

QUESTIONS RECEIVED DURING THE PRE BID CONFERENCE ON 8/19/09:

- 1) **The current financial model includes annual reconciliation of Medicaid which provides resources for agencies to cover direct and indirect expenses for provided services. If Medicaid dollars fall below dollars spent will agency be reimbursed for expenses over and above cost of services?**

Response: Applicants should build the budget for their proposal according to the per diem included in the RFP (\$22.89). This includes direct services, overhead, and indirect costs. No additional dollars will be provided for expenses over and above the per diem. A standardized process for Medicaid reconciliation will be determined during the contract negotiation process.

- 2) **What is the neighborhood-based component composition?**

Response: The neighborhood-based component of the RFP will be organized according to the geographic areas within the county, building upon the GEO districts that are used by the Department of Children and Family Services. There will be four awards made under this RFP, focusing on awards to a cluster of neighborhoods per the definitions included in the RFP document. Each award will be for a coordinated approach to providing family and youth involvement activities; the applicant should propose an approach and plan for meeting the goals outlined in the RFP.

- 3) **How will the interaction of Care Managers, Care Coordinators and Parent Advocates be structured and their costs covered?**

Response: This RFP intends to cover two types of contracts: care coordination and family/youth involvement. Applicants to each type of contract should structure their proposal and budget accordingly. The partnership aspects for the two types of contracts as outlined in the RFP should be determined by the applicants. For example, if co-location is a component that the applicants want to maintain, then the details of how co-location will be operationalized, including a budget rationale for any proposed expenses should be included in the proposal. There may be other types of partnership activities and processes considered.

- 4) **What will be the Parent Advocates role in the Clusters?**

Response: The role of the Parent Advocate should be shaped according to the definitions included in the RFP document. Please note this includes both the Lead Parent Advocate and the Parent/Youth Advocate.

- 5) **To be eligible to become a Parent Advocate does the criteria of having a child that is or has been involved in the public systems or has SED issues still applicable?**

Response: CTSOC strongly recommends the parent/youth advocate be a parent or caregiver of a youth who is receiving or has received services from any child serving agency (i.e. Juvenile Court, DCFS, mental health or special education). Persons with knowledge regarding behavioral health and the child systems will also be considered.

- 6) **Will the existing Family Support Partners be retained or will new ones be hired?**

Response: The existing model does not include "Family Support Partners". The existing model could include activities as referenced under the Family & Youth Involvement definition (page 5 of 42 of the RFP). Applicants are encouraged to establish their staffing plan so that they can meet the goals outlined in the RFP.

7) Will family involvement activities include Family-to-Family (F2F) and Family Support Partners?

Response: Each Cluster should determine how to best integrate the scope outlined in this RFP as well as other programs and initiatives that may exist within the community (i.e. Family-to-Family). CTSOC strongly encourages the integration of these efforts. As referenced during the Pre-Bid Conference, families enrolled through CTSOC will be given priority.

8) How many proposals will be awarded for the Clusters?

Response: A total of four proposals will be awarded contracts to cover the geography of the County (i.e. the Clusters). Respondents are to determine how the Clusters are structured and what resources are needed to achieve the goals outlined in the RFP document. Refer to definitions section of the RFP document for the working definition of a "Cluster".

9) What are the GEO boundaries for Clusters?

Response: CTSOC adheres to the geographic districts defined by the Department of Children and Family Services (DCFS). These districts are the basis for the Neighborhood Collaboratives which have been in existence for more than 10 years. Respondents should determine how to best align in a "cluster" structure. A copy of the DCFS GEO map will be available on the CTSOC website (www.cuyahogapestry.org).

10) What is the number of children to be served?

Response: It is expected that up to 900 children will be served through this RFP. This includes up to 300 identified by DCFS, up to 450 identified by Juvenile Court, and up to 150 identified by families and/or the community.

11) Where does Youth and Family Community Partnership (Y&FCP) fall?

Response: The children and youth served through Y&FCP will be included in those identified by Juvenile Court.

12) What will be the ratio of Care Coordinators to assigned youths?

Response: The ratio for care coordination services is 1:15.

13) How will occupancy for Care Managers housed within the agencies be defined and at what cost?

Response: Applicants should determine how to best define and operationalize the related partnerships as part of their proposals. If co-location is a component of the partnership as defined by involved parties, then the details of how co-location will be operationalized, including a budget rationale for any proposed expenses should be included in the proposal.

14) What will be the maximum amount of the budget? There is no cap now.

Response: The contract amount for both care coordination and family/youth involvement contracts will be finalized during contract negotiations. A contributing factor will be the final CTSOC 2010 budget which is still in development.

15) If there are changes to the RFP how will they be communicated and/or distributed?

Response: If there are technical changes to the RFP, the Office of Procurement & Diversity will issue an addendum which will be distributed in the same manner in which the RFP was distributed.

16) If there are more questions after the conference how will they be answered?

Response: Specific questions should be directed to Catherine Lester at (216) 443-6097 or by email at clester@cuyahogacounty.us. Questions will be received through close of business on Wednesday, August 26th, 2009.

QUESTIONS RECEIVED UP TO CLOSE OF BUSINESS ON 8/26/09:

17) It is my understanding that for Care Coordination services that the ratio of staff to clients has changed from 1:10 to 1:15. Is this correct? There are implications to increasing the ratio that must be considered. Obviously, it increases each staff person's case load by 50%, meaning 50% more documentation as well. Staff currently utilizes two systems, Synthesis for SOC documentation and the agency software system for Medicaid billing. Increasing the ratio increases non-direct service time by 50%. Will other expectations be reduced to accommodate this time?

Response: Expectations related to direct services will be detailed in the 2010 contracts. Consideration will be given to this issue during the contract negotiation and planning process.

18) Who is/will be the new financial person for System of Care now that Mark Jones has left?

Response: Financial matters should be addressed to Carolyn Wood at (216) 443-5097 or by email at cwood@cuyahogacounty.us. Once the fiscal officer position has been filled, this information will be communicated to all CTSOC providers.

19) Who will be the new data person for System of Care not that Steve Wright has left?

Response: Data and/or Continuous Quality Improvement (CQI) matters should be addressed to Karen Ols at (216) 443-6127 or by email at kols@cuyahogacounty.us. Once the CQI position has been filled, this information will be communicated to all CTSOC providers.

20) Regarding the discretionary funds - currently, we have something like \$200/month/child and this is charged to ISOC. Will the discretionary fund be handled the same way, or are we expected to cover that out of the \$22.89/day?

Response: Discretionary funds are a part of the Provider Service Network (PSN). As of 8/21/09, the funds are limited to \$50 per month per child. However, the intent of this discretionary funding is for those individualized needs outside of community or PSN services and supports and not to be used each month by each child. The funds will remain a part of the PSN and will not be covered out of the per diem rate for Care Coordination.

21) The RFP states that a Care Coordination Agency must be "licensed by the Ohio Department of Human Services as a private child placing agents..." (Page 13 of 43). In reality, residential facilities for the types of youth served through CTSOC are licensed by either Ohio Department of Jobs and Family Services (ODJFS) or Ohio Department of Mental Health (ODMH). ODJFS licenses foster homes, group homes and open residential facilities, while ODMH licenses both open and secure residential facilities. Any agency with an intensive treatment/secure unit must be licensed by ODMH for at least that part of the program. Please clarify which type of license is required under this RFP.

Response: For the requirement of this RFP, agencies licensed as private child placing agencies for any of the placements listed above will be considered. Licensure as a child placing agency by ODJFS and/or ODMH is acceptable.

22) There is mention of a caseload of 15 in the RFP. Will the current caseload of 10 be changing to 15 for all referrals or just the Mental Health Court and Residential Step-down?

Response: The caseload for all care coordination services under this RFP is 15 (staff to client ratio of 1:15) including referral from DCFS, Juvenile Court, family/community, as well as for the Mental Health Court docket and Residential Step-down.

23) The proposal states that we (Care Coordination respondents) must partner with no more than one Cluster, as we are this year. However, some current Care Coordination providers may have a large number of referrals from more than one geographic area or Cluster. Will there be referrals given from outside the Cluster if DCFS has the areas in different GEO areas? Will we be able to continue to serve these families?

Response: As stated in the RFP, respondents to the Care Coordination component should plan to partner with no more than one Cluster as the basis for their proposal which will cover service delivery in 2010. In the event that the proposal selection process results in different pairings between Care Coordination providers and Clusters (different from the current pairings), then CTSOC will work with involved parties on an appropriate transition plan. As referenced in the response to Question #9 of this document, CTSOC will adhere to the DCFS districts including any changes that may occur. Referrals outside of a GEO area may occur (i.e. as a result of family voice & choice, carves outs such as Mental Health Court and/or Residential Step Down). The process for managing referrals outside of a GEO area will be jointly negotiated by CTSOC and the provider.

24) Are there a maximum number of families that a providers can build their model to? (other than anticipated number of referrals)

Response: Respondents should build their model according to the anticipated number of referrals as outlined in the RFP. Capacity to accommodate additional referrals will be dependent on financial resources which cannot be anticipated at this time.

25) What criteria will be used to evaluate the budget?

Response: The budget will be evaluated based on submissions of a complete budget which includes a thorough and detailed narrative. The submission should include a clear description of the budgeting approach and how this supports program management and implementation.

26) Can a respondent apply to serve children referred from DCFS, Juvenile Court and family/community? Is it a requirement?

Response: Respondents may submit proposals that reflect one, two or all three of the referral populations.