the service timeline begin where it left off, or start over for the tier level of service?

Service timeline will begin where it left off.

1. Tier Specific Staffing & Programming, 1., p.22 - Please clarify whether a FPS Specialist is different from an FPS Therapist, or if they are the same role.

Same role.

1. Tier Specific Staffing & Programming, 1. Tier 1, d., p.22 - Please define “approximately” in this case. Is this more than or less than 6 weeks? Is this at all related to the suspension for a maximum of 2 weeks due to extreme circumstances?

Approximately means the case could close successfully prior to 6 weeks. No.

1. Tier Specific Staffing & Programming, 1. Tier 1, f., p.22 - For Tier 1 services, who within DCF is responsible for granting approval for extenuating circumstances for which a Grantee may exceed a maximum caseload of 4?

Regional Program Administrator

1. Tier Specific Staffing & Programming, 1. Tier 1, g., p.22 - The wording in this section states that the assigned FPS Specialist/Therapist must be available 24 hours per day, 7 days per week, with the assigned Supervisor acting as a back-up contact person. This leaves neither the FPS Specialist/Therapist nor the assigned Supervisor time for self-care. Is a therapist on-call system appropriate for Tier 1 cases to provide assigned FPS Specialists/Therapists with vital self-care time?

Yes, a therapist on-call system within a supervisor’s unit will be allowed.

1. Tier Specific Staffing & Programming 1. Tier 1, f., p.22 - Will rural/frontier areas of Western Kansas be expected to carry the same caseload as semi-urban/urban counterparts?

Yes.

1. Tier Specific Staffing & Programming, 1. Tier 1, k. iv., p.23 - When a family refuses to continue services for more than the maximum two (2) weeks’ suspension, what happens to the case? Does it enter inactive status?

Decision determined in consultation with DCF.

1. Tier Specific Staffing & Programming, 1. Tier 1, t., p.24 - Will you define “evidence supported” versus “evidence based” programs?

All prevention services shall be rated as well-supported, supported, or promising as defined in the Family First Prevention Services Act.

Evidence Supported is explained at [www.childwelfare.gov](http://www.childwelfare.gov) as “Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design.”

Evidence-Based as defined by [www.childwelfare.gov](http://www.childwelfare.gov) – “Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well.”

1. Tier Specific Staffing & Programming, 1. Tier 1, t., p.24 - Tier 1 does not identify specific treatment models or programs for Grantees to use. Are there models or programs that DCF recommends for Tier 1? If the models and programs are not currently in use by the Grantee and require implementation periods to assure fidelity, will there be a grace period for the Grantee after July 1, 2019 when training and implementation may take place?

No. Discussions on training schedule will take place during award negotiations.

1. Tier Specific Staffing & Programming, 1. Tier 1, n., p.23 - References to when the initial case plan must be completed at the IFM differ throughout the RFP (see: Minimum Program Requirements p. 17, item 7; Tier 1, p. 23, item o; Tier 2, p. 30, item w; and Tier 3, p. 36, item q), none of which are consistent. What is the timeline designated for when the completed initial case plan shall be provided to the family at each level (Tiers 1-3).

All initial case plans are completed at the IFM, a copy provided to the family at the IFM with a final, signed copy to the family within 72 hours.

1. Tier Specific Staffing & Programming, 1. Tier 1, o., p.23 - The RFP states that, as a crisis service, Tier 1 is staffed by a single therapist. This will require a treatment plan per industry standard and for billing purposes. Is it possible to consider that this level would have the already created treatment plan instead of a case plan?

A treatment plan may be done along with the DCF case plan, as appropriate.

1. Page 24-25 Who pays for the required EBP and assessments?

Grantee

1. Tier Specific Staffing & Programming, 1, Tier 1, aa., p.25 - Is this meant to be seven (7) business days or seven (7) calendar days prior to the anticipated case closure?

Calendar Days

1. Tier Specific Staffing & Programming, 1. Tier 1, aa., p.25 - Page 28, n. indicates that Tier 1 case closure conferences shall take place no later than two (2) weeks prior to anticipated case closure. Which is correct: seven (7) days or two (2) weeks?

Transfer from Tier to Tier is 2 weeks, if closing case file it is 7 days.

1. Tier Specific Staffing & Programming, 1. Tier 1, ee., p.25 - Regarding question #2, if a case plan must be created in addition to the treatment plan, a family referred to Tier 2 or Tier 3 will receive another case plan within 40 days. Will the treatment plan and 2 case plans become confusing for the family?

The treatment plan timelines are specific for billing purposes and do not impact the timelines for the caseplans.

1. Page 26, 28 (m), 32 (2)(d), 34(m) and 39 (5) Do Tier 2 and 3 Case Managers have to be licensed?

No.

1. Tier Specific Staffing & Programming, 1. Tier 2, k., p.28 - Who determines whether or not the referral meets criteria?

DCF CPS Specialists and Supervisor

1. On page 28, letter m, references a licensed case manager. However, on outlined in page 39, number 5 a case manager is defined as having a minimum of bachelor’s degree in social or related non-licensed field. Can you please clarify the licensing requirement?

Page 39 #5 is correct.

1. Tier Specific Staffing & Programming, 1. Tier 2, n., p.28 - Why is there a discrepancy between the required case closure conference timeframe for Tier 1 and Tiers 2 & 3? Is two (2) weeks prior to the anticipated case closure date indeed correct for Tiers 2 & 3?

2 weeks is correct when recommending a referral to Tier 2 or 3 from Tier 1.

1. Tier Specific Staffing & Programming, 1. Tier 2, n., p.28, Tier 2 and/or Tier 3 staff are required to participate in Tier 1 case closure conferences prior to transition to Tier 2 or Tier 3- Is this correct? If so, will Tier 2 and Tier 3 staff be reimbursed for their services at Tier 1 case closure conferences prior to referral to their respective tiers?

Yes. This meeting should be included with the Tier 2 or Tier 3 rate.

1. Tier Specific Staffing & Programming, 1. Tier 2, o., p.28 - Regarding question #2, if any of the children are in custody, there could be a treatment plan and case plan on the child, a case plan on the family, and additional case plans with the child/family is transitioned after 40 days on the original case plan. Is this not duplicative?

No, it is not duplicative. The initial case plan and the 20-day case plan are different.

1. Page 29 Are drug testing services to be paid by the Grantee form the case rate?

See question #8.

1. Tier Specific Staffing & Programming, 1. Tier 2, u., p.29 - Is this an exclusive list of programs?

No, any additional programming to this list shall be DCF approved and meet Family First Prevention Services act requirements.

1. Tier Specific Staffing & Programming, 1. Tier 2, u., p.29 - Strengthening Families is not listed as one of the evidence based programs to be utilized for Tiers 2 or 3 on pages 29 or 35. Will DCF accept utilization of this program for Family Preservation services?

To be determined.

1. Tier Specific Staffing & Programming, 1. u., p.29 - Tier 2 lists evidence based programs from 3 categories and more than one program identified requires a Master’s Level Practitioner; however, Tier 2 only requires a Bachelor Level staff and non-licensed family support staff. Is the expectation that Grantees will refer out for services? If so, how will the Grantee be expected to dictate to another provider which evidence based program is to be used?

Multiple program options have been offered to address the lack of Master’s level staff availability.

1. Tier Specific Staffing & Programming, 1. u., p.29 - For evidence based programs outlined for Tiers 2 & 3, if a required program is not currently in use by the Grantee and will require implementation period of 6 months or longer, will DCF grant a grace period after July 1, 2019 for training and implementation to ensure program fidelity?

Discussions on training schedule will take place during award negotiations.

1. E. Program Requirements, Minimum Program Requirements, 2. p) viii., p.36 - If a family is not court-involved and under CINC code disclosure rules, a family may choose to refuse to sign a release to share their information. What is the process when this occurs?

The Grantee shall work to educate the family about the benefits of sharing the information to successfully complete the treatment plan.

1. G. Staff/Grantee Qualifications, p.38 - Adherence to DCF’s updated dress code is not referenced in this RFP. Will Family Preservation Grantees be required to adhere to this dress code?

Please see document:



1. Page 38 G. Staff/Grantee Qualifications What does it mean for full administrative function in the state? How high up does this need to be Program Director or to the CEO?

Staff required to implement and provide the required work and day to day operations in Kansas must be located in Kansas. Executive and administrative supports not required for day to day operations may be located at a location of the bidder’s choosing. However, no grant funds shall be expended for staff located outside of Kansas to travel to and from Kansas.

1. G. Staff/Grantee Qualifications, 10., p.39 - Will supervision by a LCAC providing oversight to non-addictions licensed staff meet this requirement? If not, and a DCF approved licensed substance use treatment provider must be contracted by the Grantee, will DCF reimburse the Grantee for this expense?

No. No.

1. Page 40(3) Can you provide examples of when it would be appropriate for DCF to reassign Grantee’s personnel?

Conflict of interest, work product, lack of qualifications, or other reasons determined by DCF.

1. Page 40(8) Will SDM be in place by the start of the grant? Who pays for it?

Grantee shall implement SDM July 1, 2019. Grantee shall pay for their SDM.

1. I. Quality Assurance (QA) and Program Improvement (PI), p.41 - Does the new federal FFPSA law create new obligations for Grantees awarded by the State of Kansas?

Program design should align with requirements for evidence-based prevention services.

1. I. Quality Assurance (QA) and Program Improvement (PI), p.43 - Please clearly and specifically define what the review process of a specific project or program will entail, the intensity of this process, and the expectations of DCF.

DCF PPS PPM page 621 section 8000 Continuous Performance Improvement identifies part of the process. Other processes are identified as per ACF CFSR requirements.

1. J. Corrective Action Plans (CAP), p.43 - If the Grantee fails to meet CAP provisions and is required to reimburse DCF for costs incurred in resolving the problem, how specifically will the costs incurred by DCF be determined?

Damages would be determined in relationship to any federal level penalties DCF were to be subjected to for non-compliance in meeting the outcomes contained in the RFP. In addition, damages could be assessed for costs DCF would be required to pay as a result of non-compliance.

1. J. Corrective Action Plans (CAP), p.43 - If the Grantee fails to meet CAP provisions and is required to reimburse DCF for costs incurred, will DCF apply a standard cost rate to the time their staff spent resolving the problem, and to what staff level will that time be charged?

Circumstances requiring excessive efforts by the agency could result in such expenses being charged to the contractors.

1. Page 44 What does “full and unrestricted access to all Grantee owned systems used in the administration of these grants” mean (first paragraph, last sentence)? Would you consider adding language that limits this access to only the information in those Grantee owned systems that is related to the performance of the grant? Our concern is that once “full and unrestricted access to all Grantee owned systems” is granted, information could be accessed that is unrelated to the grant, including protected health information of clients not served under the grant.

Grantee will be required to provide full and unrestricted access to all information related to the grant and systems where this information is being held. Any information related to a grant award should be segregated from other Grantee information in order for all information to remain secured appropriately.

1. L. MIS Requirements, p.44 DCF requires that all materials are transferred to DCF upon completion of the grant for ownership. Does this mean that DCF can deprivatize, reproduce, and modify a Grantee’s software or materials for distribution to other entities while the Grantee is allowed to make a copy of all materials/data/software to utilize for its own purposes, but without any claim to it?

Any materials, included but not limited to, data, forms, procedures, software, manuals, system descriptions and workflows developed by Grantee under this agreement is owned and to be transferred to DCF at the conclusion of the grant. Grantee is provided an irrevocable, royalty-free, nonexclusive right to reproduce, translate and use all material for its own non-commercial purposes so long as personally identified information is removed from the material.

1. Page 44 Paragraph 1 MIS Requirements- Could you tell us if there is going to be a standard interface (i.e. HL7) expectation with our Electronic Health Record (EHR) and any or all of your state computer systems? Will it be required, preferred, or not allowable to directly connect our EHR to your state systems to electronically exchange information?

Will be determined with Grantee after grant award.

1. Page 44 Paragraph 1 MIS Requirements- Will end user device operational requirements be provided to the Grantee in order to ensure compatibility?

Yes.

1. Page 44 Paragraph 1 MIS Requirements- Could you go into more detail about the expectations and requirements surrounding the statement “The grantee shall have the ability to communicate with state systems electronically, including the ability to attach documents, as well as provide an electronic way to maintain case files accessible at all times to DCF”?

Grantee shall have an electronic way to maintain case files and be able to communicate information with state systems electronically as well as be able to attach documents as necessary.

1. Page 44 Paragraph 1 MIS Requirements- Is it possible that the selected placement management system vendor could have additional costs to pass on to the Grantee?

No.

1. Page 44 Paragraph 1 MIS Requirements- Is the state open to being given user access X and training on the Grantee’s EHR, so that liaisons could directly access client information, receive alerts and approve/reject work (court reports, case plans, etc.) all within the Grantee’s EHR as an alternative or in addition to secure e-mail?

No.

1. Page 44 Paragraph 1 MIS Requirements- Is the state open to the Grantee recreating state forms in the grantee’s EHR, so the date entry, print outs and reporting would mirror the paper form(s) and output expectations the state has?

Will be determined with Grantee after grant award.

1. Page 44 Paragraph 1 & 2 MIS Requirements- If the Grantee chooses to use its own EHR in addition to the required state systems, what is the required method to provide case record forms back to the state from our EHR: printed, e-mailed, flash drive, etc.?

The successful Grantee is required to use the State’s Computer Systems to include but not be limited to: FACTS, KIDS, and eSCRIPTS. The grantee shall have the ability to communicate with state systems electronically, including the ability to attach documents, as well as provide an electronic way to maintain case files accessible at all times to DCF.

1. Page 44 #2 MIS Requirements- Regarding the statement on page 44, The Grantee shall: 2. - “…allow possible imports of this information into their computer system.” What is the specified format the imports would be sent to the Grantee in?

All interface formats will be determined with successful Grantee.

1. Page 44 #3 MIS Requirements- Regarding the statement on page 44, The Grantee shall: 3. - “Submit all data and case file reports and any other requested information in a DCF approved format.” What are the approved formats?

The approved formats vary by requirement. When required and/or requested, DCF will provide the awarded Grantee the format necessary to meet the requirement.

1. Page 44 #4 MIS Requirements- Regarding the statement on page 44, The Grantee shall: 4.- “…able to be shared through DCF electronic interfaces.” Could you describe in detail what the DCF electronic interfaces are?

All interface formats will be determined with successful Grantee.

1. Page 44 #4 MIS Requirements- Are there any network or bandwidth requirements that the state would provide as guidance for accessing their systems?

VPN

1. Page 45 Paragraph 1 MIS Requirements- Does the state utilize VPN or some other direct connection requirement when Grantee staff are accessing state systems?

VPN

1. L. MIS Requirements, p.45 - The Grantee is required to incorporate any changes in technological systems over the life of the grant. Is this an unfunded mandate?

The expectation is that minor, routine changes would be the responsibility of the Grantee. However, if significant pre-approved expenses are incurred, at the requirement of the State, payment will be negotiated with the Grantee.

1. Outcome 4., p.58 - Should Outcome 4 read, “Babies are born substance free to pregnant women not using medication assisted treatment?”

No

1. Outcomes 4 & 5, p.58-59 - Will all PWS cases be tested at admission for delivery?

That would be the expectation.

1. Outcome 5., p.59 - If referred in IFPS (only 6 weeks) does a PWS have to be referred to Tier 2 or Tier 3?

No

1. Outcome 5., p.59 - Would a PWS only be referred for Tier 1 with potential for the baby to be born after services have been closed?

A PWS may be referred to Tier 1 or Tier 2 for services depending on the risk and safety assessment.

1. Outcome 5., p.59 - We currently request a drug test for a mother at the time of admission to the hospital for delivery, or within 24 hours of the baby’s birth. Some hospitals have refused to drug test the newborn but are willing to test the mother at time of admission. Will DCF only allow for testing within 24 hours of the baby’s birth rather than testing the mother at admission?

Efforts should be made to secure a drug test on baby and/or mother at or within 24 hours of birth.

1. II. Award Information, Allowable Uses of Funds, p.60 - What specific DCF policy will be used to determine and approve the allowable use of award funds?

DCF will use State of Kansas Procurement guidelines, DCF Procurement Guidelines, the Uniform Grant Guidance, and OMB Circulars. Some allowable costs include planned costs (i.e. those within the grant proposal, costs within the grant agreement budget, reasonable costs, necessary costs).

1. Page 61 Does the LOI need to “declare” specific areas/regions?

It is preferred, but not required.

1. Page 64 C Can a Grantee include allocated costs of personnel, who provide services under this award, as well as other programs in case management salaries?

Yes, when supported by time records and an acceptable cost allocation method.

1. C. Cost Application, E. Operating Expenses, 8., p.65 - Who is malpractice insurance intended to cover?

This should cover the Grantee agency.

1. C. Cost Application, E. Operating Expenses, 12., p.66 - Does this include license renewal fees for social workers and attorneys?

Yes, please use one of the “other” expense lines for these costs and identify it as “Professional License Renewals”

1. VII. Post-Award Requirements, Supplemental Reports Required, p.69 - Please define or describe the Monthly Case Update report.

The exact information required is to be determined. However, it will include information required for appropriate qualitative and quantitative analysis of services being provided.

1. VII. Post-Award Requirements, Supplemental Reports Required, p.69 - Please define or describe the Monthly Encounter Data report.

This report will include quantitative information regarding services provided to Family Preservation families.

1. VII. Post-Award Requirements, Supplemental Reports Required, p.69 - What other reporting is anticipated to be “required as determined upon award,” so that the applicants can include these costs in their application?

Financial reporting, case related data reports, case related qualitative reports, case related quantitative reports, as well as possibly others.

1. Section 7. Depreciation – Building – “Amounts reported must be reconciled to a detailed depreciation schedule included with this application.” Does a detailed report of capital building purchases and depreciation need to be submitted with the proposal or is a part of the reporting requirements of the contract?

Yes, please submit application with estimated costs, then actual costs will be reported as part of the reporting requirements of the award.

1. Depreciation – Equipment - “Amounts reported must be reconciled to a detailed depreciation schedule included with this application.”- Does a detailed report of capital building purchases and depreciation need to be submitted with the proposal? Does a detailed report of capital equipment purchases and depreciation need to be submitted with the proposal or is a part of the reporting requirements of the contract?

Yes, please submit application with estimated costs, then actual costs will be reported as part of the reporting requirements of the award.

1. Application Checklist - Will there be amendments, where do they fall on the checklist?

There are no amendments to a DCF grant RFP.

1. Application Checklist - Event Details is not listed on the checklist, will there be event details and where will they fall on the checklist?

There are no event details applicable to DCF grant RFPs.

1. Application Checklist, p.71 - Letters of support are requested on the Application Checklist but not indicated elsewhere in this RFP. What type of letters of support are desired? Please be specific.

Provide Letters of Support from key partners or other community groups.

1. Page 72 Can you explain why the Wichita regions open cases is significantly lower than the three other regions? Is there projected growth/slots for Wichita?

Historical caseloads may not be representative of current or future use.

1. Page 72 While we understand that the 3-tiered model of FPS is not implemented currently, please provide DCF’s best estimate as to the distribution of caseload across tiers?

While we are unable to provide the precise number of referrals per region or per tier that will be made each year, we expect Tier 2 to have the most referrals with fewer referrals to Tiers 1 and 3. Referrals will be based on the need in each region and the funds available each year. Applicants should base their application on the following assumptions:

**Average Annual Referrals:**

West 700

East 650

Kansas City 625

Wichita 500

Total 2,475

**Allocation per Tier:**

Tier 1 25%

Tier 2 50%

Tier 3 25%

1. Page 72 states that “the bid rate requested shall be a monthly payment rate covering all direct costs…” P. 73 states that “the case rate is the total payment per family for the tier-specific service period.” Should the Applicant bid a monthly rate covering all costs or a per family rate that covers the tier-specific service period? Will the awarded Grantee be paid a monthly rate covering all costs or a per family rate that covers the tier-specific service period?

It is a per family rate. Please remove “the bid rate requested shall be a monthly payment rate covering all direct costs for case management services.” This statement should read “The case rate requested shall be the total payment per family for the tier-specific service period.”

1. Does DCF have a percentage estimate of children who qualify for Tier 1, Tier 2, and Tier 3 based on the census report on page 72?

See question #123.

1. Average caseload - Is there a breakdown by Tier for each Region? How many referrals are there each month per Region?

See question #123.

1. Attachment B, p.72 - Is the bid rate requested intended to be a case rate per child served so that an accurate billing can be made each month? If not, and a total monthly payment rate is provided based upon the historical number of monthly caseloads, how does DCF intend to compensate the applicant if the actual number of caseloads is more or less than the historical number?

It is a per family rate. Payments will be made according to Section G (pp 74-75) of the RFP. A case rate will be paid for each referral. See question #123 for caseloads.

1. Attachment B, p.72 - What response time will DCF guarantee to ensure that monthly payment adjustments are made for caseloads which exceed or fall short of the historical number, so as not to adversely affect the Grantee’s cash flow?

Payments will be made according to Section G (pp 74-75) of the RFP. A case rate will be paid for each referral. See question #123 for caseloads.

1. Attachment B, p.72 - For the historical open caseloads given, is there data for each region on how many of these cases are Tier 1, Tier 2, or Tier 3?

See question #123.

1. Attachment B, Grant Budget Request, p.72 - Does DCF have data that would provide the percentage of referrals for Tier 1, Tier 2, and Tier 3 within the current contract? Information given on page 72 provides number of open cases but does not distinguish between various tier levels.

See question #123.

1. Page 72 of the RFP includes information on “the historical open caseloads for family preservation services over the last 12 months”. We assume this is inclusive of all three tiers; is it possible to provide detail or estimates regarding how many of these historical cases align with Tier 1 services, Tier 2 services, and Tier 3 services?

See question #123.

1. Attachment B, Grant Budget Request, B., p.73 - If a pro-forma budget is required for each of the four (4) years of the grant, will a Grantee submitting a proposal for each region available in this RFP need to submit a total of sixteen (16) pro-forma budgets, four (4) for each years of the four (4) DCF regions?

Yes.

1. Attachment B, Assumptions to be used in the application, B., p.73 - Does this mean that the contractor servicing a case at the end of the grant period will continue to serve that family even if they are not awarded the next grant?

Yes.

1. Page 73 states that “there is no advance funding for startup costs.” May start-up costs be included in Year 1 budget and paid through the first year case rates?

Startup costs may be possible through a one-time payment of funds. Such request must be identified separately within the budget request documentation for consideration. Submitting such request does not guarantee acceptance by DCF.

1. Page 73(A) Since there is no advance funding for startup costs how are these expenses reimbursed?

Startup costs may be possible through a one-time payment of funds. Such request must be identified separately within the budget request documentation for consideration. Submitting such request does not guarantee acceptance by DCF.

1. On page 73 section C it states that one time startup costs shall be separately identified on the pro forma income statements. However, under assumptions section A it indicates that there is no advance funding for start-up costs. Please define start-up costs.

Startup costs may be possible through a one-time payment of funds. Such request must be identified separately within the budget request documentation for consideration. Submitting such request does not guarantee acceptance by DCF.

1. Page 73(D) How is the Grantee reimbursed if the MCO denies clinically indicated treatment/services?

Unreimbursed Medicaid expenses should be included in the proposed bid rate. Please use the “Medical Expenses (Not Reimbursed)” sheet in the Excel budget request for these costs.

1. On page 73, under the sentence “Each cost section of the application must contain the following”, bullet point B indicates “A pro-forma budget of the four (4) years of the grant (complete detail of all expenses proposed, per year, as well as a budget narrative and cost allocation plan if allocation will change per year)”.
   1. Please clarify the logistics associated with the requirement to submit a budget for four separate years, and the budget worksheet having a one year format.
   2. Will the worksheet be re-formatted to allow for four-years to be budgeted at each tab (e.g. Case Management Personnel, FY2019, 2020, 2021 and 2022 all on the same page) or are four separate excel budget worksheets required to be completed and submitted with each region’s cost proposal? It is our belief that applicants and reviewers would appreciate a modified budget worksheet.

A pro-forma budget for each of the four (4) years of the grant is required as per the RFP (complete detail of all expenses proposed, per year, as well as a budget narrative and cost allocation plan if allocation will change per year). Applicants are required to utilize the forms and formats as identified in the RFP.

1. On page 73, under the sentence “Each cost section of the application must contain the following”, bullet point C indicates “one time start-up costs grantees will experience for a limited time shall be separately identified on the pro-forma income statements”. Also on page 73, under the sentence “Assumptions to be used in the application”, bullet point A indicates “There is no advance funding for start-up costs”. In addition,
   1. With no advance funding, start-up costs will need to be built into the case rate?

One time start-up costs grantees will experience for a limited time shall be separately identified on the budget request forms and budget narrative.

* 1. The budget packet does not contain a pro-forma income statement. Which pre-defined tab of the budget worksheet should be used for one-time start-up expenses?

The budget request forms are the correct forms to be used. The RFP does not have a pro-forma income statement. One-time startup expenses should be identified as separate lines under each representative category and identified as such.

1. On page 73, under the sentence “Each cost section of the application must contain the following”, bullet point D4 indicates “other sources of revenue available along with supporting documentation, with further instructions regarding embedding into the Income Statement.” The budget packet does not contain a pro-forma income statement, and has instructions only for expenses. Can the State clarify budgetary submission requirements related to revenue given that the submission is for a grant?

This information shall be described within the budget narrative. There is not a pro-forma income statement included in this RFP.

1. Page 74 (1. c. and 2.c.) page 75 (3.d.) - What constitutes successful case closure for each Tier?

Completion of case plan tasks or mitigation of all child safety concerns.

1. Attachment B, Assumptions to be used in the application, G. 1. d., 2. d., 3. e., p.74 - “All payments are recouped if the referral is made in error.” What is the timeframe on this? If a Grantee has done substantial work on the case and DCF does not discover that a referral was made in error until late in the casework, will the Grantee still have to reimburse DCF for all payments received for that case? Is there a limit to the amount that will be recouped?

A referral error will be identified within a short period of time.

1. Page 74 G 1.d. states that "All payments are recouped if there is a referral made in error." Will there be a time limit on recouping payment on a referral prior to significant efforts to contact and engage the family in services?

A referral error will be identified within a short period of time.

1. Can clarification be provided regarding the relationship between Kansas citizens receiving Family Preservation Services and the requirements to identify other payment sources? The information on page 74 indicates that Grantees have a responsibility to determine if the child or family referred, or any others involved are responsible for paying any services provided by the Grantee.

If parents need services to fulfill case plan goals, then services need to be provided/paid. Family insurance is billed for services first, while Medicaid is the secondary payer of services. If no other options are available, then services shall be paid by Grantee.

1. Can DCF clarify what services they are referring to and is required with the statement “Provider will not submit any expenses due from individuals to DCF for payment” given that the payment mechanism identified in the RFP is a case rate payment, based upon the three tiers?

If parents need services to fulfill case plan goals, then services need to be provided/paid. Family insurance is billed for services first, while Medicaid is the secondary payer of services. If no other options are available, then services shall be paid by Grantee.

1. Outcome #4, p.58 - Is there a timeframe between a pregnant mother’s referral date and the baby’s due date that this outcome is tied to? If a mother is referred 3 days prior to her due date, it is impossible to achieve this outcome.

This will be taken into consideration.

1. Page 79 In regard to Attachment D item 10.0 (“This Grant is reimbursement-based, unless otherwise noted”), is the awarded Grantee’s monthly payment tied to the bid rate or actual cost incurred?

Both. Grantee will be paid based on the bid rate approved, however as this is a grant, all costs are reconciled as actual, allowable, necessary and reasonable throughout the term of the award.

1. Page 79 Can a Grantee simply request a 10% indirect cost rate or must indirect costs be itemized as described in the Budget Request form?

Indirect Costs must be itemized.

1. Attachment D, 10. Funding, p.79 - Since this grant is reimbursement-based, will a clarifying provision be included in the subsequent award, stating that if the Grantee’s actual costs exceed the amount paid by DCF, DCF will adjust the rates and the caseloads to reflect the actual costs?

Attachment D is referencing the Notification of Grant Award document terms and conditions for a final award, which states “This Grant is reimbursement-based, unless otherwise noted.” As these terms and conditions are subject to an award this is not applicable until final award negotiations.

1. Attachment D, 10. Funding, p.79 - If the Grantee’s actual costs are less than the amount paid by DCF, will DCF seek recoupment?

This will be determined during final award negotiations.

1. Attachment D, 10. Funding, p.79 - Will DCF conduct a timely annual audit after the close of the Grantee’s fiscal year to facilitate upward or downward adjustments?

Grants will be monitored monthly. Adjustments will be determined throughout the grant award term.

1. Page 80, section 10.8 Start Up Costs indicate that Grantees may have start-up costs approved which were incurred within the ninety (90) day period immediately preceding the effective date of the award. Requests for Start-up costs must be negotiated during the pre-award period. Does DCF intend to provide start-up funds?

Startup costs may be possible through a one-time payment of funds with a proposal of repayment over the first year. Such request must be identified separately within the budget request documentation for consideration. Submitting such request does not guarantee acceptance by DCF.

* 1. If yes how should those costs be identified and submitted as part of the cost proposal submission? Will a tab specific to start-up costs be identified that is outside of the overall budget request?

One-time startup expenses should be identified as separate lines under each representative category and identified as such.

* 1. If no, how does DCF expect organizations be able to set up offices, negotiate leases and program systems, buy supplies, and hire and train staff to be able to accept referrals on July 1, 2019 with no funding? Only current contractors would be in a position to provide that level of service without start-up funds which is a distinct competition dis-advantage to any organization wishing to apply that is not a current contractor/grantee.

1. 12.3 Modifications Subject to Funding Changes, p.81 - If policy, program, project, or reporting requirements are enacted by the state during the life of the grant, will cost negotiations be made to reflect the changes?

Any major programmatic changes will be reviewed for substantial impact to Grantees to determine if major cost changes would be applicable.

1. Page 91 For purposes of compliance with OMB Circular A-133, is Grantee considered a Subrecipient or a Contractor?

Grantee will be a Subrecipient.

1. Do families who have completed Tier 1 services (6 weeks or 12 weeks) need to transition to a lower tier or can they be successfully discharged?

They can be successfully discharged or referred to Tier 2 or 3 services, whichever is most appropriate for the family.

1. Do families who have completed Tier 2 services (3 months to 6 months) need to transition to a lower tier or can they be successfully discharged?

See question #155.

1. If a family completes tier 1 services, is referred to tier 2 and completes those services, is then recommended to begin tier 3 services, does the family have a full year of tier 3 available to them or only the remainder of the year from using tier 1 & 2 services?

The family will have a full year of services under Tier 3.

1. Assuming a new agency is selected for this grant: If a lower level of service is deemed necessary for families working with the current contracting agency post July 1, 2019, would these families continue to receive services from the current agency or transfer to the new contractor under the new model of Tier 2 or Tier 3.

Families will continue to receive services from the current agency under the current contract.

1. For 2017, what is the average length of services provided per family? (or average length of services for a timeframe that DCF can provide)

For 2017 all families have a service period of one-year, early closure of cases is not an option.

1. If a new vendor is awarded services, will the new service provider assume responsibility for Family Preservation Referrals not completed from prior contractor during transition and incorporate into the appropriate tier system of the new family preservation model? If so how will the determination of the appropriate tier be made?

See question #158.

1. If there are no cases transitioned from the prior vendor upon contract and service implementation, what is the estimated number of initial referrals the new vendor can expect to receive during the initial 60-90 days of service?

It should be anticipated by the end of 90 days that a Grantee will be serving approximately 25% of their annual referral allocation.

1. In each reason, for each of the past two years, broken down by month, please provide the number of referrals received per each tier.

Over the last two years we have not had a tiered program.

1. If a new vendor is awarded and begins working with families who are already enrolled in services, how will payment points be determined? Will all of the families that transition be considered new referrals, be required to complete a new case plan, etc.?

See question #158.

1. When transitioning families from one tier of service to another, when applicable, does the timeline for duration of services begin (restart) at the onset of the new tier level?

Yes

1. Will contractors be allowed to bill for therapeutic services provided by Tier 1 Family Preservation Specialists to the family and children served if the family is Medicaid eligible?

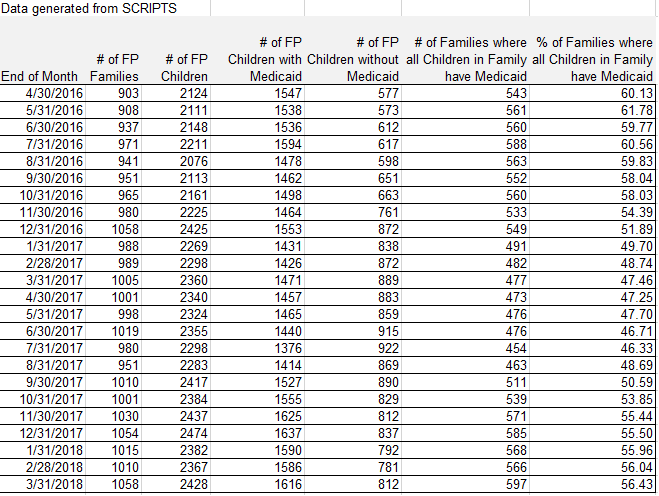
Yes

1. Will all families have or be eligible for Medicaid?

No

1. Can clarification be provided regarding the relationship between Kansas citizens receiving Family Preservation Services and Kansas Medicaid? The information on page 73 indicates that payments to Grantees are intended to cover all non-Medicaid costs. Historically, unlike children in the State’s custody receiving Foster Care/Case management services, Family Preservation total referrals have not been automatically been enrolled in Kansas Medicaid.
   1. Is it the State’s intention to have all Family Preservation referrals, during the entire time of receiving family preservation services, be automatically qualified to receive Medicaid services for the entire family unit? No
   2. If the State does not intend to Medicaid-qualify those families receiving service is it the State’s intention that the Grantee would be responsible to budget for, and provide all services normally covered by the Medical card in each of the case rate tiers? Provide for all behavioral health services, unless the family is eligible for health insurance.
2. What percentage of families referred for FPS services are Medicaid eligible?

An average of 53.78% of families participating in FPS are Medicaid eligible. The family may not have had Medicaid at the time the FPS referral was made; the FPS grantee may be the one who helped the family apply for Medicaid.



1. What is the average amount of funding spent on medical expenses for non-Medicaid eligible families?

This information is not available.

1. What is the percentage of children and families that are expected to be on Medicaid and other insurances?

We do not have data available of families participating in FPS who have other insurance. Refer to question #168 regarding Medicaid eligibility.

1. What is the expected number of families on or eligible for Medicaid? (Estimated based on current year numbers.)

See question #168.

1. “Development and Monitoring of a Plan of Safe Care” is referenced throughout the RFP. Will you please elaborate regarding the expectations for this plan and the expected content?

See DCF PPS PPM and form.

1. Do you have an estimated number of referrals for each region based on the specific tier level of service?

See question #123.

1. Please describe the decision-making process for transitioning families through the tiers of services? What is the role of the grantee in determining or recommending the initiation of these transitions?

The Grantee will make recommendations to DCF on transitioning between tiers. DCF will make the referral as appropriate.

1. If an organization has a federally approved indirect cost rate can that be used in lieu of completing the detailed line items in the Indirect cost budget request form? Further if the indirect costs are greater than 10%, are we to only reflect 10% in the total amount? If not, how would we reflect this?

If an organization has a federally approved indirect cost rate, the letter identifying such must be provided with the application and that rate is allowed. The detailed line items for indirect costs are still required for this RFP.

1. General - If a contract is awarded to a foster care agency for Family Preservation, can an affiliate to that foster care agency become a foster care, reintegration, adoption, case management provider?

No, not in the same DCF region.

1. “The purpose of this RFP is to solicit the design and implementation of an evidence based practice model for Family Preservation Services (FPS)” What criteria will DCF use in determining if a model meets evidenced based standards?

Crisis intervention in-home service models that are evidence based or well supported, rated by California Clearinghouse.

1. Description of Tiers - Can the Family Preservation contractor subcontract for any clinical services provided within family preservation in rural areas?

Yes

1. Description of Tiers - If you are a master’s level practitioner in a rural area can you carry a tier 2 or tier 3 case under an approved weighted caseload system?

Yes, along with a Family Support Worker.

1. What an application should include - Is there a preference on binding or three ring notebooks for the hard copies? Can each section on the checklist be numbered separately or does it need to be consecutively numbered through the whole proposal? Is there a specific format preferred for the header and footer for this proposal?

Preference is for applications to be submitted in binders. Each section can be number separately. Only preference is no applicant identifying information be included within the header/footer. No applicant logos, statements, etc. are allowed.

1. What role will the Department of Administration have with this RFP and the resulting grant awards/agreements?

None.

1. Are the RFPs going through the Department of Administration or are they going directly through DCF?

Going directly through DCF.

1. Can DCF provide any assurances that the awarded grants will remain in effect should the upcoming elections provide change at the Governor or Secretary/Commissioner levels?

No. As identified in the terms and conditions Attachment D:

The State of Kansas’ current financial situation does not make it possible for DCF to make firm, unalterable financial commitments. In the event DCF determines lack of funding requires a modification of this Agreement, DCF reserves the right to renegotiate terms and conditions of the Agreement with the Grantee. The Grantee agrees to cooperate with DCF in negotiating this Agreement should DCF determine such modification is necessary to manage the resources available to DCF.

In the event DCF is subject to a formal reduction or allotment, DCF reserves the right to alter or adjust the payment amounts or terms of this Agreement to meet funding reductions or allotments by sending a written notice of such alterations or adjustments to the Grantee fifteen (15) days before such alterations or adjustments become effective. Should the Grantee believe there is a need to modify other terms or conditions of the Agreement, DCF will, in good faith, negotiate regarding the terms of the Agreement.

1. How will Child Placing Agencies (CPAs) get access to or receive timely data related the outcomes and activities associated with these grant awards?

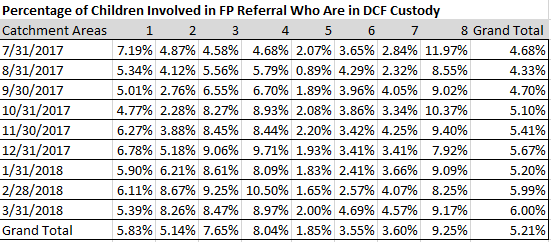
CPAs will get information regarding outcomes and activities from their own awards.

1. What are the expected number of referrals into each Tier each month and/or annually?

See question #123.

1. What percentage of Family Preservation referrals annually or monthly, by region, are court involved?

The term ‘court involved’ can mean a child in the family is in DCF custody, or the court ordered family preservation services, or the court ordered visits and supervision. We do not have data involving which FPS referrals were court ordered or where the court ordered visits and supervision, but here are the counts of FPS referrals where DCF custody was involved:



1. Can DCF provide estimates of how many of the cases in the chart on page 72 would have qualified to have been referred to each of the three Tiers, either number of referrals or percentages?

See question #123.

1. Can the chart on page 72 be broken down by estimated referrals to each of the three Tiers?

See question #123.

1. Can DCF provide the number of referrals by Region over the last two years that were non-English speaking and required interpreter assistance? Data is not available.
   1. Additionally can DCF provide what the native language was for those referrals that required interpreters? Data is not available.
   2. Can DCF provide the number of referrals by Region over the last two years that required American Sign Language interpretation? Data is not available.
2. After reviewing the list of screens and assessments listed in the RFP, we have found that there are other screens and assessments that are research based and better aligned with the target population and domains to be assessed. May applicants select alternative screening and assessment tools than those listed in the RFP – as long as they address an equivalent domain and are evidence based? For example, us an alternative to the CAFAS and/or PECFAS?

No.

1. May grantees change the screening and assessment tools used over the course of the grant – as long as they are evidence based and when doing so is in an effort to use the best, most recent, and research-based tools?

Not unless DCF amends the grant and/or changes policy.

1. After reviewing the list of EBPs in the RFP, we have found that there are other EBPs that are research based and better aligned with the target population. May applicants/vendors propose and implement using alternative EBPs than those listed in the RFP as long as they are evidence-based for the identified target population (For example SBIRT versus Project ASSERT?)

See question #75.

1. May applicants/vendors change or update EBP’s over the grant period to implement changes to an EBP based on new research/findings?

Not without DCF approval.

1. Kansas DCF publicly acknowledged in April that they were unable to recruit and hire licensed, masters-level social workers to fill their open positions, and would be modifying their job requirements to allow bachelor-level, unlicensed social workers to be hired for child protection positions. Is DCF willing to make an identical change in the requirements in this RFP and resulting agreement(s) for master-level individuals associated with providing the Tier 1 service if the grantee is unable to hire adequate numbers identified in the staffing and caseload requirements?

Tier 1 requires licensed Master’s level practitioners.

1. When a credentialing/accreditation requirement is more restrictive than the RFP/state requirements, will any resulting additional cost be able to be applied to the grant? For example, (see page 32) the RFP requires supervisor at a bachelor level, while COA recommends Master’s level supervisors – which would be an additional cost to the grantee.

Grantee shall identify actual costs as per the RFP.

1. Will an employee providing services in Tier 1 (or other tiers) be able/allowed to provide services to clients in other Tiers?

No.

1. Will or can exceptions be made for experience and/or education requirements? In what situations?

See p. 39 #7

1. Is a Quality Assurance/Improvement position required?

No

1. Is a Quality Assurance/Improvement position allowed?

Yes

1. Is a Human Resources position required?

No

1. Is a Human Resources position allowed?

Yes

1. Please clarify the fingerprint requirements. The RFP states that if the candidate has relocated to Kansas within the last five years the individual will need to pass an FBI fingerprint check, and that is only required one time. Will FBI fingerprints ever be required more than once? If so when or for which positions or situations?

Yes, but only if the employee moves out of state and then returns to Kansas again.

1. The RFP states that the Grantee shall obtain, maintain, and provide proof of Professional Liability and Automobile Liability Coverage for Client Transportation to the Office of Grants and Contracts if award is received. Does this requirement apply only to the grantee’s insurance or does this requirement extend to employee’s insurance?

Grantee agency must have both coverages. If employee is using personal vehicle for transportation then employee must have Automobile Liability Coverage.

1. Can clarification be provided regarding the relationship between Kansas citizens receiving Family Preservation Services and requirements for insurance coverage? The information on page 74 indicates that Grantees have a responsibility to determine third-party insurance eligibility and third-party insurance billing and payments.

If parents need services to fulfill case plan goals, then services need to be provided/paid. Family insurance is billed for services first, while Medicaid is the secondary payer of services. If no other options are available, then services shall be paid by Grantee.

1. Historically, many services provided in Family Preservation would not qualify for third party insurance payments as the family members may not be diagnosed, or the services provided would not have a billable service code associated that a commercial insurance company would pay for. Can DCF clarify what is required with the statement “Provider will not submit any expenses due from other insurance coverages to DCF for payment given that the payment mechanism identified in the RFP is a case rate payment, based upon the three tiers?

If parents need services to fulfill case plan goals, then services need to be provided/paid. Family insurance is billed for services first, while Medicaid is the secondary payer of services. If no other options are available, then services shall be paid by Grantee.

1. In regard to the assessed need for SUD services, any family members that qualify for traditional payment mechanism (Medicaid, private insurance, block grant) would be provided. However, traditionally family preservation clients are not Medicaid or block grant eligible and have no private insurance. In those cases, will family members be granted temporary eligibility for SUD treatment? Or should potential bidders include that cost as part of the case rate/budget processes?

No. Yes.

1. Is there a definition for “similar position” in regards to years of experience for Support Workers? For example, is a child care worker in a church nursery considered a similar position?

A similar position in child welfare services would qualify. A child care worker in a church nursery would not be considered a similar position.

1. Is this Tier system currently used? If so, where?

No

1. Is this Tier system implemented and research indicates that it is effective?

This tier system is specific to Kansas family needs.

1. Will the Tier system be implemented in Kansas before the start of these grant awards?

No.

1. Can DCF clarify how the language in the case rates on page 74 – 75 regarding case closures reconciles with the language on pages 22 – 36 on Tier specific programming on case transfers between Tiers?

Payment dates begin at the time of referral to the specific tiered services.

1. Is a full discharge and readmission required between levels or will families step down and up between levels?

Cases will close from one tier of services and a new referral from DCF is required to begin another tier of services.

1. Will each tier require a separate and individual referral and closing process, or can families initially referred to one tier transition to a different tier without a case close occurring?

Cases will close from one tier of services and a new referral from DCF is required to begin another tier of services. This should be a seamless process for the family.

1. Is a DCF intake and assessment provided at time of referral? If not, can and how can it be requested?

Yes.

1. Will the grantee and/or DCF be making the referral request? DCF
   1. If DCF, who at DCF will be making the referral requests? DCF CPS Specialist or Supervisor
2. Is it expected that a family will complete the required assessment package at the time of referral to each tier? Even when the family is referred to more than one Tier?

No, not if the assessments were completed within the last 6 months and results are available, excluding ongoing risk and safety assessments.

1. From a State budgetary perspective does DCF know what the approximate total budgetary amount available from all funding sources is to fund Family Preservation Services on an annual basis, and will DCF provide that information? A break down or estimate by region would be ideal.

Current for SFY2019 Statewide is $10.7 million.

1. What is the relationship between the grant dollars identified on the budget submissions and the total dollars available at the State level to fund Family Preservation Services in each region?

There is not one.

1. Can the State provide the Federal origin and CFDA numbers of the proposed Federal Funding that will be used to fund the grant?

This information will be provided with each award.

1. With a requirement to submit both a budget and case rates by tiers can the State clarify how the financial hierarchy will occur?
   1. If the actual number of referrals exceed the budgetary estimated number of referrals, or if the budgetary division of referrals between the three tiers differs based upon the actual referrals to the three tiers, will the State pay the aggregate case rate payments to the Grantee if that aggregated amount exceeds the submitted total budget?

DCF will make payments based on the number of referrals by tier and the rate per family referred per tier. Referrals are controlled by DCF regions through a budget allocation process. All referrals will be paid at the established award rates.

* 1. If the budget is the highest hierarchical authority will the budgeted referrals be a “not to exceed number” by tier?

Referrals are controlled by DCF Regions through a budget allocation process. All referrals will be paid at the established award rates. No specific referral limit will be established as total referrals that can be funded will vary depending on the Tier mix.

* 1. How does the requirement to accept all referrals on pages 22 – 36 reconcile with the requirement to submit a grant budget and case rates?

Grantees have no right to refuse any specific referral. Submissions of budgets allow DCF to review expenses giving rise to the proposed case rates.

1. How does the grant requirement on page 77 – Grant Award 3.0 c “In no event shall the Grantee be entitled to payments for costs incurred in excess of the amount set forth in this Grant without written approval of the Grantor” factor into the budgeted grant and the case rates?

The language in Grant Award 3.0(c) is standard language which should be interpreted to reinforce that payments will be made based on the number of referrals by tier and the rate per family referred per tier.

1. The line items appear to relate more to transporting children in custody than to the transportation needs of Family Preservation with the contained language of Secure Transport and Foster Parent Mileage reimbursement. On pages 22 – 38, the Tier-specific staffing/programming only reference providing transportation services is included in with the Tier 3 examples of service provided, and not with Staff transportation Directors, Supervisors, Coordinators, Assistants or Drivers. Please clarify these instructions.

Applicant shall fill in all budget request form tabs necessary for them to successfully fulfill the requirements of the program identified within the RFP.

1. Please clarify that it is the State’s intent to have the Family Preservation grantee/vendor responsible to pay for all Medical Services provided to the family that are not covered by Medicaid or Third Party Commercial Insurance. Historically, Family Preservation referrals have not been automatically qualified to receive Medicaid as happens with all children in the custody of the Secretary.

It is the State’s intent the Grantee pay necessary and relevant behavioral costs not covered by Medicaid or private insurance. Please use the “Medical Expenses (Not Reimbursed)” sheet in the Excel budget request for these costs.

1. Please also clarify whether or not paying for Medical, Substance Use Disorder Assessments, Substance Use Disorder Treatment, Mental Health Assessments, individual, couple or Family Therapy Services would be included as part of the $500 flex-funds should there not be Medicaid or Third party Insurance available to the family.

Those are not included in the $500 flex-funds amount.

1. The line items appear to relate more to children in custody than to the flex-fund needs of Family Preservation with the note language that the category will include emergency/exception clothing, specialty gifts, trips, extraordinary maintenance and family reunification costs approved by DCF. Standard clothing expenses for children in out-of-home custody are covered within the placement rate for the child. Food/meals for children while in transit are to be covered under the client transportation category. Can the State provide examples of those types of flex funds that would be associated with Family Preservation?

Suggested possible items are identified within the Budget Request form under the notes section of the Flex-Funds tab.

1. Can DCF provide what the average amount of Flex Fund expenditures spent per family per region was in over the last two years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | East | KC | West | Wichita |
| FY2016 | $118.10 | $49.34 | $218.47 | $196.63 |
| FY2017 | $164.28 | $69.99 | $274.98 | $276.59 |

1. Can DCF provide information regarding the liquidated damages assessed on monthly minimum referral payments on page 46?

Damages would be determined in relationship to any federal level penalties DCF were to be subjected to for non-compliance in meeting the outcomes contained in the RFP. In addition, damages could be assessed for costs DCF would be required to pay as a result of non-compliance.

1. Can an estimate be provided of the increased amounts of State and Federal oversight, compliance, requests, and monitoring that should be expected with the change from a contract to a grant?

All grants will be monitored for compliance to all grant terms and conditions, outcomes, services performed, budgetary requirements, etc.

1. Will the grant recipients be expected to implement the Procurement Standards located in the Uniform Guidance?

Funds may be used for services provided as approved by DCF policy with guidance from the Federal Uniform Grant Guidance.

1. What is a monthly minimum referral payment within in a multiple Tier, case rate payment system?

The RFP does not consider a monthly minimum referral payment. Remove words “monthly minimum” on page 46.

1. The cost allocation plan addresses the submission categories in the Grant Budget for both direct (A-J) and indirect (K.1-4) expenses. However, Attachment B – Grant Budget Request on page 72 states “The bid rate requested shall be a monthly payment rate covering all direct costs for case management services to be provided. These costs shall include direct services for staff, administrative staff, property, plant and equipment.” This does not indicate that the bid rate should also include the indirect costs. Should the indirect cost also be included in the bid rate?

Please replace language with, “The bid rate requested shall be a rate by tier covering all direct and indirect costs.”

1. The Budget Request Cover Sheet embedded in the cost proposal Attachment B – Grant Budget Request requests a case rate for Tier 1, Tier 2 and Tier 3. Will DCF provide as reference a breakdown of historical caseload information by tier by month for over the last 12 months for each region?

This information is not available as this is a new service model.

1. The cost proposal Assumptions G.1-3 addresses the payment schedule for Family Preservation Services Tier 1 -3. Specifically, G.1.c. describes the last 25% or the third payment of Tier 1 services. It states, “25% of case rate is paid after case closure is properly documented in FACTS. Final payment will only be made when a successful case closure occurs, after completion of the fourth week and the case closure documentation is properly documented in FACTS.” It is not clear on payment to the contractor for successful case closure properly documented in FACTS earlier than four weeks. Please provide clarification on this section.

Third payment will not occur until after case closure and the fourth week of the service period has passed.

1. Would DCF grant financial reports be required on a grant post-termination year to report expenses associated with case responsibility of up to 365 post-referral date?

Yes. A Family Preservation Grantee will be required to submit financial statements for all periods it serves families under the FP Grant, including post-referral periods after the termination of the Grant.

1. Would the standard line-item budget transaction and budget itemization reporting requirements associated with DCF grants be applicable to these Case-Rate paid Family Preservation grants and require budget adjustments to maintain the proper spending authority within the grant budget given that the payment is based upon referrals and case rates, not expense line items?

Payments to Grantees will be reconciled to actual costs for services. Final reporting requirements will be identified prior to final award.

1. In the scope of work, page 10, there is reference to providing assistance in obtaining core support services (day care, respite care, employment, housing, on-going mental health services, etc.). Is the assistance limited to case-management resource identification, to providing financial assistance, or are both resource and financial assistance expected to be provided? Services may be purchased, such as legal services and daycare, under flex-funds.
   1. If financial resources are to be provided, where would they be budgeted? There is no budget category or line item provided for budget for non-medical purchases of service. Within the flex fund category.
2. How often is DCF pre-training provided, what DCF offices provide DCF pre-training, and what is the length of the training?

The pre-service training for case management staff is an online class. The online Pre-service Case Management course is required prior to caseload assignment for all CWCMP staff. It is available on demand due to online availability. Approximately 15 hours.

1. Is there any other required training?

There is an additional 96 hours of training required by DCF for direct service staff.

1. Does the grantee need to verify/document that all staff have reviewed and agree to follow DCF policies and procedures?

Yes.

1. What are DCF’s expectations regarding emergency removals that take place outside regular business hours? DCF 24/7 availability? Foster care contractor availability?

Law enforcement would be called for assistance.

1. Please clarify there are two separate RFPs, one for Family Preservation and one for Case Management Services, which requires separate proposal submissions.

There are two separate RFPs and submission requirements are included within.

1. What is the transition plan from current contractor to new Grantees?

Current contractor keeps all cases receiving services until case closure.

1. How will DCF process retractions?

Retractions will not be made unless the case was referred in error by DCF, per DCF policy.

1. The Case Management RFP in the Services Description, Grantee Expectations B. 12 (p.11) references interest in the inclusion in proposals of Attachment Bio-Behavioral Catch-up (ABC) or similar very young children services. Similar language is not included in the Family Preservation RFP. Does DCF encourage the inclusion of the same expectations in the Family Preservation RFP?

No.

1. Does the power of the company have to have a professional license as well? One person would have an LMSW and the other has a Masters in Sociology?

If you are referencing Administrators and Program Directors, they must submit a resume with the proposal as well as job descriptions.

1. Could a Grantee utilize development or other staff who are based outside the United States?

If, during the term of the grant, the Grantee or Sub-Grantee plans to move work previously performed in the United States to a location outside of the United States, the Grantee shall immediately notify DCF in writing, indicating the desired new location, the nature of the work to be moved and the percentage of work that would be relocated. The Deputy Secretary of Operations must approve any changes prior to work being relocated. No data will be allowed to leave the United States. Failure to obtain the Deputy Secretary’s approval may be grounds to terminate the Grant for cause.