

COUNTY OF FRESNO

ADDENDUM NUMBER: ONE (1)

RFP NUMBER: 952-5322

SENATE BILL 163 WRAPAROUND & THERAPEUTIC FOSTER CARE SERVICES

January 22, 2015

PURCHASING USE
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AND THERAPEUTIC FOSTER CARE SERVICES\952-5322 ADD 1.DOC

IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME
MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON FEBRUARY 11, 2015.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Gary E. Cornuelle, phone (559) 600-7114,**
e-mail gcornuelle@co.fresno.ca.us, **FAX (559) 600-7126.**

**NOTE THE ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF
REQUEST FOR PROPOSAL NUMBER: 952-5322 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE
SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.**

ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 952-5322

COMPANY NAME: _____
(PRINT)

SIGNATURE: _____

NAME & TITLE: _____
(PRINT)

QUESTIONS AND ANSWERS

Q1. The Request for Proposal (RFP) Overview includes: "A complete proposal will include strategies to provide both services." Is it required that providers provide both Therapeutic Foster Care and Wraparound or can a provider provide only Wraparound and refer clients to the Therapeutic Foster Care program offered by another provider?

A1. Providers must include both services in their proposal; No multi-agency proposals will be accepted.

Q2. If provision of Therapeutic Foster Care is required, must providers be an FFA or can the Therapeutic Foster Care services be provided through a subcontract? (Note that if being an FFA is required, that would negate the ability of for profit agencies to be providers.)

A2. The provision of services is an overlay of a placement. The provider will not be responsible for placement, just the mental health services to support the placement. It is not a requirement that the provider be an FFA.

Q3. Are for-profit providers eligible and, if so, can they include a proposed profit in their budgets?

A3. For-profit providers can apply. A profit line item should not be included in the cost proposal. As a reminder, the resulting contract will be subject to Medi-Cal Cost Settlement.

Q4. The Conflict of Interest statement in General Requirements on p. 16 says refers to Subsections 1 and 3. If they are in the Request for Proposal, please identify where. If not, please provide them.

A4. This refers to the subsections one through six (1-6) of the Conflict of Interest portion, on Page 16 of the Request for Proposal.

Q5. Regarding Flex Funds:

Q5a. Are Flex funds to be included? Are they to come from the Non-MediCal SB 163 funds?

A5a. Yes Flex Funds are to be included in the proposals. Flex funds can be either be billable or not billable to Medi-Cal and are generally used to provide immediate funding for new referrals with limited basic needs. Providers should clearly identify what types of goods or services are being requested as Flex Funds in Attachment D. Additionally internal processes are outlined on page 14 of attachment B under the Fiscal Overview section.

Q5b. Is there any limit on the amount per family per month or year?

A5b. There is not a set limit. However, based on FY 2013-14 actual data, less than 1% of total actual approved expenditures was categorized as flex funds. Providers including flex funds in their proposals must provide detail justification and description of what the flex funds are expected to be used for.

Q6. What expenses or services are the Non-Medi-Cal SB 163 funds to cover besides flex funds? How are these funds to be claimed?

A6. Please refer to page 48 of the RFP. It is expected that bidders will have familiarity with Medi-Cal and Non-Medi-Cal billing. Based on past experience, Medi-Cal billable services have been near 70%.

Q7. Does the total funding include both Wraparound and Therapeutic Foster Care? Is so, what is the estimated breakout? If not, what is the estimate for Therapeutic Foster Care funding?

A7. Yes, the funding is for both services. There is an estimate of the number of youth to be served by Therapeutic Foster Care in the RFP on page 31. A total of 150 youths will be served, up to 10 of which can be served with Therapeutic Foster Care services.

Q8. If the \$4.5 million is only for Wraparound, it would equate to an average of \$2,500 per client per month. That is low compared to Wraparound programs in other counties. What makes this Wraparound different so that it can operate at a lower cost?

A8. The County of Fresno used \$4,508,622 to provide Wraparound services during Fiscal Year 2013-14. During this time period, 208 unduplicated children were served; however, on a monthly basis the average number of children who received Wraparound services was 130.

Q9. Is it expected that services will continue to be provided if Wraparound clients are placed out of county?

A9. Yes, youth and families that live outside of Fresno and need Wraparound services will be served with an out of county provider. However, there may be situations where the vendor could be asked, for a limited time basis when a child is placed in an adjoining county, to continue services.

Q10. What will determine whether foster youth are referred into Wraparound vs. Child Welfare Mental Health Services (i.e. Katie A)?

A10. Eligibility for Wraparound services are specific, please refer to page 26 of the RFP.

Q11. Can children be stepped up/down from Wraparound to Katie A services, or vice versa?

A11. There are processes in place for children to be considered for Wraparound services. Once a child is being served by Wrap then we rely on the treatment team to determine the appropriate discharge plan. The most appropriate, least restrictive service delivery model will be used. Wraparound is part of a continuum of care.

Q12. On pg. 32, it states:

“It is expected that children and families will be served with Specialty Mental Health services prior to being referred for WRAP services. When a child is enrolled in Wraparound, the responsibilities of the Mental Health Services coordination shall be transferred to CONTRACTOR within one (1) month of the child’s first contact with Wraparound. Representatives from the Interagency Resource Placement Committee (IRPC) will provide referring parties with a clear description of this requirement when a referral is received. The primary therapist should maintain their role and be part of the treatment team and participate in treatment planning to ensure continuity of care.”

Q12a. Will the Wraparound contractor be able to claim services before the Mental Health Services coordination is transferred to it?

A12a. Wraparound services are separate (but occur at the same time) as those provided by the primary therapist. In order to bill mental health services to Medi-Cal, the following is required: the client must be eligible for Medi-Cal; a mental health assessment must be completed; medical necessity criteria must be met; and a treatment plan must be developed with the participation of and signed by the client/legal guardian and the Wraparound therapist.

Q12b. If therapy will continue to be provided by a primary therapist from another agency, will that agency separately claim Medi-Cal? If so, does that Medi-Cal come out of the total funding for Wraparound? If so, are we to show that in our budget?

A12b. The primary therapist from another agency bills separately to Medi-Cal. The funding for the primary therapist services are not included in the total funding for Wraparound and should not be included in the budget.

Q12c. Does responsibility for coordination include responsibility for assessments, assessment updates, and treatment plan? Pg. 33 indicates that the contractor shall do the initial assessment. But if most clients will already be receiving mental health services, an assessment will have already been done? Will the contractor be expected to do another assessment or update?

A12c. The responsibility for coordinating care is shared equally by all treating providers. A separate assessment by the Wraparound provider is required regardless of if they are already receiving mental health services from another agency (see answer to 12.a.).

Q12d. If therapy will continue to be provided by a primary therapist from another agency, can consent be provided to obtain those medical records, so that the contractor's wraparound/treatment team can fully integrate the services into the treatment plan?

A12d. Each agency must obtain its own consent for treatment and release of information in accordance with state regulations and agency policy and procedures.

Q13. What is the expected breakout between ICC and Case Management for CFT meetings?

A13. Current Wraparound providers claim ICC for CFTs (Child and Family Team meetings) and for participation in or the provision of cross-system/multi-agency collaborative services approach described in the Core Practice Model. All other traditional case management services should not be claimed as ICC.

Q14. Is the provider required to have in place a Therapeutic Foster Care program as a requirement to bid for the SB163 Wraparound contract? If so, can a SB163 Wraparound program partner with a Therapeutic Foster Care agency?

A14. Providers are not required to have an existing Therapeutic Foster Care program; however, Bidders must provide both services in their proposal. No multi-agency proposals will be accepted (please refer to question 1).

Q15. When service packages include SB163 Wraparound, Katie A., and Therapeutic Foster Care as outlined on page 25, which program is responsible for the client's mental health assessment, plan of care, and individual service plan?

A15. A youth would receive either Wraparound services or Therapeutic Foster Care services, not both; Katie A. is not a service package. Providers would need to adhere to Medi-Cal billing regulations.

Q16. Which party is responsible for creating the client care coordination plan as outlined on pg. 33?

A16. Wraparound providers are responsible for Child and Family Team meetings and the Wraparound treatment plan. The clinician on the Child Welfare Mental Health Team will be responsible to facilitate the client care coordination plan.

Q17. This Request for Proposal mentions med support services. Is it expected to bring on a psychiatrist on this contract?

A17. The proposal is not required to include psychiatric services. However, Wraparound providers are responsible to observe for and communicate any concerns related to medication-related issues.

Q18. On page 32, staffing should include a foster parent recruiter/trainer. This doesn't seem to fit the Therapeutic Foster Care Services model which I assume will provide services for any Therapeutic Foster Care program. I guess the question would be to clarify this staff position. For whom would the recruiter/trainer recruit the foster parents?

A18. Bidders can choose how they want to use this particular role. Depending on the make-up of the agency, this person would be in place to provide support to foster parent(s) who are taking in children for Therapeutic Foster Care, which can be in a role as a trainer or a support person to the foster parent on a daily basis.

Q19. Under Staffing (Section E.) a) Executive Director: "Contractor shall have an Executive Director who shall provide overall management and coordination of the program provided under this contract." Is this typical Fresno language. For many Agencies the Executive Director would not be the person providing this service? Does this need to be title of staff responsible for overall coordination of program?

A19. Titles may vary; however, the roles and duties must be clearly defined. Providers should include in their proposals a complete organizational chart identifying roles and responsibilities, including both staff providing the services and those providing oversight to those services for the contract.

Q20. Provider over current services, do these providers include Therapeutic Foster Care service along with Wraparound services?

A20. We currently have children being served with similar services to Therapeutic Foster Care with one existing provider. The RFP includes the information provided by the State. However, the final approval regarding the specifics of Therapeutic Foster Care will be determined by the federal government and requirements may change.

Q21. Regarding the "Like services" you were currently speaking about (in question 20), is it MTFC, Matrix or ITFC?

A21. "Matrix" (a specific program created by one existing provider) is the closest type of "Therapeutic Foster Care-like" service currently being provided.

ADDITIONAL CLARIFYING INFORMATION:

Page 5, Item 12 of the Request for Proposal states: "Have the ability to maintain electronic health records using the DBH's information system (Avatar)"

Currently, providers do not have access to Avatar's electronic health record, but access is intended to be provided to the Contractor(s) during the term of the agreements resulting from this RFP. Therefore, providers must have their own electronic health record systems to document client records until this functionality is available.