

**RFP CYF 19-10 Questions/Answers**  
**ADDENDUM #1**

TO: ALL POTENTIAL BIDDERS  
FROM: Ryan Bolles  
DSCYF – Procurement Administrator  
DATE: June 3, 2019  
SUBJECT: ADDENDUM TO REQUEST FOR PROPOSALS (RFP) – CYF 19-10 Middle School Behavioral Health Consultant Program

The following is a list of questions and responses received to date and one clarification:

1. Question: Please explain the Safe Harbor Fee.  
Answer: The Safe Harbor Fee is the fee which requires the contractor to acknowledge it is responsible for any health insurance costs by the ACA or any other legislation. For this proposal the line item on the Budget Form usually labeled “Health Insurance” has been relabeled to “Safe Harbor Fee (Health Insurance)” and posted with the RFP. The line item **must** contain a value great than \$0 with the explanation of how it will be invoiced described in the budget narrative.
2. Question: Is there a targeted population?  
Answers: The population of the assigned middle-school is the target population for each BHC.
3. Question: Are the Consultants assigned one or more schools?  
Answer: Generally one school per BHC
4. Question: Are all schools in each county eligible for this service?  
Answer: Schools are identified based on behavioral referrals and family poverty levels. 30 Middle Schools have are identified, this includes schools in all counties.
5. Question: Eligibility/Recruitment and Referral: How is it determined that a school/child needs services? Does the school do a prelim screening?  
Answer: This is a fully voluntary program. Anyone (parent, youth, teacher admin, etc.) can make a referral to the BHC for services but a consent from parent is required before the BHC can provide services. Also, many schools like the referral to come thought their own referral system so they can track. Schools do not perform a screening.
6. Question: Staffing: Is the staffing structure flexible? Can we build in additional staff?  
Answer: Bidders can propose additional staff as long as the associated costs fit the available budget without reducing the required BHC and County Coordinator staffing requirements.
7. Question: Standardization: Do the existing Consultants utilize a standard set of screening tools used by the entire team or are they individualized to the school or are the consultants using whatever they want?  
Answer: Currently the BH Works tool is used by the BHC’s, however this tool is costly and will no longer be utilized. The bidder is welcome to propose a standardized tool to create consistency.

8. Question: Can you share more about the data system that will be required?  
Answer: DSCYF has a case management system called FOCUS where various service data is captured including the RMTS survey data. FOCUS is web-based and can be accessed from any type of computer or mobile device.
9. Question: If the organization is not accredited by one of the accrediting organizations, we must meet standards by CARF unaccredited providers. How do we document that have met these standards in the proposal.  
Answer: The requirements can be reviewed by examining the CARF standards for non-accredited providers <http://www.carf.org/home/>. The requirement for this RFP is now that a bidder falling into this category include in its proposal an affirmative statement they have reviewed and are committed to meeting those standards with 36 months of contract award. No additional “documentation” is required in the proposal.

Excerpt from the DPBHS Provider Manual:

Providers without accreditation status must meet DPBHS clinical standards outlined in this Manual and the Commission on Accreditation of Rehabilitation Facilities (CARF) standards for unaccredited providers under the Business and Services Management Network. The current CARF standards are:

- All providers who are active with DPBHS and have an annual contract of \$350,000 or more must have their own independent accreditation;
  - Providers who have contracts ranging from \$35,000 to \$349,999: must obtain independent accreditation within 3 years of the initiation of the contract, whichever is later, and will be treated as unaccredited providers by DPBHS and CARF and subject to compliance with CARF survey requirements as an unaccredited provider; and
  - New unaccredited providers who have an annual contract of \$350,000 or more will be required to demonstrate a plan to have their own independent accreditation within three years of start-up. They will be treated as unaccredited providers by DPBHS and CARF and subject to compliance with CARF survey requirements as an unaccredited provider until such time as they obtain their individual accreditation.
10. Question: Can we bill Medicaid for #6 on the Scope of Work for the Middle School Behavioral Health Consultant or other items under the Scope of Work, in addition to receiving money for the grant?  
Answer: No, direct billing to Medicaid for any service provided as part of the resulting contract is not allowed.
11. Question: Page nine of the RFP lists questions which must be answered as part the proposal. However, a couple of numbers are skipped in the numbers. Are there additional questions?  
Answer: No, the questions present on page nine are the only questions which need to be answered. The missing numbers are just a function of repeated editing of the document. Please number your responses sequentially.
12. Question: Is there a standardized form for the Budget Narrative?  
Answer: No, the bidder is simply asked to type up a narrative description for each budget item with a value greater than \$0 describing the assumptions and calculations made to

arrive at the budgeted number **EXCEPT** for 1.a. Salaries which the bidder is to detail on the Salary Detail form also included in the Excel Budget document.

13. Question: Is there expectation that in addition to the 30 BHCs and 3 County Coordinators, the contractor will have one overall manager for this project, as described in the current model (p. 3-4)?

Answer: There is no expectation that the contractor will have one overall manager of the project like the current model. DSCYF is simply asking the successful bidder to consider that current contractor should it be interested in such a manager.

14. Question: The RFP requires that “successful bidding agency AND each affiliated individual service provider must be enrolled in Delaware Medicaid for the term of the contract” (p. 4). Is it expected that each agency bill Medicaid directly or will this be done through PBHS as is current model? (RFP states that this is “likely” to be a cost reimbursement contract.)

Answer: Membership in the DPBHS Provider Network requires that licensed providers enroll with Delaware Medicaid. Agencies will not be allowed to bill Medicaid directly for any service provided as part of the resulting contract.

15. Question: Is it required that all youth receiving services be on Medicaid?

Answer: No, student Medicaid eligibility is not a factor under the resulting contract.

16. Question: What % of the costs of a counselor does state get back from Medicaid

Answer: DSCYF bills Medicaid for a percentage of the “administrative cost” based on a formula involving the RMTS survey results.

17. Question: Are there productivity requirements for each counselor?

Answer: There are no productivity requirements.

18. Question: What are the activity expectations for BHCs when school is not in session (summers, holidays, etc.)?

Answer: The service is provided all year. The specific needs may vary by school or student.

19. Question: If we hire new staff, may we budget costs for cell phone and computers?

Answer: The RFP calls out on page 4 (Budget Development) that bidders should consider all associated costs such as a phone, computing device and transportation as part of its budget development.

20. Question: Should we submit a 12 month budget or a partial-year budget based on anticipated start date?

Answer: Yes, bidders shall submit a 12 month budget in order for DSCYF to complete a fair comparison of budgets.

21. Question: BHCs are required to enter data into state case management data system. Will contract agency have access to that data or do we have to enter into our own data system as well?

Answer: Some information will be required to be entered in the FOCUS system. These details will be resolved upon contract award as DSCYF works with the successful bidder to determine a best path forward.

22. Question: Are Federal Indirect Cost rates allowable?

Answer: The State of Delaware is not obligated to accept a Federal Indirect Cost rate. However, bidders can propose the rate they wish. DSCYF reminds all bidders to be as competitive as possible when it comes to all proposed costs.

23. Question: What is the preferred start date for the contract?  
Answer: The goal is October 1, 2019 for the program implementation under this new model to avoid any disruption to existing services. Current BHC contracts will end 10/31/2019, giving a one month overlap for transition.
24. Question: What is the standard for outreach to non-compliant families?  
Answer: Since this is a voluntary program “non-compliant families” aren’t a factor. The parent can discontinue service at any time.
25. Question: Is there a school based hub or is the expectation for each middle school to have staff on site? What is an acceptable percentage of staff allowed to work in multiple counties?  
Answer: There is one BHC per school. Schools provide space for the BHC. There is no school based hub. The assignment of the BHCs includes the following:
- 17 BHCs in New Castle County
  - 6 BHCs in Kent County
  - 7 BHCs in Sussex County
- Each BHC is assigned to one middle school.
26. Question: What is the standard of notification for incomplete RMTS?  
Answer: Current compliance rates are very high. If the RTMS remains incomplete, the County Coordinator receives a notification of the BHCs need to complete RTMS within 48 hours. DPBHS receives routine reports on RMTS including those specific staff who complete and do not complete the RMTS.
27. Question: Are there any requirements for multi-agency collaboration (other than MRSS) beyond an MOU?  
Answer: No, there is no such requirements. However, the BHCs collaborate with multiple agencies and refer to a variety of resources continually.
28. Question: What documentation is required for reporting and billing?  
What is the reporting/billing schedule? Is there an advance payment?  
Answer: Invoicing is monthly in the form of a line item invoice which mirrors the line item budget in the contract. Contractors must keep detailed documentation to support the costs being billed to DSCYF. Reporting is generally monthly or quarterly depending on the data being reported. Documentation for reporting BHC services include a minimum of twice a month documentation of contact with the student and/or family or a note indicating why contact was not or could not be made. There is no advance payment. Start up costs may be negotiated if requested.
29. Question: What is the process/schedule for contract monitoring visits?  
Answer: Contract monitoring is completed once a year during the month of April. The process involves reviewing the case opening, management and closure requirements for each case on the BHC caseloads. The BHC’s credentials are also reviewed at this time (e.g., professional license and malpractice insurance and criminal background check up to date.
30. Question: After the initial award would we have to reapply to continue the contract.  
Answer: No reapplying (re-bidding) is required until the next RFP which shouldn’t be for at least five years pending successful negotiations and availability of funds.

31. Question: Will questions/answers from the bidders' conference be made available? If so, when can we expect them to be released?  
 Answer: Yes, just as soon as all questions can be researched and posted.
32. Question: Are we automatically a PBH contractor once approved for the RFP?  
 Answer: A bidder is not a contractor until the contract is signed by both parties.
33. Question: Are we required to staff those schools first? Are any charter schools included in the list?  
 Answer: Yes, the schools currently with a BHC will be the first to be staffed. The schools are already identified. Yes, there are charter schools with BHC's (currently, Thomas Edison, Kuumba Academy and East Side Charter).
34. Question: Do we have to establish new contracts with each school? Are we to target the schools that don't have BHCs currently? Is there criteria of selection?  
 Answer: There is no contract with the schools which host a BHC. Schools have already been identified. Bidders do not need to identify schools.
35. Question: What is the average case load of a NCC BHC vs Kent and Sussex County?  
 Answer: Caseload size varies due to the nature of the variety and quantity of support services a BHC provides to the school population. There is no apples to apples comparison of two BHCs. The average caseload is 15-20 regardless of the region but this does vary by school.
36. Question: Will we have access to all State training? Are there any required training or PD/CEU programs? Is there a published calendar?  
 Answer: Currently contractors do not have access to state facilitated trainings unless they are open to the public. There are no specific required PD or CEUs. However, the BHC will need to complete CEUs on their own time in order to maintain their professional credentials. There is currently not a published calendar of trainings.
37. Question: Please describe the RMTS process a bit more.  
 Answer: The RMTS employs a standard random sampling method with independent selection of worker, date, and moment. The sample is drawn from files created by the DSCYF FOCUS system. Moments appear on worker's Work Lists to indicate to the worker that they have an RMTS sample to respond to. Workers choose from a pre-defined list of activities to describe what they were doing at the assigned moment. Because of the "random" nature of RMTS, the selection procedure means that workers could receive any number, including zero, moments throughout a given sample period.
38. Question: Are charter schools part of this program?  
 Answer: Yes, some are, but not charter schools created especially for students with behavior issues as the school is already equipped with adequate resources.
39. Question: Is it possible for bidders to propose unlicensed BHC?  
 Answer: DSCYF is making the following highlighted adjustment in the minimum qualifications:

**Middle School Behavioral Health Consultant (MSBHC) Qualifications:**

- Master's degree in psychology, social work or related field.
- Possession of a professional license to provide behavioral health services in Delaware or those who have met all required licensing requirements within six (6) months of hire are eligible

40. Question: Can you describe the amount of transportation required of the BHCs?  
Answer: There is very little if any transportation during the school year. BHC transportation occurs primarily in the summer time only and varies by activities.
41. Question: If a BHC identifies a student could benefit from ongoing therapeutic treatment who provides that?  
Answer: The BHC would refer those services to an outside treatment provider.
42. Question: Who has the final say on who is hired into a BHC position by the contractor?  
Answer: While all contractors are privately owned employers and are free to hire at their discretion, it has been the DSCYF practice to allow the designated school representative to participate in the final selection of the school's BHC as it is important to consider the "fit" for the school and students.

All other terms and conditions remain the same.

If you have any questions, please contact H. Ryan Bolles at [herbert.bolles@state.de.us](mailto:herbert.bolles@state.de.us) or 302-633-2701