

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 100799–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	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 may recruit, hire, and train additional staff beginning 10/1/2019.
2	N. Request for Qualification Requirements #9	4	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. An Addendum

				will be issued regarding System of Care funding.
3	V. Project Description & Scope of Work: B. Purpose D. Scope of Work	24 and 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?	See answer to question #2.
4	V. Project Description & Scope of Work: D. Scope of Work	25	How will referrals come to the provider?	The provider will receive a referral from the case manager via email.
5	V. Project Description & Scope of Work: D. Scope of Work	25	Can a provider identify a potential client and request approval from HHS to serve said client; then bill HHS through this funding?	Yes, if the potential client has an open case with CFS, the client meets criteria for the service and the service is documented in the youth's prevention plan.
6	V. Project Description & Scope of Work: D. Scope of Work	25	Is the funding for mental health services for families who do not qualify for Medicaid?	The funding is for prevention services for candidates at risk of entering foster care. Title IV-E Prevention dollars are the payer of last resort. All other funding sources (Medicaid and/or private insurance as well as sliding fee scale criteria) have to be exhausted before IV-E Prevention dollars can be utilized.
7	II Terms and Conditions R. Early	13	Would the state consider a 60 day written notice to or from the Contractor instead of a 30 day written notice to allow for	If an agency find exception to this particular term or any other item in the

	Termination #2		adequate time to conclude and transfer clinical services?	Terms and Conditions, the agency should indicate that they do and provide a Note/Comment. All exceptions to the Terms and Conditions will be addressed during the contract finalization period.
8	V. Project Description and Scope of Work	24	Is it expected that the site of services will be provided in the family's home?	Yes, if possible.
9	V. D. Scope of Work, #4	25	Can you clarify the expectation "are available at all times to meet the needs of the families."	The provider should be available 24/7, weekends, holidays, to meet the treatment needs of the families served.
10		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.
11		29	Why is a cost allocation draft required?	See answer to question #10.
12			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. The EBP list is still being finalized by the Administration for Children and Families. The type of EBP presented by applicants will be considered during scoring process.
13			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.
14			Will there be a cost sharing by DHHS for start up costs/training costs for any of the EBM that are part of the FFSPA approved list?	See answer to question #2.
15		18	Why are the insurance requirements so much more	The insurance requirements indicated

			than current DHHS contracts?	in the RFQ are based on the assessed risk of the services provided. Insurance requirements can be negotiated during contract finalization period.
16		18	Why did DHHS increase the Umbrella/Excess Liability compared to current contracts – Over Primary Insurance from \$1M per occurrence to \$5M per occurrence?	See answer to question #15.
17		18	Why did DHHS increase the sexual abuse coverage, compared to current contracts, from \$300K to \$1M?	See answer to question #15.
18			Does DHHS recognize that increasing the insurance coverage results in a significant expense for providers that will be figured into the case rate?	See answer to question #15.
19			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 (43-4410) to ensure any agency, prior to contracting, is financially stable and liquid.
20			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.
21			Why is Accreditation a factor in the RFQ process and why is it being considered with such a large number of points in the scoring tool?	Accreditation is a factor in this RFQ because it provides another level of accountability for agency and decreases the amount of monitoring needed by CFS.

22			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.
23			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
24			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.
25			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.
26			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 EBP model developer to determine if a rate structure has been established for different jurisdictions. Please see attached data sets to determine capacity.
27			If no data will be provided regarding potential capacity needs either by county or service area, can a case rate	Please see attached data sets. The bidder should proposed fixed rates only.

			have both a fixed and variable components?	
28		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.
29			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.
30		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 charge for those services.</p>
31		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,	The interaction with clients will be based on the EBP model. Agencies proposing an EBP model are

			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?	expected to meet fidelity to the model. Any travel associated with the service model should be included in the cost rate proposal.
32			<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>
33			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
34			How are no-shows to be billed?	Instances in which the client does not show for an appointment should not be billed.
35			Are providers able to share their case rate and methodology for determining it with other providers prior to submitting an individual qualification?	Please see section I.G ETHICS IN PUBLIC CONTRACTING.
36			Will providers be expected to collect data not already being collected and/or submit data in a manner differently than it	FFPSA requires states to implement a well-designed and rigorous

			<p>is currently being submitted? Does DHHS foresee the need for providers to update software or make changes to computer programs?</p>	<p>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 include an assessment of ongoing service implementation and operations (process evaluation) as well as an outcome</p>
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				<p>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>
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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.