**RFP#FY1920-CSA-001**

**Response to Written Inquires**

**9/24/19**

**Caregiver Support Agency (CSA) Solicitation Conference on 9/11/19, 1 pm – 3 pm**

1. Is the same Procurement Team evaluating all the Request for Proposals?
   * Yes the same seven (7) Procurement Team evaluators will be reviewing all proposals.
2. Please define more clearly the concept of a “unit” (p.20)
   * This refers to a fixed priced payment unit of one month of service calculated by total contract amount divided by total amount of months.
3. What are the educational requirements do you have for Adoption workers or foster care workers in the field? Can transporters just have High School Diploma and what requirements for the parent educators or Adoption workers?
   * Caregiver Support Managers, Caregiver Support Supervisors, Dependency Case Managers, Dependency Case Manager Supervisors, Adoption Specialists and Adoption Supervisors must have a current State of Florida Child Welfare Professional certification. Family Support Workers (Transporters) must have a High School diploma.

**One Hope United**

1. Is the duration of the proposed FY19-20 budget to be 12 months given that the contract begins mid-year?
   * The Budget Amount listed in the RFP is based on 12 months. The contract amount will be adjusted the first year depending on the month started.
2. Is there any expectation for providing a multi-year budget given the potential contract length of 54 months? *(RFP for Case Management, Adoption and Family Services only)*
   * The Budget Amount listed in the RFP is based on 12 months with the funds available as of the current Schedule of Funds from DCF. Initially the award will be based on the current funding listed for each fiscal year. The awarded provider (s) will be required to submit a new budget before the beginning of each fiscal year beginning July 1st. Cost of living and other unknown factors will be considered, depending on funding available.
3. Are there proposed assumptions for the # of Family Support cases (in order to assist with budgeting for the # of required Diversion Specialists)? *(RFP for Case Management, Adoption and Family Services only)*

* Yes, one (1) Diversion Specialist for every 12-18 Family Support cases. No proposed changes from the current Family Support caseload. However, Embrace Families requests as part of each provider’s response that the provider present their vision including any new staffing patterns.

1. Are there proposed assumptions for the # of children available for adoptions (in order to assist with budgeting for the # of required Adoption Specialists)?  *(RFP for Case Management, Adoption and Family Services only)*

* Yes, one (1) Adoption Specialist for every 40 children available for adoption. There are no proposed changes from the current caseload. However, Embrace Families requests as part of each provider’s response that the provider present their vision including any new staffing patterns.

1. Approval for additional core and other support positions is to be requested at what point during the RFP process?  *(RFP for Case Management, Adoption and Family Services only)*

* These positions can be included in your proposal and if selected, more in depth at contract negotiations.

1. Is client assistance to be included in the proposed budget?  If so, how is that to be estimated for the budget (flat rate per Structure?  Per case?)?
   * Your agency does not need to include this amount in your proposed budget.
2. What is the staffing pattern for the ICPC/OCS unit?
   * No proposed changes to the current staffing pattern (current average caseload one (1) DCM/60 kids within the system of care geographic area). Staffing pattern may fluctuate with an increase in volume.
3. On page 17 of the CSA RFP it states approximately 10 units based on approximately 1000 caregiver homes but on number 3 page 20 it references children not homes. It states 500 children. How will the units be divided for the CSA contract based on the $12.8 million budget?
   * CSA units is based on the number of homes and not children.
4. Will the CSA and CMA units be housed together? Or should there be a plan in case they are in different locations?
   * Best practice would be to have CSA and CMA housed together. If this is not feasible, there will be an alternative plan developed.
5. What are the expectations of the CSA and CMA units working together?
   * CSA/CMA staff will be required to have ongoing, effective communication to navigate all case related activities.
6. Just to clarify the CMA contract follows the activities under “The Case” and the CSA contract follows the activities under “The Home”?
   * Yes, CMA work focused on dependency court, parental engagement and achieving permanency.
7. Both RFPs should address how they will be integrated and communication will occur between both contracts?
   * Yes, please include in your agency’s proposal in detail.

**Florida Baptist Children’s Home | One More Child**

1. How will caregivers be assigned to Caregiver Support Agencies? Will they be able to select the CSA that they want to work with, or will they be assigned?
   * Children and caregivers will be assigned by Embrace Families to Caregiver Support Agencies at initial placement based on their homes’ geographic location in Orange, Osceola and Seminole counties. We will assign all existing children/caregivers to Caregiver Support Agencies at a predetermined date after 1/1/20. All children placed out of the tri-county area would continue to receive Out of County/Interstate Placement Compact for Children services through another Community Based Care agencies or out of state agency.
2. Since Caregiver Support Managers will be expected to complete both licensing and case management tasks, will these staff need to be dually certified and, if so, what plan does Embrace Families have to ensure that this cross-training/certification occurs (preferably before the transition of responsibilities occurs)?
   * No, they are not required to be dually-certified but it would be ideal. Embrace Families has a training plan to ensure ongoing training for each role.
3. Page 4 lists the expectation that CSA's should "make mental health counseling automatic." Does Embrace Families expect the CSA's to have mental health staff/services in house or will timely referrals to agencies who provide these services be sufficient to meet this expectation?
   * Timely referrals to agencies and follow-up with caregivers to ensure counseling is in place will be sufficient.
4. Page 6 indicates that "traditional foster home licensing, retention, and support services will be transitioned to the CSA completing the 'relational' licensing, retention and support activities and include, staffing conducting in home interview portion of the United Home Study (UHS), verifying physical compliance of the home, taking pictures of the home and regular visitation with support." Additionally, page 16 indicates that the CSA staff will provide initial and re-licensure activities and respond to foster care referrals in conjunction with Embrace Families staff." -- Besides completing background screenings/waivers/attestations, what specific tasks will Embrace Families staff complete in regard to licensing? Who will complete the home inspections? Who will complete the radon testing? Who will complete waiver visits? Who will be responsible for the overall "assessment" of the family? Who will make recommendations supporting/not supporting licensure as well as recommendations regarding # of children, ages of children, gender of children, etc.? Who will sign the home study to as the "licensing" staff and approve it at the supervisory level -- the CSA staff or the Embrace Families staff? Will these tasks be the same for re-licensures?
   * CSA staff will be responsible for the below sample licensure activities and responsibilities, including waiver visits. Recommendation of # of children, ages, gender, etc. will be done by the CSA as discussed with the caregiver during the relational portion of the home study. Task breakout will be the same for re-licensure.

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| --- | --- |
| Relational – Caregiver Support Agency  > Caregiver Support  Home study narrative  Adult child reference  Partnership Plan  Discipline Policy  Photos of the home, family, pets  FSFN UHS  Home visits  Quarterly visits | Procedural – Embrace Families Caregiver Eligibility > Regulatory  Local Law Enforcement Checks/calls for service  Adam Walsh checks  FBI clearance  AOGMC/Addendum-  FSFN checks-  Civil Records checks  Sexual Offender Registry checks  DMV or DJJ checks  CPA Request  Application for license  Supervisor review  Release of Information  Employment verification  3 personal references  School/Childcare references  Former foster parent info  Confidentiality Statement  Release of Medical info  Firearm safety affidavit  Current auto insurance  Driver’s license copy  Legal residency documents  Fire extinguisher tag  Verification of income  Medical clearance  Home health inspection  Radon inspection  Floor plan  Disaster plan/documentation of fire drills  Physical Environment checklist  Water Safety Affidavit  PRIDE certification, life story and home work  Psychotropic Medication and HIPAA Trainings  FSFN documentation-  In service training hours documented |

1. Page 13 indicates that the CSA will "Ensure that children and their caregivers, along with their natural support systems, are provided immediate child wellbeing services including, but not limited to: day care, medical, dental, behavioral health, and mentoring." Who will pay for these services? Should these expenses be budgeted in the proposals/response to the RFP?
   * Embrace Families will pay for all non-Medicaid billable services through Argos service requests or by cost-reimbursement client assistance funds. These expenses should not be budgeted in your proposal.
2. Will the CMO be responsible for daycare referrals given to the families as well as any additional services that Medicaid does not cover? As well as extra-Curricular activities? For example, Karate, Special Art Classes, Tutoring, etc. (Camps in the summer that are expensive and are not covered as well)—specific case once where a baby needed CBD oil and court ordered it and CMO needed to pay as Medicaid did not cover. As well as some behavioral services with very long wait lists; the child would need someone to pay to have services rendered

* No, CSA staff will be responsible for the referrals for all child and caregiver related needs (Medicaid covered or not). All staff will be provided referral, funding and Argos training by Embrace Families Network Resources staff.

1. Page 18 refers to an increase in "baseline data" to determine several goals. Does Embrace Families already have this baseline data and, if so, what is this baseline data?
   * No baseline data available until performance measures are discussed at contract negotiations.
2. Page 19 indicates that Foster Parent Retention will be 75% for year 1, 80% of year 2, and 85% for year 3 and 4. Will "positive/neutral closures" (e.g. adoption, birth of child, relocation of family to another state/area of the state) be factored out of these calculation?
   * These are typically not included however we will determine exclusion criteria during contract negotiations.
3. Page 19 also indicates that "Foster Parent Home Utilization" will be 80% for year 1, 85% for year 2, and 90% for year 3 and 4. Will bed holds and beds reserved as "respite beds" be removed from these calculations?
   * We will determine exclusion criteria during contract negotiations.
4. Page 19 indicates that "Embrace Families CBC will provide staff of the successful Respondent staff who are located at Embrace Families service centers and otherwise funded subcontract with office space, computers, network equipment, information technology support..." Does Embrace Families anticipate that all staff hired through this contract will be housed at these Embrace Families service centers?
   * Yes. We are currently evaluating our Service Center space in anticipation of our new CSA staff members.
5. Page 24 indicates that "funds from Embrace Families subcontracts cannot be used to purchase...food or beverages." Does this include food that is provided at foster parent trainings/appreciation events/etc.?
   * Food for foster parents attending foster parent trainings and appreciation events is allowable under DCF funding and is therefore allowable under the Embrace Families subcontracts. All other food including water is unallowable.
6. Will the LS/Caregiver Support Worker be responsible for attending all court hearings?
   * It will depend on the demands of the attorneys and judges. However, we anticipate that CSA staff will attend court hearings related to child and caregiver needs or issues.
7. Who is to provide the welcome baskets for new caregiver contacts?
   * Caregiver Support Agencies. We would also like the Caregiver Emotional Support Agencies to also assist with providing baskets if they are involved with the family.
8. Are we able to submit more than 3 letters of reference?
   * Please limit to 3 letters of reference.
9. During the transition time, will our agency be able to begin working with Embrace Families to begin the transition process for licensure? Or do we need to continue active licensure/re-licensure until the end of this year?
   * We will begin the transition and implementation process as soon as the award notice(s) is posted. However, if your agency is a current Embrace Families CBC subcontracted Child Placing Agency you will need to continue active licensure/re-licensure through the transition period according to a mutually agreed on plan.

**Children’s Home Network**

1. Will the caregiver support personnel be assigned to primary case management teams?

* Caregiver Support agency staff will be assigned to caregivers geographically based on the home location. Caregiver support will help support children placed in their homes which may or may not align with the primary assigned Case Management based on the case jurisdiction.

2. Is the primary case manager the referral source for the caregiver support personnel? (Only the primary case manager can make a referral to Care Giver Support Services?)

* No this assignment will be made by Embrace Families.

3. What is the proposed budget for the Caregiver Support Fund per county?

* There will be monthly cost reimbursement Client Financial Assistance (Flex Funds) included in each Caregiver Support Agency subcontract. This amount will be determined during contract negotiations.

4. Will the CSA or Embrace Families oversee the Caregiver Support Funds?

* CSA will oversee Caregiver Support with some basic contract guidelines including DCF unallowable purchases.

5. Is Embrace Families' listing of preferred providers available for review - specifically crisis mental and behavioral health providers in each county? If yes, please provide the list or electronic link to access.

* Please see <https://embracefamilies.org/> under Key Resources.

6. To ensure a smooth transition, what is Embrace Families' plan to train the system of care and community partners on Redesign and the revised scope of service related to CSA and CMA contracts?

* Yes, Embrace Families is currently developing a full scale Redesign training plan for the entire system of care and community partners. Caregiver support personnel will receive comprehensive training on licensing regulations and processes and their role as part of the licensing team.

7. Will Embrace Families provide the current rate of pay for exiting CSA staff to ensure this is budgeted and honored in the new CSA contract?

* Yes, we will provide during contract negotiations.

**Children’s Home Society**

1. How is the caregiver support person attending shelter implemented if the child's placement is in a different county than court?
   * Embrace Families will develop a new notification and assignment process for Caregiver Support Agencies and staff.
2. What specific parts or section of level II licensing assessments will the CMA be responsible for? Will training be conducted to ensure overall understanding of the licensing standards?
   * CMA staff will not be responsible.
   * See One More Child #4 Page 3 answer.

* Yes, training will be conducted to ensure overall understanding of the licensing standards.

1. How will caregiver support be assigned homes if two agencies are in one county? Will assignment work the same for home studies from CPI and parent case managers?  If one case management agency has both CMA and CSA, will the rotation be flexible to allow assignment to the agency?
   * Caregiver support agencies will serve an identified geographical area and will be responsible for conducting new home studies in that area and supporting those caregivers and children.
   * The second question is unclear; however, we would expect home study assignments to follow our current system of care.
   * CSA will be assigned through geographical areas and not on a rotation bases.
2. Page 8, second graphic listing of number of children and number of caregivers; does this data set include our over 18+ young adults?
   * No
3. Page 8, third graphic regarding ICPC/OCS, Case Plan assistance assignments are not provided in the data set. Are these being included in this caregiver support unit? Or will CPA be assigned to the parent case management programs? Can you please provide the number of case plan assistance assignments for each county?
   * Yes, these will be included in Caregiver Support.
   * Unfortunately, we do not understand the next question and are unable to respond.
   * Embrace Families will provide number of case plan assistance assignments per county at negotiations.
4. Page 14, #7, currently, there are identified licensing specialists who are on-call to identify open homes for new shelters and case management completes the placement into the home. Under redesign, the CSA case managers are responsible for locating placement into Level II licensed homes, as well as, taking the children to placement once located. During placement disruptions, CSA case managers are also responsible for the child(ren) while subsequent placement is located. Is there a new protocol/procedure from the placement unit given the restructure?

* Yes, protocols and procedures are being reviewed and will be adjusted to as needed to support the redesigned model.

1. Subsequent placement requests are the responsibility of CSA case managers should a placement stabilization plan not work. If the child is moved to a one night only placement (another licensed home or group home), is it the responsibility of CSA case manager to make the subsequent placement moves until a more permanent option is found?
   * Yes, the Caregiver Support Manager is the primary worker assigned to the child and caregiver. They will fill this role in providing stability and support to the child/caregiver.
2. Page 16, #29, given the requirements for on-call location of a licensed home of new shelters, responsibility for placement into the new home, and the requirement of attendance at shelter hearings (which can also occur on one of the three tri county courthouses), is there an allowance for the on-call person to be represented by another team member for shelter hearings if there are multiple intakes and placement disruptions during the evening?
   * Yes, of course, there will be flexibility in coverage during multiple intakes and/or placement moves.
3. Will advance notice be given for a financial penalty items that affect health and safety to be at the 10% rate? Also, and what specifically constitute items that affect health and safety to be at the 10% rate?
   * Yes, advance notice will be provided. This contract language is included in our DCF Community Based Care Lead Agency Attachment I and does not specify what constitutes “items that affect health and safety”. This information will be clarified during contract negoations.
4. Is there a percentage of lapse dollars allowed to be kept to reinvest?
   * Per the federal guidelines for Nonprofit Financial Sustainability, for funds 2% or less of approved budget, the Provider will not be asked to reinvest or return the funds.
5. If an agency plans to apply for both CMA and CSA in one county, can the proposals be submitted for including both CSA and CMA with an explanation on how they work in tandem with the understanding that Embrace Families can select none, one or both?
   * Yes

**COMPACT Family Services**

1. We need clarification as to who does what in recruiting, training, licensing, and supporting foster families. Our Model data and experience with more than 1000 cases served in what we define as a “relationship enhanced approach”, clearly points to the need to integrate four key strategies when preparing caregivers to service regardless of caregiver type. Quality caregiver recruitment and retention starts in the initial home-assessment process. Our home assessment/readiness professionals are uniquely qualified and trained to first view the caregiver readiness process as a relationship and community building tool and secondly as a caregiver screening tool. Both are equally valued in our caregiver selection process. Our Caregiver Selection Process has professional caregiver recruitment, home-studies documentation, training, and caregiver retention services designed throughout the eight step process for conducting professional evidence-based home-evaluations: 1. Sourcing; 2. Screening; 3.Documenting; 4. Selecting, 5. On-boarding; 6. Personal/Professional Development, 7. Re-Evaluation. 8. Caregiver Training/Coaching.
   * Embrace Families CBC will be responsible for the recruitment, training and regulatory licensing functions. Caregiver Support Agency staff will be responsible for the relational licensing functions and support of all caregivers (relative, non-relative and foster parents). See One More Child #4 Page 3 answer.
2. Recruitment (family finding) is assigned to the Case Management block on page 6, and also reaffirmed as a function of Embrace Families on page 19 (G8).
   * Case Management is responsible for family finding activities and strategies to help locate and engage the relatives of children who are living in licensed out-of-home care. Embrace Families is responsible for recruitment of licensed foster and adoptive families.
3. On page 6 the following functions are “transitioned to the Caregiver Support Agency”: licensing, retention, and support services (including completing the “home interview portion of the Unified Home Study, verifying physical compliance of the home…” etc.  One assumes that the rest of the Unified Home Study documentation is then completed by Embrace Families?
   * Correct.
4. Then the document says CSA staff will perform a series of bulleted functions that look (again) like functions that should naturally be done by the Caregiver Support Agency, but it defines CSA at the top of that paragraph as the traditional “Child Placing Agency (CSA)”.

* Correct. Just for clarification the reference to “Child Placing Agency” is to confirm that all the work activities traditionally completed by Child Placing Agencies will end and the work activities bulleted in the RFP for Caregiver Support Agencies will begin. After transition, our system of care will have Case Management and Caregiver Support Agencies only.

1. After all these functions are performed, then Embrace Families is again brought onto the scene to do the PRIDE training (see page 19 at the end of point 8).
   * Correct.
2. While the document tacitly supports the concept that all of this should be a relational approach (line 2 of page 6) we would suggest that shuffling caregivers between workers in a fragmented process between multiple Agencies instead of a seamless process of the Caregiver Support Agency not the Child Placing Agency (CPA NOT CSA) would perpetuate anything but a relational approach.  We would strongly suggest that CSA  be allowed to perform ALL of these functions, i.e. recruitment, training (PRIDE) , home study, and quarterly visits leading up to the annual recertification.  Alternatively, Embrace Families can retain the official, legal “licensing” function but do so upon presentation of the necessary documentation by the CSA.  This is the approach that Arkansas has chosen.  While we do all the training and home study processes, the documentation is submitted to the Department and they officially record and license the foster home.
   * Thank you for your feedback, however, we are requesting proposals for the framework provided.
3. The RFP is unclear to us on the issue of staffing methodology (point 1 on page 17) and the definitions of a “unit” and total annual budget calculations on page 20 (points 2 and 3).  We are interpreting this as follows and need to know if our interpretation reflects your thinking:
4. Your calculation on page 17 creates the impression that there are 10 Caregiver Support Units in play, and the calculations on page 8 of the Average # of Caregivers/Providers in the three counties confirms this (i.e. 673 + 126 + 224 = 1023).  1000 Caregiver Homes divided by 10 Caregiver Support Units = 100 homes in each unit.  However, your current contracted child placing agencies serve only 348 homes (page 8), but this is limited to only foster homes and does not include relative and kinship placements.  The clients to be served in this RFP (point B on page 14) includes all these family types.
   * Correct.
5. You then define a unit of service on page 20 as a month of service.  Even though the next line refers to a budget for “children”, we are assuming that this is a unit of service to A FAMILY.
   * Page 20 refers to a fixed priced payment unit of one month of Caregiver Support Agency services calculated by total contract amount divided by total amount of months.
6. The confusion is now compounded in point 3 where the annual maximum amount is given as $12.8m but then is followed by the brackets that indicate an amount of “$3.2m for 500 children each”.  To the best of our deductive abilities we are assuming that you are budgeting a maximum of $1.28m per unit of 100 homes (or One Caregiver Support Unit) because the total budget for this RFP is one-tenth of $12.8m.

* While the RFP discusses units and homes the $12.8 million budget is based on pods of 500 children each. This may or may not correlate to number of homes as many homes have more than 1 child.

1. We are therefore further assuming that we should be working to create budgets in multiples of single, whole units (10 being the maximum available)
   * Same as 7C above. Budgets may be structured for 300, 500 or 800 children but can be structured on number of children, not number of homes.
2. We are further assuming that the homes allocated to a Unit will be a mixture of Relative, Non-Relative, Foster Home and Group Home Caregiver Providers.  That represents a wide variety of different types of support (i.e. a Group Home Caregiver is significantly different to a Relative placement).
   * Correct, Caregiver Support Agencies will support every type of caregiver.
3. Will your Unit allocations be more homogenous than simply the number of Providers in a geographical area?
   * Allocations will be based on proposals, scoring and contract negotiations.
4. In the previous RFP for “Emotional Support” you indicated there would be a freedom for a family to opt-out of service from a specific provider.  We considered this a positive addition to the contract because we acknowledge that not everyone would be welcoming to a faith community sponsored volunteer visiting their homes.  Is this provision going to apply also to this RFP?
   * No since there are state required child welfare activities including monthly home visits with child and caregiver that CSA staff will be responsible for completing.

**Entrust Home Healthcare**

1. For \*Caregiver Support Agency is it a requirement that Adoption Advocates have CPS Certification or is a bachelor’s degree in human services related field sufficient?
   * No, CSA staff must have child welfare professional certification.
2. Also is it possible for Caregiver Support Agency contractors to be housed in same Location where Embrace families is currently or one of their satellite locations or does the contracting agency need to acquire a separate office location?
   * Embrace Families would like for all CSA staff to be co-located in our Service Center locations.
3. Also will existing staff (Foster Care Unit) that Embrace families already have, be available to be hired under the new contractor awarded for Caregiver Support or does New workers need to hired?
   * Yes, please see RFP page 24 under Transition (3).
4. For the Central Record portal suggestion will you accept recommendations from the contractor agency on which company to use to provide IT services to use a central portal for staff and caregivers or will contractor need to acquire the portal and pay for maintenance of it?
   * Embrace Families CBC will provide onsite IT services in our Service Center locations.