



TFC/RFP-Q&A Bidder's Conference 8/2/2019

Question 1. How many youths at a time, and annually, does the County anticipate providing these services?

Response: Approximately two to five children, in any given month, or a maximum of ten children per year.

Question 2. According to agency calculations, the costs for providing TFC services, to approximately nine children, would be around \$600,000. Is this acceptable?

Response: Given the daily rate of \$180 per day, total billable services should be close to the total available funding amount of \$600,000, if other costs are considered (i.e. supervision costs, administrative costs) it could be a little less.

Question 3. From a budgeting perspective, is the county looking at costs for individual placements, on a daily basis? Is there a template on how the budget should look?

Response: The budget can be prepared, as if the agency operated two to three TFC beds throughout the year, with costs for services for children enrolled in the program. Approximate costs for two children, fulltime on an annualized basis in the TFC program, to start the program. Existing operational and infrastructure costs should not be included in the costs for providing TFC services.

Question 4. Is the county looking at costs for a budget of six months, or a full year?

Response: The contract amount of \$600,000, is for a full year of services. The length of stay, for each child, will vary depending on Medi-Cal necessity, acuity and the child's needs. The contract will be a fee-for-service contract, \$180 per day, plus CMA, County Maximum Allowance rates for mental health services, case management, crisis, and medication support.

Service Function	Time Base	County Maximum Allowance (CMA)
Case Management, Brokerage	Staff Minute	\$2.27
Mental Health Services	Staff Minute	\$2.94
Crisis Intervention	Staff Minute	\$4.37
Medication Support	Staff Minute	\$5.41



Question 5. Are you looking for a budget, with the costs for only TFC services?

Response: Yes. Agencies that presently have a contract with the county, the TFC program can be added to the existing contract as a unique program.

Question 6. Does the County have an anticipated length of enrollment for each youth?

Response: TFC is an intensive, trauma informed, short-term service. A follow-up question was sent to the State, to inquire further about the expectations of TFC enrollment. Per the Department of Health Care Services (DHCS), it is stated that assessments need to be completed, every three months, to continue on in the TFC level of care. If a child is receiving highly coordinated TFC level of care, then the State might question why a child might be receiving services, for an extended period of time. It is hoped that the TFC services will be provided, short-term, and coordinated to step-down levels of care.

Question 7. May bidders include a table of contents for the proposal? If yes, will the table of contents be counted as part of the 30-page narrative?

Response: No, it will not be counted as part of the 30-page narrative.

Question 8. Will an agency and program organizational chart meet the requirements of the “staffing pattern” appendix? If no, may the organizational charts be included with the appendices?

Response: Yes, it is encouraged to present an organizational chart. Please be sure to still include the roles and functions, for each of the staff that will be directly providing TFC services.

Question 9. Will all the policies, procedures and program manuals, that are part of the FFAs, be included with the TFC proposal?

Response: Yes, please include relevant policies, procedures and program manuals for the review panel. The additional resource documents will not be included, in the page count, towards the narrative. If the documentation is lengthy, 50+ pages, digital format (thumb drive) will be acceptable.

Question 10. Will the policies and procedures regarding grievances and other appendices, be able to be digital only too?

Response: Anything to be considered, pertaining to the organization’s FFA program, how it operates, budget, and staff, should be included as hard copies, for the review panel to consider and understand how the TFC program will work.

Question 11. May bidders include additional appendices that are not requested (such as letters of support)?

Yes, letters of support can be included in the appendices.

It is important for the agency to make the distinction between an ISFC homes, and TFC. Although a letter of support can demonstrate that the organization is experienced in providing ISFC services, it should be clear to the review panel that the agency is also familiar with the TFC requirements and the additional training, along with how will TFC parents will be supervised; and the skill level of the supervisor, working with non-clinicians and the parents, in helping them to record documentation.

Question 12. On page 13, of the Request for Proposal, required staffing states that services should be provided by a licensed mental health professional. Can the county clarify if a fully licensed clinician is required, or can the services be performed by a registered clinician, under the supervision of a licensed clinician?

Response: According to the Medi-Cal manual, services should be performed by a registered and/or licensed mental health professional.

Question 13. On page 15 of the RFP, it states that the agency should utilize a fiscal agent, to provide financial statements from the previous fiscal year. To clarify, if the agency does not use a fiscal agent, does the county still require audited financial statements?

Response: Yes, audited financial statements should be included in the proposal.

Question 14. There has been a lot of conversations regarding the templates for clinical documentation. Thinking about the 24-hour requirement, pertaining to the notes, from the foster parents in the home; has the department considered, how the notes will be transmitted?

Response: The home, as per regulation, does not have to be Medi-Cal certified, and per the RFP, preference will be given to organizations who have Electronic Health Record (EHR) capacity. If clinical documentation will be captured and stored in a paper chart, inside the home, then the Medi-Cal regulations for storing confidential records will apply.

Question 15. Has the county considered some of the note charting requirements? Some of the Hispanic families do not have access to a computer, nor the skills to write the notes in the chart, in English, nor have access to the EHR. The more TFC providers available, the better; but each additional requirement will reduce the number of TFC available providers. Not all of the families are online.

Response: Ideally, we would recommend that the FFA work in coordination with the TFC parents to discuss and develop procedures around documentation standards and expectations. In terms of access, it would be the role of the FAA, to provide a computer, relevant training, and/or interpretation services so that the TFC has the capability and access to complete the required documentation.

Question 16. Pertaining to documentation, will the documentation created by the FFA's need to be reviewed by UR? Is there are timeline for when those processes will be?

Response: The county will provide the note template, for documentation, that will be approved by the county's UR department. In the Medi-Cal manual, the state provides an example of a progress note form and the county is presently in the process of creating a template, to standardize the notes and mirror the state's example in the manual.

Question 17. If the county is creating the template, this signifies that the agency has to integrate the county's new form into their existing EHR form? This adds another layer of complication to the process, for the TFC program. As an agency, we have our own templates, for all our documentation.

Response: It would be preferable to use a standardized form. If there is a major issue with an organization's ability to optimize their EHR and integrate the county's template, the agency can submit their form to the UR department, for approval. Approval to use the agency's form, for TFC, can only be issued by the county's UR department and must be approved in writing by the UR, before using their own document, form and or template.

In addition, the agency's EHR must be certified by the county's UR department. If an agency has already obtained certification, through the UR department, for their EHR system, then the agency will still need to request that UR, add and certify TFC as new service that will be captured in their EHR..

Question 18. If we use charts in the narrative, must the charts conform to the same margins, font and size requirements, as the rest of the proposal?

Response: As long as the agency is within the page limit allotment, charts do not have to abide by the specifications of the font and size. We appreciate conciseness and adherence to the page limit.

Question 19. How much support from the county, will be provided to the agency, for children that have additional needs, psychiatric breakdown, medication, or other specialty mental health services? How should the incident reporting happen and who would it go to? What would be the follow-up? Can a list be provided to access county services, and or next steps?

Response: Program support will be provided from both Child and Family Services and Mental Health. Contra Costa CFS and Probation are the agencies in charge of placement for the child, to a proper TFC parent match. Team meetings, with the child, providers, and social worker, will need to be provided to determine the appropriate needs for the child. The social worker would complete a formal referral, based on the meeting and the child's needs, and forwarded to the inter-agency placement committee, which is required by the state, to determine STRTP level of care, step-down options, and TFC.

If a child has a psychiatric break-down, first priority would be to tend to the child, transport to emergency psychiatric services, contact first responders and contact the child's welfare worker. Contra Costa has a Mobile Response Team, (MRT), to assist as needed, during a crisis. It is important to document instances and submit to the Inter-agency Placement Committee; for

further analysis of why the child had a crisis, and determine if the child needs additional services and support, hospitalization and/or STRTP level of care. Children will more than likely be receiving ICC services as well; all the services should be coordinated, to continue to assess, what appropriate level of care the child needs.

Question 20. To be clear, the children are placed to the agency, through Human Services, to the agency, correct? *Response:* Correct, children and youth are placed through Human Services and the Probation Department. TFC would be additional mental health services and support, for the child placed. **Question 21.** Do all the TFC homes need to be placed, within the county, or can the child be placed in a TFC home, outside the county?

Response: It is preferred to have TFC homes, within the county; it is conceivable that there will be out-of-county TFC homes as well. It is preferred that the TFC home, be within Contra Costa County.

Question 22. To be clear, the budget should reflect that there is a child, in a bed, 365 days out of the year, correct? It has been found that the TFC parent, doesn't necessarily document every day, but the child is still in the home, should the budget be assuming that the child is in placement, fulltime?

Response: The budget should assume that there is a placement, in a bed, 365 days of the year. Keep in mind that the contract is a fee-for-service contract, for services as needed.

Question 23. Would the TFC service be made available for kids that are out-of-county, or incoming PT?

Response: Yes, there is some flexibility, it would be available to incoming transfers and treated as such, a Presumptive Transfer will need to be tracked and documented in accordance with Contra Costa's established policies and procedures.

Question 24. Speaking specifically for Alternative Family Services, would the County want that we build TFC services on an ISFC foundation? Is that an appropriate structure?

Response: In terms of foster homes, there are various levels of intensive services foster care; ISFC is the highest level of foster home, that provides more support for the child and TFC, would be an additional level of service, above the ISFC. That would be an appropriate structure.

Question 25. The agencies present, stated that the links to access the RFP information, and to access the additional resources, have not been activated.

Response: Contra Costa is not strict in regard to the budget or narrative template; the individual agency's format will be accepted; the elements and the cover page need to be included in the RFP application. The narrative can be completed on a Word document.

Updated links to the resource materials referenced in the RFP are enclosed here:

1. https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/Manuals/Medi-Cal_Manual_Third_Edition.pdf
2. <https://www.dhcs.ca.gov/formsandpubs/Documents/.../APL2017/APL17-009.pdf>
3. <https://www.cibhs.org/publication/therapeutic-foster-care-tfc-training-resource-toolkit>

Question 26. Will be using ShareCare for billing purposes? Will the families need to be ShareCare trained?

Response: ShareCare must be used for billing. Families will not be expected to enter services into ShareCare. It will be the responsibility of the contract agency to enter the information into the system.