

ADDENDUM TWO QUESTIONS and ANSWERS AND REVISED SCHEDULE OF EVENTS

Date: May 16, 2019

To: All Bidders

From: Keith Roland, Buyer
Department of Health and Human Services

RE: Addendum for Request for Proposal Number 100779–Z6 to be opened May 31, 2019 at 2:00 p.m. Central Time

Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
1	I. Submission of Proposals	3	It states "Proposals will be accepted throughout the life of the Contract". Please expound on this or clarify the intent?	CFS is seeking to bring up evidence-based programming by Oct 1, 2019 in order to meet the requirements of FFPSA. While this is an initial starting period, CFS will be accepting responses to the RFQ on an ongoing basis.
2	Section II. Terms and Conditions	7-23	Is a respondent required to include these pages with initials of acceptance or rejection with the final submission?	Yes.
3	B. Purpose	24	DHHS indicated confirmation that only 4% of services provided to families engaged with the Division of Children and Family Services (CFS) in the State of Nebraska are prevention services. How can capacity for prevention services be expanded with	CFS will seek to expand capacity for prevention services through this RFQ process. CFS will accept and contract with agencies that meet the evaluation

			<p>the requirement in the RFQ for a provider to be currently trained, certified and providing an Evidence Based prevention service model?</p>	<p>criteria outlined in this RFQ.</p> <p>This RFQ is continuous. If an agency wishes to be part of the pool for contracts for this RFQ, an agency can submit a response to the RFQ as long as this RFQ remains open and the agency meets the minimum requirements. This will allow for potential applicants to become certified and train staff.</p>
4	B. Purpose	24	<p>It states “Bidders should only propose to offer evidence-based interventions for which they, or their staff, are currently trained and/or certified to provide”. Because clear direction has not been provided from the Title IV-E Prevention Services Clearinghouse on the approved in-home parenting skills programs, will there be another opportunity for agencies to complete an RFQ or alternative process to seek a contract to provide services? (meaning after 5/31/19) What will the process be to propose bringing up new models or expanding on existing, maybe from a new provider? Previous discussion of aide with startup/sustainability cost had occurred with DHHS leadership but this is not mentioned. A provider can’t submit for a proposal on growth/expansion based on how current RFQ reads.</p>	<p>CFS set the May 31, 2019 timeframe in order to be prepared for Oct 1, 2019 start date by bringing on any agencies who currently have an EBP model in its service array.</p> <p>This RFQ is continuous and will remain open, allowing other agencies to apply after the May 31, 2019 date. Any agencies that meet the requirements of the RFQ should respond.</p> <p>Startup or sustainability costs are outside the scope of this RFQ.</p>
5	D. Scope of the Work	25	<p>It states “the contractor must ensure all services requested by DHHS are available at all</p>	<p>The provider should be available 24/7, weekends, holidays, to meet the treatment</p>

			times” Does this mean that contractors must accept 100% of referrals?	needs of the families served.
6	VI. Bidder Requirements, #9. Summary of Bidders Proposed Personnel/Management Approach	28	It states “The bidder should provide resumes of the organizations Chief Executive Officer, Chief Financial Officer, Director of Operations...”. If an agency has a corporate office with a leadership team and a local leadership team/structure, which resumes are you seeking – corporate level or local Nebraska business level?	Local Nebraska business level.
7	Schedule of Events	2	With intent to award being continuous and Initial Contractor start date is 10/1/2019, may a provider who would like to expand its evidence-based program be able to recruit, hire and train the additional staff needed beginning 10/1/2019 or would this need to be done prior to 10/1/2019.	Yes, a provider who would like to expand its evidence-based program may recruit, hire, and train additional staff beginning 10/1/2019.
8	V. Project Description & Scope of Work: B. Purpose D. Scope of Work	24 25	The RFQ states, “bidders should only propose to offer evidence-base interventions for which they or their staff are currently trained and/or certified to provide.” Also, Under Scope of Work, #3 “The contractor must recruit and train a qualified workforce...” Is there funding available for start-up costs?	If the evidence-based practice has evidence through a clearinghouse of having positive outcomes for youth with a serious emotional disturbance or diagnosis, then funding may be available through the work of the Division of Behavioral Health-Children’s System of Care, as well as other funding sources. Please see Addendum 3 regarding System of Care funding.
9	V. Project Description & Scope of Work:	25	How will families be referred?	Families will be referred for services based on a needs assessment. The family will be provided

	D. Scope of Work			a menu of services to select. If the family chooses the EBP, the provider will receive a referral from the case manager through electronic notification, email.
10	I. Procurement Procedure; section C. Schedule of Events	2	<p>What is the penalty for not meeting the initial deadline of May 31, 2019?</p> <p>When will proposals be accepted and provided a start date if an agency submits a proposal after the 5-31-19 date?</p> <p>What if an initial proposal is not accepted; can the agency revise or submit another proposal?</p>	<p>There is no penalty for not meeting the May 31, 2019 timeframe.</p> <p>Please see answer to #4.</p> <p>The agency can submit another proposal if the initial proposal is not accepted.</p>
11	I. Procurement Procedure; section C. Schedule of Events	2	On the chart, there are numerous items listed as "Continuous." Will there be an end date? If so, when will this be communicated?	The initial term of the RFQ ends June 30, 2021. There is not an end date to submit a proposal for this RFQ during the initial term.
12	VI. Bidder Requirements; Section A. 10. Subcontractors	28	We have not currently identified any subcontractors. Are we able to add prospective subcontractors after the contract has been awarded?	Yes. Subcontractors need to meet the FFPSA requirements and provide an EBP service that adheres to FFPSA standards and fidelity.
13	V. Project Description and Scope of Work; section B. Purpose	24-5	<p>The language is very clear in the RFQ regarding that models being proposed are for evidenced-based interventions (that) are currently trained and/or certified to provide. During the last statewide provider meeting, agencies were given the impression that there would be an opportunity to offer models that they intended to start the training or certification process.</p> <p>1. Where can we include our intentions about models, we</p>	To be considered for a contract for services, the respondent must

			<p>plan to offer 10/01/2019, provided we are awarded a contract?</p> <p>2. It was also offered that the State may enter into agreements with agencies to provide training/support to bring in national EBP trainers to share the costs of implementing EBPs. Are development and implementation monies still in discussions?</p>	<p>meet the requirements of the RFQ.</p> <p>If the evidence-based practice has evidence through a clearinghouse of having positive outcomes for youth with a serious emotional disturbance or diagnosis, then funding may be available through the work of the Division of Behavioral Health-Children's System of Care.</p>
14	In-Home Parenting Services Rate Sheet		When a proposal has been accepted will the state accept each agencies' rates for each county or is there going to a determination of a state rate that is consistent across agencies and counties?	CFS will consider rates presented by the bidders for each county. CFS reserves the right to accept or reject an Applicant's rate for any county.
15	VI, A, 6		Are you wanting just employees who would have been employed by the state from the specific evidenced based services we are requesting we are able to provide, or would you like it to be organization-wide, even if all employees listed aren't directly attached to the proposed services?	Please provide information on only individuals who are associated with the proposal and who have been employed with the State within the past sixty (60) months
16	Section R	5	What is the number of anticipated awards given for this Contract?	There is no anticipated number of contracts awarded.
17	Section I	3	<p>What does the language "continuous proposals" mean (from letter) and "proposals will be accepted throughout the life of the contract"?</p> <p>If it's continuous: when and to</p>	Please see answer to #4.

			whom are these proposals submitted to after May 31 st ?	Applications should be submitted to the same contact indicated in the RFQ.
18	Section B	24	Will the Evaluation Committee and/or DHHS look at “ranking” or place an order of importance on if an evidence- based model is “Well-Supported”, “Supported” or “Promising” (or similar designation)? For example: “Well-supported” intervention models are better than “Supported”, etc.	Yes. In order for CFS to meet the requirements of the FFPSA, more points are awarded to well-supported evidence based models.
19	Section C	29	Can different price rates be presented for different parts of the State? For example: providing services in more rural counties vs. more populated counties.	Yes.
20		29	What is the intent or the purpose of providing a cost allocation plan?	The intent of providing a cost allocation plan is to determine the best possible rates for services based on model structures while being good stewards of tax payer dollars.
21		29	Why is a cost allocation draft required?	See question 20
22			Do agencies need to currently be providing the EBP that are eligible for FFPSA matching funds in order to be awarded an RFQ contract?	No. For example, an agency may propose an EBP that is not eligible for FFPSA at the time of the contract award, but the EBP may become a well-supported model later.
23			Can agencies implement FFSPA approved practices starting June 1 and still be eligible to be awarded an RFQ contract?	Yes. The agency must be able to demonstrate implementation of the EBP service on June 1, 2019 in its application.
24			Will there be a cost sharing by DHHS for start up	Please see answer to question #8.

			costs/training costs for any of the EBM that are part of the FFSPA approved list?	
25		18	Why are the insurance requirements so much more than current DHHS contracts?	The insurance requirements indicated in the RFQ are based on the assessed risk of the services provided. Insurance requirements can be negotiated during contract finalization period.
26		18	Why did DHHS increase the Umbrella/Excess Liability compared to current contracts – Over Primary Insurance from \$1M per occurrence to \$5M per occurrence?	Please see answer to question #25.
27		18	Why did DHHS increase the sexual abuse coverage, compared to current contracts, from \$300K to \$1M?	Please see answer to question #25.
28			Does DHHS recognize that increasing the insurance coverage results in a significant expense for providers that will be figured into the case rate?	Please see answer to question #25.
29			Why do agencies have to provide financial information for the RFQ if the financial information is not part of the scoring tool?	CFS is required by law (Neb. Rev. Stat. § 43-4410) to ensure any agency, prior to contracting, is financially stable and liquid.
30			Why is there such a difference in the points between the three levels of “Proposed Model” 100 = Promising, 200 = Supported, 400+ Well Supported, and why weren't the points divided up evenly between the three levels?	In order for CFS to meet the requirements of the FFPSA, more points are awarded to well-supported evidence based models. In order to draw down Title IVE funding, at least 50% of the EBP expenditures must be rated as well supported by ACF.
31			Why is Accreditation a factor in the RFQ process and why is it being considered with	Accreditation is a factor in this RFQ because it provides

			such a large number of points in the scoring tool?	another level of accountability for the agency and decreases the amount of monitoring needed by CFS.
32			In determining the lowest, most responsible bidder, why doesn't DHHS think that current provider performance speaks to being responsible?	Current provider performance does not take into account evidence-based models and does not allow for comparative performance.
33			Is there an opportunity to consider current provider performance (PPI) as part of the scoring tool?	CFS will not be taking into account current provider performance through PPI as part of the scoring for this RFQ.
34			If the contract is awarded to an agency, will they be required to provide services state-wide or can they designate the territory they will be able to serve?	As part of this RFQ, the agency must provide counties and rate for service in those counties in which the agency will provide service (see RFQ Rate Sheet). If the agency intends to provide services state-wide, the agency should indicate rates for all counties.
35			The Feds have not finalized their list of approved EBP which will be eligible for the matching funds under FFPSA. That being the case, what is the Department's plan for adding services/additional EBP models, for the RFQ, in upcoming months that are approved by the Feds?	This RFQ is continuous and CFS will accept applications for this RFQ in the coming months in order to establish services that help CFS and DHHS meet the requirements of FFPSA.
36			The number of referrals for a service impacts the cost and being able to sustain a program financially. With that, what data will DHHS be providing relating to capacity needs, and the number of clients expected to be referred for these services by service areas in order that a true and realistic case rate can be created for the RFQ?	The bidder should include capacity as part of its cost proposal. The bidder should check with the EBP model developer to determine if a rate structure has been established for different jurisdictions. Please see attached

				data sets to determine capacity.
37			If no data will be provided regarding potential capacity needs either by county or service area, can a case rate have both a fixed and variable components?	Please see attached data sets. The bidder should proposed fixed rates only.
38		4	In several places in the RFQ it states that a bidder must complete a vendor application; however, the vendor application form states that a bidder does not need to be registered as a vendor. Do bidders need to be registered as vendors?	Bidders should complete a Vendor Application with their proposal if they are not already a registered vendor with the State of Nebraska.
39			Since utilization of evidence-based interventions has not been required by DHHS for most non-treatment services up to this point, will DHHS modify the requirement that our staff currently be trained in the evidence-based intervention we bid to requiring bidders to submit a realistic plan for training, with all relevant staff fully trained or certified by July 1, 2019?	The bidders training plan should indicate that all relevant staff be fully trained and/or certified in the EBP they are able to provide by 10-1-19, or contract start date. The bidder should be prepared to provide proof of their staff being trained/certified.
40		2	<p>The RFQ states that <i>the State reserves the right to add additional related services to the contract, if required, at any time during the contract to accommodate business needs.</i></p> <p>What is the process to add services and what is the process to allow providers to price those services?</p> <p>Under what circumstances, if any, would the state add additional services but not allow providers to charge for those services?</p>	<p>CFS expects all agencies submitting applications to follow fidelity to the EBP model and is contacting for all services associated with the EBP model If additional related services are added to the contract, an amendment that is mutually agreeable to both parties would be executed.</p> <p>There would not be any circumstances in which the state would add additional services without allowing the agency to</p>

				charge for those services.
41		Rate sheet	Are clients in rural counties always expected to travel to a provider's place of business for group sessions? Under what circumstances, if any, would a group session be held in a facility that is not the provider's place of business and would require the provider to travel to that facility? How would that be billed?	The interaction with clients will be based on the EBP model. Agencies proposing an EBP model are expected to meet fidelity to the model. Any travel associated with the service model should be included in the cost rate proposal.
42			<p>Currently DHHS determines the services that are to be delivered and the amount of time a provider provides each service and providers bill DHHS accordingly. As a result of this contract being structured as a case rate per month, do providers have sole discretion as to the delivery of services?</p> <p>In the event DHHS recommends and/or requires services different than a provider believes are necessary, how would those services be billed?</p>	<p>CFS will be referring for the service model that an agency provides. The agency must adhere to the fidelity of the model.</p> <p>In the event other services are needed for a family, a separate referral and authorization will be made to an agency that can fulfill the needs of the family. Billing for those services will be in accordance with the billing practices indicated in IV.C. INVOICES.</p>
43			By providing a rate per case per month, is it expected that providers will bill the same amount per case whether there are 1, 8 or 12 cases in a specific rural county in a given month?	Yes.
44			How are no-shows to be billed?	Instances in which the client does not show for an appointment should not be billed.
45			Are providers able to share their case rate and methodology for determining	Please see section I.G ETHICS IN PUBLIC CONTRACTING.

			<p>it with other providers prior to submitting an individual qualification?</p>	
<p>46</p>			<p>Will providers be expected to collect data not already being collected and/or submit data in a manner differently than it is currently being submitted?</p>	<p>FFPSA requires states to implement a well-designed and rigorous evaluation strategy for each service included in their state plan, which may include participation in a cross-site evaluation, unless these criteria are waived by ACF for well-supported interventions. Further, the Act requires states to develop a plan describing how all evidence-based services will be “continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practice.”</p> <p>To meet these requirements, providers will, at minimum, have to collect, aggregate and report data related to program fidelity and service-specific outcomes aligned with the evidence-based model provided. Unless a service is determined to be well-supported by the FFPSA Title IV-E Clearinghouse and the evaluation criteria is waived, providers may be required to participate in a more rigorous evaluation process which may</p>

			<p>Does DHHS foresee the need for providers to update software or make changes to computer programs?</p>	<p>include an assessment of ongoing service implementation and operations (process evaluation) as well as an outcome evaluation. The scope and extent of these evaluation requirements will be dependent on the specific models selected for inclusion in the Nebraska FFPSA Title IV-E Prevention Plan submitted by the state.</p> <p>If service providers are able to aggregate and report service, fidelity and outcome data in accordance with the evidence-based model provided, service providers will not be required to expand current software systems.</p>
47	Purpose V. B	24	<p>What are the criteria/triggers when DHHS communicates to the In-Home Parenting Skills provider and the time expectations for the provider to provide services?</p>	<p>If the time expectations are not indicated in the service model, this will be negotiated during the contract finalization period.</p>
48	Scope V. D	25	<p>When the provider is called because of an event and/or evidence, do the child(ren) still remain in care with the family regardless of the severity?</p>	<p>The Structured Decision Making safety assessment will determine if the children remain in the family home after an incident. If the provider is aware of possible abuse/neglect, they must notify the assigned worker and/or hotline of the incident as well.</p>

49	Overview V. A.	24	Will DHHS have only one provider within the region or will they have multiple providers? If so (multiple providers), how will DHHS chose the provider.	<p>Multiple providers may be chosen for one region. DHHS will chose a provider based on the evaluation criteria in section I.P.</p> <p>Once contractors are part of the contractor pool, or service array, the family will have a voice and choice in choosing from a menu of services based on a family needs assessment.</p>
50	Overview V. A.	24	Does the provider have to provide all services: Mental Health, Substance Abuse and In-Home Parenting Skills?	No, the provider can provide one of the types of EBP services (Mental Health, Substance Abuse, or In-home Parenting) or all. A provider does not have to provide SA/MH services to provide In-home Parenting services, or vice versa.

ACTIVITY	DATE/TIME
State responds to written questions through RFQ "Addendum" and/or "Amendment" to be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html	May 16, 2019 TBD May 14, 2019
Initial Electronic Proposal opening	May 31, 2019 2:00 PM Central Time
Evaluation period	Continuous
Post "Intent to Award" to Internet at: http://das.nebraska.gov/materiel/purchasing.html	Continuous
Contract finalization period	Continuous
Contract award	Continuous
Initial Contractor Pool start date	October 01, 2019
Additional Contractor start date	Continuous

This addendum will become part of the proposal and should be acknowledged with the Request for Qualification response.