

Written Questions

Instructions
 This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.
Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Questions	Answers
<i>Example</i>	<i>page 3, section 1.2, A</i>	<i>A Term Contract will be awarded to a single vendor.</i>	<i>Will there be only one vendor selected to provide these services?</i>	
1			Unclear about payment on this contract. It states no more than \$93.00 per day per family. Is there an hourly rate?	No hourly rate. See 1.13 Pricing.
2	Performance Based Contracting pg. 5 A6	staff by December 2019	Is this correct or is the training plan due by 12/1/18?	Should be 12/1/18
3	Performance Based Contracting pg. 8 B2	Contractor shall accept referrals outside of their primary contracted area	Does this mean if we were awarded Area #1 and we were referred clients from Area #2, we would have to take these clients?	As agreed upon by DHS and Vendor.
4	Performance Based Contracting pg. 9 B4	Contractor shall execute the interventions for emergency referrals within 24 hours of referral	Is this Monday - Friday only or is it expected that emergency referrals will need to be handled on weekends as well?	Referrals must be handled on weekends
5	Performance Based Contracting pg. 3 A2	All services for any given family must be provided by a single FIS	Does this mean that all FIS have to be master's level staff or can you have a bachelor's level FIS and then a therapist to provide therapy to the family?	1. No. 2. Services provided to each family must be provided by a single FIS.
6			Do all services have to be provided in the home?	Will be based on needs of the family. Home is preferred.
7			Are we allowed to bill Medicaid for these services or just the contract itself?	Just the contract.
8			If you were to make some phone calls on behalf of the client that only took 15 minutes, would you bill for the whole day at \$92 per day?	\$92.00 per day when client is on caseload
9	Page 4, Section 1.13	Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92.00 per day per family	Is the \$92 per day paid 5 days per week or 7 days per week, when contact is made every day?	Seven days per week while client is on caseload.
10	Page 4, Section 1.13	Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92.00 per day per family	Is the \$92 per day paid from the day the referral is received through the discharge/6 month maximum duration?	See answer to #8.
11	Page 10, Section 2.3	Diversion services shall last an average of four (4) to six (6) months and reunification services shall last an average of six (6) to nine (9) months.	Is any "aftercare" expected, and if so, is it compensated?	No

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12	Page 10, Section 2.3	Diversion services shall last an average of four (4) to six (6) months and reunification services shall last an average of six (6) to nine (9) months.	Can the 6 month duration of diversion services be extended, if necessary, to keep a child within the home?	Yes
13	Page 10, Section 2.3	Diversion services shall last an average of four (4) to six (6) months and reunification services shall last an average of six (6) to nine (9) months.	Is a breakdown available for the number of referrals per county? If not, are numbers available for the anticipated number of referrals during the 6 month contract period?	See Attachment
14	Page 10, Section 2.3	Family needs will generally include some combination of the following....monitoring the child's peers...	Please clarify what is meant by "monitoring."	Monitoring child's interactions. See updated RFQ, Section 2.3.
15	Page 10, Section 2.3	Family needs will generally include some combination of the following...drug screening of juveniles...	Please indicate acceptable forms of drug screening and whether the bidder is responsible for drug screening juveniles. Additionally, are bidders responsible for drug screening the juvenile's caregivers?	See updated RFQ, Section 2.3.
16	Page 10, Section 2.3	Family needs will generally include some combination of the following...concrete needs (housing, employment, food, health care, transportation, auto repair, pest control, etc.)...	What amount is a bidder expected to pay for an individual family's "concrete needs"? Is DHHS responsible for providing additional concrete supports if the maximum amount is not covered by the bidder?	See updated RFQ, Section 2.3.
17	Page 10, Section 2.3	The identification of the appropriateness of a referral shall be determined by the contractor and the DCFS Supervisor or designee.	What is the criteria or assessment tool used for an appropriate referral?	See items B1. and B2.in Attachment C.
18	Page 10, Section 2.3	All services to a single family shall be delivered by one (1) worker, a family intervention specialist.	Has a time frame been established for first contact with the family following referral, to complete a case plan with the family, or to assess which assessments to use with the family?	Two weeks from initial contact
19	Page 2, section 1.1	The Arkansas Department of Human Services (DHS) Office of Procurement (OP) issues this Request for Qualifications (RFQ) on behalf of the Division of Children and Family Services (DCFS) to identify vendors qualified to provide intensive home and community based diversion and reunification services."	Is the intent to award one Vendor per area or could there be multiple awards per area? If multiple Vendors per area will be awarded, how would referrals be assigned? Can bidders receive awards for more than one area?	Multiple awards per area and no more than one (1) vender per county.
20	Page 4, section 1.13	Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92 per day per family.	Is this a flat rate for every calendar day that a family is enrolled or is this \$92 per day that includes a documented contact. If so, does phone contact, collateral contract and/or crisis support qualify as a contact?	See answer to question 8.

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21	Page 9, section 2.2, A	Bidder's program must meet the standards for a "well supported practice" as defined by the Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well supported practices.	Please provide the exact clearinghouse name and website that will be used to confirm. Does this verification include programs or practices that the bidder is licensed or trained to provide or must the specific bidder's name of their company be listed in the Clearinghouse?	See updated RFQ, Section 2.2, Vendor Qualifications.
22	Page 9, section 2.2, D	The Bidder must certify that the Bidder has not receive any sanctions or corrective actions by a state or Federal government within the last ten (10) years.	What specific documentation are you seeking to provide evidence of this?	See updated RFQ, Section 2.2 , Vendor Qualifications.
23	Page 10, section 2.3 Scope of Work	Intensive in-home services are for families whose children (ages 0-17) are at extreme risk of out of home placement or have been removed from the home and reunification is achievable with intensive evidence based services.	Will the Vendor be able to work with reunifying families prior to the child returning home to prepare the caregivers and establish skill building prior to the reunification? If so, what timeframe would be authorized (e.g.; 30 days prior to higher level discharge)?	Yes. At time of referral.
24	Page 10, section 2.3 Scope of Work	Intensive in-home services are for families who children (ages 0-17) are at extreme risk of out of home placement or have been removed from the home and reunification is achievable with intensive evidence based services.	Please provide historical data for the past three fiscal years for each area regarding the number of families receiving family preservation services, community based diversion services and reunification services. If estimation of future referrals varies significantly from historical data, please provide an estimate of referrals for each area.	1. No historical data available. 2. See Attachment for estimates.
25	Page 13, Section 4.1, C	A monthly report will be required and will include: number of clients served, hours of service, cases billed to Medicaid, dollar amount billed to DCFS and contract balance (dollar amount).	As this is a per diem contract, are "hours of service" required to included in the monthly report in addition to the number of days of service to bill?	Yes
26	Page 7 of the Response Packet for Intensive In-Home Services Bid No. 710-19-1010	There is no mention of Area -1 being an option for vendors to select specific counties they would be willing to provide the service.	Area's 1,2, and 3 were not listed in the RFQ Intensive In-Home Services Bid No. 710-19-1010. Will there be a separate RFQ for these areas specifically Area 1?	This RFQ shall remain open in the event the program expands into other areas in the future.
27	Page 7 of the Response Packet for Intensive In-Home Services Bid No. 710-19-1010	There is no mention of Area -1 being an option for vendors to select specific counties they would be willing to provide the service.	Why was Area 1 omitted from the RFQ Intensive In-Home Services Bid No. 710-19-1010?	Area one (1) is not included in this pilot program.
28	Page 7 of the Response Packet for Intensive In-Home Services Bid No. 710-19-1010	There is no mention of Area -1 being an option for vendors to select specific counties they would be willing to provide the service.	Has DHS already selected a vendor in Area-1 for Intensive In-Home Services Bid No. 710-19-1010?	See answer to #27.
29	Page 7 of the Response Packet for Intensive In-Home Services Bid No. 710-19-1010	There is no mention of Area -1 being an option for vendors to select specific counties they would be willing to provide the service.	If DHS has already selected a vendor in Area-1 for the RFQ Intensive In-Home Services Bid No. 710-19-1010, what was the date of the open RFQ process?	See answer to #27.

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30	Page 7 of the Response Packet for Intensive In-Home Services Bid No. 710-19-1010	There is no mention of Area -1 being an option for vendors to select specific counties they would be willing to provide the service.	If DHS has already selected a vendor in Area-1 for Intensive In-Home Services Bid No. 710-19-1010, will DHS please share the name of the selected vendor(s)?	See Answer to #27.
31	Page 7 of the Response Packet for Intensive In-Home Services Bid No. 710-19-1010	There is no mention of Area -1 being an option for vendors to select specific counties they would be willing to provide the service.	Are the use of subcontractors for vendors being considered by DHS for Area-1 Intensive In-Home Services Bid No. 710-19-1010?	See Answer to #27.
32	page 4, section 1.13, Pricing page 10, section 2.3, "Scope of Work", 3rd Paragraph	Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92.00 per day per family. The FIS shall provide in-home services in the family's home or natural environment, at times that are convenient and reasonable to the family. This shall include daytime, evenings, and weekends as needed. The service shall be available twenty-four (24) hours a day, seven (7) days a week for emergency crisis intervention.	As outlined, FIS is to be available to families twenty-four (24) hours a day, seven (7) days a week. In light of the fact of that the IFS worker is required to be on-call 24-7, does the \$92 per diem billed cover seven (7) days per week for the duration of the enrollment in services?	See answer to question 8.
33	page 10, section 2.3, "Scope of Work"	All services to a single family shall be delivered by one (1) worker, a family intervention specialist.	Please clarify the qualifications of services. Paragraph 2 states , "All services to a single family shall be delivered by one (1) worker, a Family intervention specialist. The services stated that the IFS worker will render to the family, is this all inclusive of all services rendered to family; i.e. (parent education, parenting skills, facilitating educational achievement, and Mental Health Therapy)?	Yes.
34	page 10, section 2.4, "Key Personnel"	A. Family Intervention Specialists must hold a master's degree (preferred) in social work, counseling, psychology or a related field as determined by DHS OR a bachelor's degree in social work, counseling, psychology or a related field as determined by DHS and at least one (1) year experience working with children and families NOTE: The delivery of certain evidenced-based practices shall require a masters degree.	Please clarify, What other degrees, on a Master and Bachelor Degree level, are acceptable to DHS? I.E "related fields as determined by DHS"	Sociology, Child Development, Education. Others will be considered on a case by case basis.

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35	page 10, section 2.3, "Scope of Work", paragraph 3 page 10, section 2.4, "Key Personnel"	The FIS shall have intensive supervision with a team of no more than five (5) other FIS per supervisor. A. Family Intervention Specialists must hold a master's degree (preferred) in social work, counseling, psychology or a related field as determined by DHS OR a bachelor's degree in social work, counseling, psychology or a related field as determined by DHS and at least one (1) year experience working with children and families NOTE: The delivery of certain evidenced-based practices shall require a masters degree.	If a Family Intervention Specialist is a Master's level, degreed individual, is intensive supervision required?	Yes
36	page 10, section 2.3, "Scope of Work", paragraph 5	Contractor shall only accept referrals for Intensive In-Home Services under this contract form DCFS caseworkers and/or the courts. The identification of the appropriateness of a referral shall be determined by the contractor and the DCFS Supervisor or designee.	What will be the procedure for DHS to increase recognition of the program to ensure appropriate and plentiful referrals? Past experience with similar contracts demonstrated underutilization of these types of programs reliant on DHS referrals.	Not relevant for bid.
37	page4, section 1.13, Pricing	Fixed Rate Reimbursement of \$92 per day	Would you explain how this per diem works (does it pay 92/day every day the case is opened, or does it pay 92/day just on the days that a service is provided, etc?)	See answer to question 8.
38	page10, section 2.3, 1st paragraph	"The family intervention specialist shall have weekly individual and team supervision by a master's level practitioner along with consultation by a licensed practitioner"	What is the role of the consultant vs. the role of the master's level practitioner/supervisor? If the supervisor is a master's level practitioner, can they also fulfill the role of the "consultant"? Regarding the weekly supervision, is the "individual" and "team" supervision supposed to be two separate meetings?	1. Consultant is responsible for up to eight (8) teams and accountable for treatment plan; Supervisor is responsible for Five (5) workers. Two separate meetings. 2. No. 3. Yes.
39	page10, section 2.4, Key Personnel	Clinical Supervisor and Clinical Consultant	If the Clinical Supervisor meets the requirements for Clinical Consultant, can that person fulfill both roles or does the Consultant HAVE to be a separate person?	Separate person.
40	page 9, section 2.2, Vendor Qualifications	"bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices"	What is this and how do we go about doing this? We cannot find where this is actually in place at this time where you can actually "register". Where do we go to register and to get a list of EBP's?	See updated RFQ.

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41	page 13, section 4.1, C	"cases billed to Medicaid"	Would you explain in detail how the billing works. For example, if we have a total of 5 families for a particular month with open cases, do we bill \$92/day per family for everyday of the month, then show the hours of services, etc? What does "cases billed to Medicaid" refer to? Is this referring to a case where there is an open IFS case AND the child is getting OBH services concurrently such as Individual therapy, medication management, etc? Will the IFS referrals be Tier 1, Tier 2, or both	1. Yes. 2. See updated RFQ. 3. See updated RFQ. 4. See updated RFQ.
42	General Question	General Question	Do all IFS referrals have to receive OBH services?	See updated RFQ.
43	General Question	General Question	When an IFS Referral is received, is the "child" or the "family" the identified client? In other words, is the IFS case always in the child's name?	Family is identified client
44	General Question	General Question	Would there ever be a case where an IFS child/family receiving OBH services would also receive QBHP services such as "Behavioral Assistance" or would the child ONLY get IFS services by the FIS worker while the IFS case is open?	See updated RFQ.
45	Page 4, section 1.13.	"Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92.00 per day per family."	Do you anticipate maintaining the rate of \$92/day throughout the contract period (including the potential 1-year extensions)?	Yes
46	Page 4, section 1.13.	"Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92.00 per day per family."	Is the rate of \$92 per day per family anticipated to be funded solely through DHS, Division of Child Welfare? Or will other state or federal funding, such as Medicaid, be utilized for this contract?	Not relevant to bid.
47	Page 4, section 1.13.B	"Contract liability will be based on the needs in each county. This determination will be made at the sole discretion of DHS/DCFS."	Can DHS share the anticipated total liability (or an anticipated range) for the initial 6 month pilot period, as well as future annual contract extensions?	Unknown at this time.
48	Page 4, section 1.13.B	"Contract liability will be based on the needs in each county. This determination will be made at the sole discretion of DHS/DCFS."	Can any county- or region-level data be provided regarding the scale of services under this contract? For example, current or historical data on the number of youth currently in custody, or estimates of the number of youth who would qualify for this program annually, by county or region?	See Attachment
49	Page 6, section 1.18.A.1.	"Contracts that are awarded to respondents must be awarded to respondents whose proposals are determined to be most advantage to DHS based on the selection criteria."	Will more than one contract be awarded under this procurement?	Yes

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50	Page 9, section 2.2.A.	"Bidder's program must meet the standards for a "well-supported practice" as defined by the Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices."	Given the current delay in HHS' issuance of Federal guidance on its Clearinghouse of Evidence Based Practices, how should Vendors proceed with determining if their program meets this requirement? Or what alternative information should Vendors provide, in lieu of this information?	See updated RFQ, Section 2.2 , Vendor Qualifications.
51	Page 9, section 2.2.A.	"Bidder's program must meet the standards for a "well-supported practice" as defined by the Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices."	Does AR DHS plan to move forward with this procurement, given the current delay in Federal guidance around the Federal Clearinghouse?	See updated RFQ, Section 2.2 , Vendor Qualifications.
52	Page 9, section 2.2.A.	"Bidder's program must meet the standards for a "well-supported practice" as defined by the Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices."	Are there programs currently funded by AR DHS and/or operating in Arkansas that are anticipated to meet the requirement of being on the Federal Clearinghouse's register of well-supported practices?	Unknown at this time.
53	Page 9, section 2.2.A.	"Bidder's program must meet the standards for a "well-supported practice" as defined by the Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices."	If AR DHS moves forward with this procurement, and the awarded vendor's model is not on the Federal Clearinghouse's register of well supported practices when it is released, would AR DHS be open to partnering, as part of this pilot, on conducting a clinical evaluation that could result in the model being included in the Federal Clearinghouse's register of well-supported practices in the future?	Not relevant to bid.
54	Page 9, section 2.2.A.	"Bidder's program must meet the standards for a "well-supported practice" as defined by the Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices."	What is AR DHS' anticipated timeframe for opting into the Family First Prevention Services Act?	DHS will comply with all timeframes stated in the Family First Prevention Services Act.
55	Page 9, section 2.2.C.	"Bidder's key personnel must possess, at minimum, a bachelors' degree; however, masters' degrees are preferred. Qualifying degrees need not be in social work. For verification purposes, Vendor must provide the following with its RFQ submission for all key personnel proposed to meet the requirements specified in this RFQ: documentation including without limitation copies of diplomas or transcripts verifying, at minimum, attainment of a bachelor's degree in any discipline."	Are there any additional requirements, such as a Social Worker certification, with which staffing requirements under this contract will need to comply?	See 2.4, Key Personnel ,of the RFQ

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56	Page 9, section 2.2.C.	"Bidder's key personnel must possess, at minimum, a bachelors' degree; however, masters' degrees are preferred. Qualifying degrees need not be in social work. For verification purposes, Vendor must provide the following with its RFQ submission for all key personnel proposed to meet the requirements specified in this RFQ: documentation including without limitation copies of diplomas or transcripts verifying, at minimum, attainment of a bachelor's degree in any discipline."	If the Vendor is not currently operating in Arkansas, and will therefore need to hire new staff and identify existing staff willing to relocate to deliver services under this contract, what information should the Vendor submit to fulfill this requirement for staff members who have not yet been identified/hired?	See updated Section 2.2 Vendor Qualifications.
57	Page 13, section 4.1.C.	"A monthly report will be required and will include: number of clients served, hours of service, cases billed to Medicaid, dollar amount billed to DCFS and contract balance (dollar amount)."	Will the Vendor be required to bill a portion of services to Medicaid?	See answer to #7.
58	Attachement C, section E2.	"The Contractor shall collect data at follow up including the following information without limitation: Client living situation (living with family or independently); Trouble with the law; School status; Out of home placements; Subsequent true findings of maltreatment; and Custody status."	Will AR DHS provide administrative data to the Vendor(s) for the following requested data points: Subsequent true findings of maltreatment; and Custody status?	DHS will provide the data to the extent allowed by law.
59	Attachment C, section E4.	"At twenty-four (24) months post-discharge, The contractor shall also collect information from social services agencies, schools, juvenile courts, and other agencies to provide supporting data to back up reports made by parents. This information shall be collected on clients selected on a randomized basis."	Can more details be provided regarding what information is to be collected from social services agencies and other agencies?	See Attachment C, E2. Social services agencies and schools will need to be reached to corroborate what the families have stated.
60	Attachment C, section E4.	"At twenty-four (24) months post-discharge, The contractor shall also collect information from social services agencies, schools, juvenile courts, and other agencies to provide supporting data to back up reports made by parents. This information shall be collected on clients selected on a randomized basis."	Will any additional guidance be offered regarding how the randomization process will be implemented, the size of the random sample, etc.?	This should be decided based on how many will be serve and what would result in a sample size large enough to be able to draw reasonable conclusions.

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61	Pricing 1.13	Contracted services as a result of this RFQ shall be Fixed Rate Reimbursement at the rate of \$92.00 per day per family.	Is the \$92.00 daily rate paid on each day ANY service is provided to the family or only Face-to-face services? Is the \$92.00 rate a per-diem paid daily during the entire service period to the family regardless of whether face-to-face services are provided on that particular day?	See answer to #8.
62	Vendor Qualifications 2.2	A. Bidder's program must meet the standards for a "well supported" practice as defined by The Family First Prevention Services Act. For verification purposes, bidder must submit documentation of bidder's inclusion on the Federal Clearinghouse's current register of well-supported practices.	According to the information obtainable at this time, the Family First Clearinghouse has not yet been established. An exhaustive search only indicates a recent contract has been let by HHS to a company who will establish the clearinghouse. How does bidders for this contract meet the standard at this time? Will there be a method whereby an attestation will suffice until a national clearinghouse can be established and providers can have time to meet the standards set forth? Will current provision of Intensive Family Services within the State of Arkansas meet the standards for Vendor Qualifications in light of the fact no national Clearinghouse exists at this point?	See updated RFQ.
63			I just wanted to make sure that I'm looking at the IIF RFQ correctly, and that it is not currently for Area 1. Right?	Correct.