

Question	Answer
<p>Since providers have been operating on underfunded per diem payments the past several years and rates were just recently increased to more accurately reflect the actual cost of care for residential and therapeutic foster care services, will there be an allowance for the required 60 days of operating funds to continue contract services for programs who no longer have that capital available? Please explain how the State can address this need for programs who have already used their funding resources to subsidize the actual cost of care to remain open</p>	<p>Please see section 5 of the solicitation. Providers must have start-up funds to enable the facility to remain in operation for at least sixty (60) days until initial reimbursements from DCFS are received.</p>
<p>What is the range of currently contracted Therapeutic Foster Care providers' per diem rates?</p>	<p>The current fee schedule is thus: TFC rate (Family split/admin split) : Level 1 \$ 86.50 (\$ 35.20 / \$ 51.30) Level 2 \$ 122.59 (\$ 59.93 / \$ 62.66) Child Residential rate: Level 1 \$ 148.44 Level 2 \$ 196.68</p>
<p>With consideration of the new Families First Act are you considering changing the current RFP or shortening the contract time? I'm just not sure how it fits in as you all decide if and how you will implement the Act via the federal government.</p>	<p>No, DCFS is not considering changing the current solicitation or shortening the contract time. At this time DCFS is studying the impact of the Families First Act (FFA) on child welfare policies and procedures.</p>
<p>Currently, TFC providers are reimbursed \$25.00 per day for 25 days per year of respite but are mandated to pay the TFC foster parents according to the Level 1 or Level 2 minimums per diem rates. Will DCFS increase reimbursement of respite to the actual amount paid by TFC providers for respite care?</p>	<p>DCFS is continually assessing the possibility of reimbursement at fair market rates.</p>

Does DCFS require a minimum payment to certified therapeutic foster parents? If so, what are the minimum payment requirements?	Yes. Therapeutic Foster Care (TFC) rate (Family/administrative split) . DCFS does require that the TFC parent receive no less that the published family portion. Level 1 \$ 86.50 (\$ 35.20 / \$ 51.30) Level 2 \$ 122.59 (\$ 59.93 / \$ 62.66)
request to discuss proposal	Official responses to all questions submitted by potential Proposers will be posted on the DCFS website at www.dcf.state.la.gov by March 27, 2018.
Can I get federal and state money without non-profit status?	One would need to check rules regulating non-profit status.
Please provide the most recent program year’s data regarding the number of children in therapeutic foster care or the number of referrals by region.	Count of Children Served in Therapeutic Foster Homes for FFY 2017 (10/1/2016 - 9/30/2017). <i>These #s are an unduplicated count of children who spent at least one day in a TFC . Region is based off of the Region of the Court where the child entered care.</i> Orleans 34 Baton Rouge 20 Covington 20 Thibodaux 38 Lafayette 25 Lake Charles 48 Alexandria 10 Shreveport 5 Monroe 50
The solicitation indicates “DCFS will look favorably on providers who demonstrate the willingness and ability to contract with DCFS for both Therapeutic Foster Care and Child Residential levels of care” (page 5). Will proposals be considered from organizations who only propose to provide one service level?	Yes, proposals will be considered from organizations who only propose to provide one level of service.
Must an organization interested in providing TFC “for the entire state” submit a separate proposal for all regions or is a single proposal for the entire state appropriate?	The provider would only need to submit a single proposal for the entire state.

<p>DCFS expects TFC and Residential Providers to integrate the Quality Parenting Initiative (QPI) values and practices into their programming and with their caregivers. Will DCFS provide QPI training to TFC and Residential Providers?</p>	<p>Providers will be invited to Quality Parenting Initiative (QPI) trainings held within the regions.</p>
<p>Many services TFC providers offer children and therapeutic foster parents are appropriate for use in family preservation work. Will TFC providers who incorporate an evidence-based treatment model approved by the California Evidence-based Clearinghouse for Child Welfare in their support of TFC foster homes also have opportunities to use the model to provide family preservation services to prevent removal of children and their placement into foster care?</p>	<p>Yes, DCFS encourages the use of evidence based practices.</p>
<p>Will reimbursement to providers during the contract term require providers to submit cancelled checks (as is required by ILS providers) before payments will be made?</p>	<p>No, reimbursements to providers during the contract period will not require that the provider s submit cancelled checks to DCFS before payments are made.</p>
<p>Will TFC providers be limited geographically by the proposals they submit during the Solicitation response period? During the contract period, will a TFC provider contracted to provide services in a specific region be permitted to recruit TFC homes in surrounding regions?</p>	<p>No, TFC providers will not be limited geographically by the proposals submitted during the Solicitation response period. Yes, a TFC provider contracted to provide services in a specific region will be permitted to recruit TFC homes in surrounding regions.</p>
<p>The current Child Placing Agency licensing standards have been largely rewritten but not yet completed and promulgated. Will DCFS/Bureau of Licensing’s new Child Placing Agency licensing standards be completed and released before the contracts begin on July 1, 2018? If not, how will the new CPA licensing standards impact contracted TFC providers during the term of the contract?</p>	<p>The new Child Placing Agency (CPA) Licensing Standards will not be promulgated by July 1, 2018. DCFS will expect compliance with the new rules once promulgated.</p>

<p>The solicitation calls for phasing out use of level systems and token economies (pages 5, 7, 24). Will a level system be allowed if a residential program: 1) uses an evidence-based Model of care that provides effective implementation of evidence-based practices for children and families involved with the child welfare system, 2) demonstrates positive outcomes, and 3) addresses behaviors rooted in trauma?</p>	<p>Yes, DCFS encourages the use of evidence based practices.</p>
<p>How does DCFS expect the recently passed federal Families First Preservation Services Act will impact Residential Providers licensed as non-medical group homes and TFC providers during the term of the proposed contract period?</p>	<p>The Families First Preservation Services Act will make an impact. At this time, DCFS cannot say what the full impact will be.</p>
<p>Will DCFS work with Residential Providers licensed as non-medical group homes to assist in their transition into Qualified Residential Treatment Programs?</p>	<p>DCFS expects to work with stakeholder to ensure the care needs of children are met in compliance with all regulatory authorities.</p>
<p>Will DCFS provide guidance to TFC providers regarding particular training programs and/or content it desires for the specialized populations of children DCFS has identified for focused recruitment and certification?</p>	<p>DCFS will encourage collaboration between the CPA and DCFS to identify and implement training programs and/or content it desires for the specialized populations of children DCFS has identified for focused recruitment and certification.</p>
<p>RFP page 11, Item O states: “The Provider assists in referrals to other programs and services the child may need (i.e. therapeutic services will be offered by a community based network provider).” How are the therapeutic services referenced funded/billed?</p>	<p>Community based providers bill the child's Managed Care Organization (MCO), or in some cases, legacy medicaid or DCFS. Services are funded via Medicaid or, in extraordinary circumstances, DCFS State General Funds.</p>
<p>RFP page 21, section 4.1 states: “The one (1) original proposal should contain a completed Proposal Cover Sheet.” Is the Proposal Cover Sheet a form supplied by DCFS? If so, please provide the Proposal Cover Sheet form for completion</p>	<p>Please see section 4 of the Solicitation.</p>
<p>RFP page 21 states “The Proposer must submit in hard copy five (6) copies (one (1) original and five (5) copies).” Please confirm this is intended to be 6 total copies (1 original and 5 copies).</p>	<p>Please see section 4 of the Solicitation.</p>

<p>RFP page 22 states “The face of the package, whether mailed or hand delivered, should contain the following information: ‘(Region Name) Proposal-Confidential-Open by Addressee Only.’” Please confirm whether this means that we are required to submit one proposal per region, or whether we can include multiple regions in a single proposal.</p>	<p>Per Section 1.1.2 of the solicitation: <i>“Separate proposals must be submitted for Therapeutic Foster Care and Child Residential levels of care. Providers may submit a proposal to operate a single residential facility or multiple facilities. Proposals must indicate the Regions the Provider will serve”</i>. Proposers should submit a proposal for each program they intend to offer. On the face of the package of each proposal, the name of the region served in that response should be included.</p>
<p>RFP page 23, section 5.2 states: “In addition, if applicable, the Board Resolution Form should be completed and submitted with Proposals.” Please supply the Board Resolution Form or provide a link.</p>	<p>Please see section 4 of the Solicitation.</p>
<p>If we bid on one region through this RFP, will it be possible to add another region later via contract amendment? Or would it be advisable to bid on all desired regions through the RFP?</p>	<p>No. It is advisable to bid on all desired regions in your response to this solicitation.</p>
<p>Do I need a 5013C?</p>	<p>Providers must meet the minimum qualifications as outlined in the solicitation, section 3.0.</p>
<p>How much do they fund a startup agency?</p>	<p>DCFS offers no start-up funds.</p>
<p>Should I secure the contract before beginning the process?</p>	<p>The proposers selected for funding shall be licensed before a contract can be finalized.</p>
<p>What happens if I select from the start, 4-6 kids and I decide afterwards I would rather do more kids?</p>	<p>Proposers shall follow current licensing regulations available through the internet at www.dcf.state.la.gov . Providers of residential shall follow the Residential Home Standards Type IV and TFC shall follow Child Placing Agencies Standards.</p>
<p>What happens if I sign up for residential, non-medical group home but decide through the process I would rather do therapeutic group homes?</p>	<p>This solicitation pertains only to procurement of Non-Medical Group Homes services and Therapeutic Foster Care services.</p>
<p>Can I have both non-medical and therapeutic group in one settings? Do I have to have a license person such as a psychologist or nurse to issue medicine?</p>	<p>This solicitation pertains only to procurement of Non-Medical Group Homes services and Therapeutic Foster Care services. Proposers shall follow current licensing regulations available through the internet at www.dcf.state.la.gov . Providers of residential shall follow the Residential Home Standards Type IV and TFC shall follow Child Placing Agencies Standards.</p>

<p>Or, can I get a physician delegation form to give clients medication myself?</p>	<p>Proposers shall follow current licensing regulations available through the internet at www.dcf.state.la.gov . Providers of residential shall follow the Residential Home Standards Type IV and TFC shall follow Child Placing Agencies Standards.</p>
<p>Although, boys and girls cannot share the same room, can they be under the same roof?</p>	<p>Yes, child residential facilities are allowed to house boys and girls.</p>
<p>How many kids can be in a 3-bedroom home, in one room?</p>	<p>Proposers shall follow current licensing regulations available through the internet at www.dcf.state.la.gov . Providers of residential shall follow the Residential Home Standards Type IV and TFC shall follow Child Placing Agencies Standards.</p>
<p>Is there a certain figure that is required to start up a residential group home required?</p>	<p>Please see section 5 of the solicitation. Providers must have start-up funds to enable the facility to remain in operation for at least sixty (60) days until initial reimbursements from DCFS are received.</p>
<p>we would like to know why the proposal includes cost criteria in the review and scoring of the proposals. Please clarify how this section should be addressed by our agencies and the reasoning or including this section of the proposal.</p>	<p>Please see section 5 of the solicitation. Proposers should address this section by submitting proposals that combine efficacy of program with cost containment measures. Proposers shall provide a per diem cost for each youth to be served.</p>
<p>Does DCFS expect providers to purchase an Evidenced Based Program Model and the required training, or use evidence based models and evidenced informed practice as the planning component for QPI? This makes a SIGNIFICANT difference in cost. Please explain further exactly what is expected.</p>	<p>No. Providers are not expected to purchase Evidence- Based Program Models and the required training to implement QPI. DCFS expects Proposers to integrate QPI values and practices into their programming and with their caregivers. DCFS will offer educational discussions to discuss how NMGH and TFC providers can integrate QPI into their practice.</p>
<p>The State of Louisiana spent a significant amount of time and money in 2016-2017 and contracted a firm from New York to develop a rate methodology for NMGH services. NMGH's participated in time studies during March-May 2017, supported employee participation, took time to submit cost reports and used our resources to support the initiative. How is this rate methodology being used in the RFP process?</p>	<p>The rate methodology will be used to inform the outcomes of this solicitation.</p>

<p>Best practice and quality care standards are enhanced by organizations who participate in State Child Care Networks and work together with DCFS. How can the RFP process support best practice for those agencies who do the work, advocate, and actively participate in this collaboration process? The work benefits everyone, so how can this load be shared or supported?</p>	<p>The purpose of this solicitation is to obtain competitive proposals that demonstrate the providers ability to implement best practice and achieve quality care standards.</p>
<p>Some TFC services were cancelled several years ago as the per diem did not cover the actual cost incurred to manage TFC homes. Will there be additional time allowed to redevelop those services as new families will need to be recruited? There is not a realistic timeline in place for providers to have trained families in place by July 1, 2018 if contract awards are not assigned or announced until June 4, 2018</p>	<p>It is unclear what is meant by "redeveloping services". The timeline addresses the need for the provider to obtain a license. The Child Placing Agency needs to be licensed by July 1st, 2018.</p>
<p>Will the DCFS Licensing Department be able to evaluate licensure for new programs within the timeline required in the RFP?</p>	<p>Yes it is likely DCFS Licensing Department will be able to evaluate licensure for new programs within the timeline.</p>
<p>In the scope of services outlined in section 1.2, it states that each of the identified populations of focus have specialized supervision and support needs. Please describe what is expected of each TFC home to meet the needs of these populations, or is the inference that a home may specialize in one of the populations described and only be held to training for that service?</p>	<p>All TFC homes are expected to be in compliance with training requirements outlined in Child placing agency standards. As Child Placing agencies recruit, train, certify and support homes for the populations of focus, it is expected that the child placing agencies will customize training and support based on specific needs.</p>
<p>As the RFP is written for both NMGH and TFC programming instead of being separated, please describe what is expected regarding the required 60 days of operating funds if there are not funds available to support both types of programs?</p>	<p>Please see section 5 of the solicitation. Providers must have start-up funds to enable the facility to remain in operation for at least sixty (60) days until initial reimbursements from DCFS are received.</p>