Questions and Answers for Multidimensional Family Therapy (MDFT) RFP
Posted September 11, 2018

1. There is no mention of Letters of Support or MOU's?

   The Department has decided to allow, in limited circumstances, the use of subcontractors, although it is the Department's expectation that the majority of services provided under this level of care be through direct provision by the applicant. If the use of a subcontractor is being proposed, proposals must clearly justify the need for a subcontractor, the services/locations of service for which the subcontractor will be responsible and all quality assurance practices that the applicant will utilize to ensure that the subcontractor is adhering to the Department's requirements for this level of care.

   If applicants wish to demonstrate a formalized commitment between themselves and their proposed subcontractor, such should be provided through the inclusion of Letters of Commitment or formalized contracts Form #6, and may be included in the Appendices section of the proposal, before the Financial Profile and Budget/Narrative.

   ***THIS CONSTITUTES A MATERIAL CHANGE TO THE RFP*.**

2. What services are billable?

   This program can accept billing from private insurance, if your agency has negotiate with a provider commercial insurance. If the client has Husky, the provider can get funding for the clinical work and for case management.

3. Even though we're getting state dollars through a grant we could still bill Husky? Why is the license required for the facility or what kind of license required when the services are home-based?

   The applicable DCF license would be the Outpatient Psychiatric Clinic for Children (OPCC) license. Technically it is a voluntary license. There are many private group practices where licensed clinicians provide services to children and families. So theoretically an applicant who does not have an OPCC license could fulfill the requirements of the RFP. Applicants with the OPCC license, however, will already have many of the necessary components of the RFP in place such as a clinical director, access to a psychiatrist, records management systems, quality assurance, and finance and personnel systems.

4. We currently are one of those providers that has a small team of two therapists, a TA (case manager), and a part-time supervisor. Is it possible to collaborate with another agency and one supervisor and have therapists spread over two agencies? Is it possible to work together with another agency that might cover another part of region 1?

   See Question 1.

5. It's indicated that one of the teams from region 4 will also cover part of region 3. What part of region 3 would they be covering?

   That hasn't been determined yet.

6. Could there be information provided in terms of what codes have been authorized and used by MDFT teams and where they fall under?

   Services reimbursable by Husky for this model are therapy (H2019) and case management (T1017) which require prior authorization.

7. The letter of intent, is it okay if we adjust it? It's referencing a different program.

   An Amendment has been posted on DAS website correcting this error.

8. A little bit more on the team for Region 4 – Would it be possible to bid on that team in region that's also going to serve Region 3?

   All applicants that apply for Region 4 will be expected to cover Region 3 as part of the proposal. One Contractor will be selected to cover region 3 during the negotiation phase of the award.

9. Budget part – we got a revised budget that we submitted in August, but that is for 7/1/18-6/30/19. I think the letter said that current contracts will stop as of 12/31/18. Is that correct?

   As the letter indicates, it is anticipated that the termination of current MDFT contracts will be effective 12/31/18.

9. Supervisor – you wanted a full-time supervisor. Let's say we were in one full region, would one supervisor be able to cover both teams or have to be one supervisor per team?

   One supervisor per team. The staffing per team is a one FTE supervisor, four therapists and two TA's.

10. What is Bilingual staff requirement of the team?

    It isn't written in here. Generally, it based upon the makeup of the clients that you would expect to serve in the region for which you're applying.

11. Size of teams – It says that region 1 will have two teams. Is that four therapists and two TA's per each team?

    Yes

12. What is included in the fifteen pages and what is not included in the fifteen pages?

    Starting on page 15, under main proposal components, starting with number 1, going through page 18 ending at D. Number 1. Financial Requirements.

13. Does that include the budget forms?

    No

14. Through item 6, data and technology, ending there? Is that correct?

    No. See question 12

15. Is it safe to say on page 19, you have the proposal outlined, section f., the main proposal, that's your fifteen pages?

    See question 12.

16. Within the executive summary section, it mentions the main regular executive summary but it also talks about cost proposals. Are those both part of the executive summary or are those two separate summaries?

    The Executive Summary is 1 document that provides a high level overview of the proposed program and a brief overview of the program's cost. It is not 2 separate documents.

17. Can you tell us what the annual per team capacity is?

    Each therapist carries six cases, and with the average length of stay at five months, the model developers suggested that the therapists can each see fifteen cases per year. For a four person team, each team would be expected to see sixty cases per year.

18. In the budget, is there a specific allocation to fund pro-social activities for the kids and families?

    You need to take the amount of money that you got from the budget and propose to us how you would use it.

19. I noticed that it mentioned DCF would be paying for the initial MDFT training. Are there any other costs associated with certification and ongoing licensure that the agency will need to account for?

    No, that will all be covered in the DCF funded MDFT QA contract.

20. For monitoring and evaluation reporting, is that only going to be through the PIE, GAIN Q3 and MDFT Clinical Portal?

    Yes.

21. Does that mean that we won't be required to do individual reports to the QA vendor once they're selected? (Current MDFT providers provide another set of data related to quality assurance and will that continue?)

    This has not been determined yet.

22. So we'll doing location reports still of everything that we're entering into PIE?

    This has not been determined yet.

23. On page 29, it says that the therapist assistant must have a bachelor's degree. Is experience in lieu an option?

    Yes, MDFTI is not strict about this. We rely on the judgement of the programs. The main thing with respect to degrees is that typically we don't recommend people with a Masters degree to be a therapist assistant because this can lead to a battle for control between the therapist or TA. People who are enrolled in Masters's program are okay, as are those with a Bachelor's degree, or no Bachelors' and relevant experience.

24. If you already have a TA who does not have bachelor's degree, will they be grandfathered in?

    Yes.

25. In regions where we have multiple teams, are you looking for one provider or multiple providers?

    We may select one provider, or multiple providers, depending on who is the best applicant(s).

26. You're asking in all the RFPs now about a demonstrated willingness to serve all neighborhoods. We have a 40-year history of home visiting and we serve all neighborhoods and when the feedback comes back, I get, "I didn't answer the question." Could you give some hints on what you're looking for?

    *To qualify to receive the contract award, the applicant must meet all six (6) qualifications (see page 5 #5 of the RFP). This includes "*a willingness to provide services in all neighborhoods of the towns in the Region for which they are applying".

27. There's four existing MDFT ATM (ASSERT Treatment Model) teams. If you just take region 5 for example, Waterbury, it looks like they have ATMs as well as a re-procurement team. What's the

difference between those two and how will we fill them?

Once the regions get awarded, this will be discussed in more detail. There is already a mechanism in place within the regions that have one of these ATM teams. These teams are to serve youth with Opioid use disorder, so we may choose to send that family directly to that team even if the referral generates with another MDFT team.

28. Did you anticipate that each regional office would have an assigned gatekeeper?

    Each region determines if they have gatekeepers to access their services or not.

29. For the live observation, that can be Skype or does it actually have to be videotaped?

    It has to be a "live" family which is observed by the MDFT Trainer and the team, with feedback given during the session.

30. Do you have sort of an average third party amount per team that you can share with us, total amount annually?
    The amount of third party reimbursement that is obtained varies by individual agency.

31. With regard to the budget, do you want us to just show the $495,000 or do you want it to reflect our third party billing as well?

    It should reflect all expenses and income.

32. So if you wanted that one team, would you be expected to serve the whole region? Of region 2, there's three teams, say it was one team, how would you know what area it would cover?

    We expect each team will serve the entire region for whatever region you're applying for.

33. For region 4, where you could apply for a team that would serve region 4 and region 3, you would know that area, that there would be region 4 and region 3 if you applied for that one team.

    See Question 8.

34. On the current revised budget, the revenue for the state is 2 SIDS. Is this just 1 SID?

    No.

35. Is it one proposal per team or per region?

    One proposal per Region, identify how many teams you are bidding on.

36. If you're doing multiple teams in one region, would it be one budget or budget per team.

    One budget per Region.

37. So you want one budget per team. For region 2, do you want three budgets?

    One budget per Region.

38. With the rebid of the quality assurance portion, will there any impact or changes to the oversight of the MDFT program looking forward? If there were any changes made to the quality assurance piece, will the expectations of the training or certification process, will there be any changes on the teams?

    MDFT has specific Quality Assurance protocols in place. These will not be changing.

39. On page 30, C1a., it mentions "reports as requested." Do you have an example of the reports this would be?

    It refers to any ad hoc conditional ones. For example, we do a survey every July 1st of everyone's staffing for gender, ethnicity, language spoken. That would be an example if you were asked to do that. That's the kind of thing. There's no regular report. Some MDFT teams send out weekly or biweekly census so that you would carbon copy me on that.

40. On the fifteen pages, there's somewhere else where it says Table of Contents is page 1. Do you literally just mean the top page not page 1?

    Correct.

41. There's mention of incentives. I'd like to know where you would like to see those on the budget and what is allowable?

    Incentives should be included under: Client Subsidy- Other in budget. There is no restriction as to what is allowable.

42. Does that include both rent and GNA?

    Yes.

43. Do you have an estimated amount of psychiatric time that gets utilized?

    No, this varies based on the individual needs of the youth on the caseload at any given time.

44. On page 17, Section C4a., Staffing Requirements, could you give us some more clarity on what is meant by staff categories?

"Staff categories" refers to each of the team staff positions (clinical supervisor, therapist, therapist assistant, and psychiatrist / APRN) noted in the Staffing Model, page 28 #8 in the scope in the RFP.

45. For the tables, can we single space that and one-and-a-half spaces. (For the tables, are they able to change the spacing and font?)

    Yes.

46. For the margins, does normal mean one inch?

    Yes.

47. If you're submitting for more than one region, do you want separate sealed envelopes per region?

    Yes.

48. Do you have a recommended time period for start-up?

    The anticipated contract execution date is December 1, 2018. The Department would like the contract awardee to start providing services as soon as possible after that date.

49. The region 4 team that will go to region 3, that's the only overlap in towns across region. If there's one region where there's a request to crossover two regions, 3 and 4, if that would occur in any of the other regions?

    This is the only request to have a team cover 2 regions.

50. For the cultural diversity section, you're saying we can have supporting data. So that can go in an appendix, so we just add an appendix to the appendices? It's on page 15 and 16. 2a. and 2b are asking for data.

    We'll add that to the appendices for clarification on that.

51. You're asking for a lot of information for fifteen pages that are one-and-a-half spaced. More pages would be appreciated.

    Page limit will be increased to 20 pages for this RFP.
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52. Can you provide who the current team providers are for MDFT in the regions?

    Yes: Boys and Girls Village, Catholic Charities Archdiocese of Hartford, Child Guidance Center of Southern Connecticut, Community Health Resources, Connecticut Junior Republic, Connecticut

Renaissance, Family and Children's Aid, Hartford Community Mental Health Center, United Community and Family Services, Village for Families and Children, Wheeler Clinic and Yale University.

53. Can you also include who attended today?

    Yes – this will be posted as an attachment.

54. Are you guys looking for independent contractors or staffing agencies to respond to this RFP?

    Minimum Qualifications of Proposers is listed on page 5 of RFP.

55. Are your needs full-time, part-time, or on an as needed basis?

    Staff and the team work the hours noted in the RFP.

56. If we are located in Wyoming, will that prohibit us from being awarded?
    No

57. We are credentialed as a behavioral health group practice. A license is not required to provide behavioral health treatment. We respectfully ask the Department to revisit their requirement that the applicant agency have a 'license' to provide clinical services, or to explain what type of license is required and why.

    The applicable DCF license would be the Outpatient Psychiatric Clinic for Children (OPCC) license. Technically it is a voluntary license. There are many private group practices where licensed clinicians provide services to children and families. So theoretically an applicant who does not have an OPCC license could fulfill the requirements of the RFP. Applicants with the OPCC license, however, will already have many of the necessary components of the RFP in place such as a clinical director, access to a psychiatrist, records management systems, quality assurance, and finance and personnel systems.

58. Is an evidence-based substance abuse treatment model a component of MDFT?

    Yes, MDFT is an evidence-based model to address adolescent substance use.

59. Historically, how many hours/week of psychiatric services have been indicated?

    Do not have that information at this time.

60. Is an evidence-based substance abuse treatment model a component of MDFT?

Yes, MDFT is an evidence-based model to address adolescent substance use.

61. How often are the urine screens administered?

They are administered up to 3 times a week, depending upon the youth's substance use. The team will also do a breathalyzer at that frequency, if the youth is using alcohol. Both a urine screen and a breathalyzer are done on <u>every</u> client during the evaluation phase of treatment.

62. Startup costs in addition to Year 1 operating costs are not allowable under this procurement. Based on hiring and implementation dates, the Department will allow applicants to propose reasonable (non-capital) start-up expenditures using Year 1 funding provided that the implementation of services is not unduly delayed. The final prepared budget must include all sources of proposed funding, to include all 3rd Party Revenue." For the purposes of this proposal is non-capital considered any necessary start-up expense (ie desk, laptop) under 5K?

Yes.

63. Can psychiatry/APRN services be provided by linking the client to a resource of their choice in their community?

Yes.

64. On RFP page 15 under Main Proposal Components, Organizational Requirements, applicants are asked to report corrective action related to DCF contracts. Please clarify what type of corrective action should be reported. Do agencies need to report issues that are not associated with direct services but pertain to issues such as broken blinds or a stain on the carpet?

If an Agency was put on any form of Correction Action Plan by the Department it needs to be identified.

65. Appendices: can a table of corrective action be included in an appendix rather than within the narrative?

No.

66. In the Appendices listed in the proposal outline (RFP pages 19-20), the appendix for licensure (#4) lists "Form 4". Is there a form that applicants need to fill out or should applicants just attach their applicable proof of licensure and certifications?

Proof of licensure (ie a copy of a DPH-issued clinical license) is sufficient.

67. Please confirm that applicants can add an appendix for supporting data related to the cultural competency section of the proposal.

    Yes. Such should be added as Form #5 and may be included in the Appendices section of the proposal, before the Financial Profile and Budget/Narrative.

68. If an applicant is submitting a proposal for two teams in one region, should they submit one budget per team or one budget to cover both teams?

    One budget per proposal.

69. Please provide a list of all providers who have submitted LOIs for this RFP.

    List will be posted on DAS website by September 16, 2018.

70. Can you provide a breakdown and/or estimate of the annual utilization in each of the existing regions and/or teams?

    Each of the 4 therapists carry 6 cases at 1 time, and are expected to serve 15 clients annually. The team of 4 therapists are expected to serve 60 clients annually, calculated as the number of cases in service as of July 1st of the fiscal year PLUS the number of admissions during the fiscal year ending June 30th.

    The breakout for the annual utilization of the teams being rebid in this RFP in each of the existing regions will be:

    Region 1 = 120

    Region 2 = 180

    Region 3 = 60

    Region 4 = 240

    Region 5 = 120

    Region 6 = 120

71. As part of our retention initiatives, our agency typically provides a 3% COLA for all employees on an annual basis. How we should reflect cost of living increases in coming years as this RFP only requires a one year annualized budget?

    The budget submitted with proposals, should only reflect 1 year of operation, within allocations defined in the RFP. Subsequent annual budget submissions will be required annually after contract award, and may include proposals for salary increases, subject to Department review and approval, although it should be noted that the Department will be unable to increase its annual funding for such initiatives.

72. Can applicants attach the resumes of identified staff for their MDFT team(s) in the appendix?
    No.