Multisystemic Therapy RFP

Questions & Answers

1. **Do therapists have to be LMSW or LCSW-licensed?**
   The Department is not specifying what license type is necessary, only that they are licensed. If the individual is currently under supervision working towards licensure, that will be accepted. Please reference CGS 383c Sec 20-195.

2. **What Regions are not currently covered by MST Services?**
   MST is not currently available in the following Area Offices: Norwalk, Middletown, Torrington, Danbury and Meriden.

3. **Why is the MST service type being rebid?**
   The Department is rebidding the MST service type because its Procurement Plan requires the rebid of the service this fiscal year, but more importantly, MST is being rebid to right size the program to ensure statewide availability of services.

4. **Is this program eligible for third party reimbursement/Medicaid?**
   Yes.

5. **Is the case management component of MST eligible for third party reimbursement?**
   No.

6. **Is page 18 (C.4.b) of the RFP referencing current providers of MST services or any DCF provider?**
   This section of the RFP is specific to any DCF contracted service provider.

7. **In relation to formatting of proposals, does 'Normal' margin mean 1 inch margin?**
   Yes.

8. **Can proposals be submitted in one package or does each copy have to be submitted in a separate package?**
   Each proposal must be submitted in a separate package, but the entirety of each individual proposal should be submitted in 1 package (i.e. a proposal for an MST Team in Region's 2/3 should be submitted in 1 package / a proposal for an MST Team in Region's 2/3 and an MST Team in Region's 4/6 should be submitted in 2 separate packages).

9. **Are DCF intensive in-home programs part of the statewide home needs assessment being conducted by DCF and OEC?**
   Not to our knowledge, but this assessment is still under development.

10. **Does the funding delineated in the RFP include funding for access to an APRN or doctor?**
    Proposals may include allocations for these costs, although DCF would anticipate that 3rd party revenue would fund these costs.

11. **Do proposals have to include access to an APRN or doctor?**
    DCF funding does not have to be allocated for such access but proposals must address how clients will be given access.

12. **Can subcontractors be utilized for the APRN/doctor?**
Given that the MST model only requires per diem access to an APRN/doctor, the Department would not consider this relationship to be 'sub-contracting.' The Department would consider this to be a per diem expense.

13. **Can you clarify the breakdown of teams by provider?**
See page 3 of the RFP (Section 1.A.3). The Department anticipates award of 3 contracts as a result of this RFP. Each awarded providers will be expected to operate 2 MST Teams of staff, 1 serving each of 2 Regions. 1 Provider will be awarded a contract to fund an MST Team for Region 1 and an MST Team for Region 5; 1 provider will be awarded a contract to fund an MST Team for Region 2 and an MST Team for Region 3; 1 provider will be awarded a contract to fund an MST Team for Region 4 and an MST Team for Region 6. The Department will not accept applications proposing services to only 1 Region, or applications proposing services to a combination of Regions other than the combination delineated above and in the RFP.

14. **Does office space have to be located in the Region?**
No, but this is a preference and if office space is not to be located in the Region being served, proposals should explain why and how the provider will manage services and community relationships effectively from outside of the Region.

15. **How was available funding calculated?**
In its development of this RFP, the Department looked at current funding, current staffing, the number of case carrying and full or part time staff, size of Region, travel requirements and training opportunities, as well as its existing resources to determine the amount of available funding.

16. **Is the funding available in the RFP the same as the current allocations for MST services?**
Yes.

17. **Page 5 (Section I.C.7) states that the subject line of the emailed Letter of Intent must read, "Parenting Support Services RFP / Letter of Intent." Is that a mistake?**
Yes. The Letter of Intent should be emailed using a subject line of: "MST RFP / Letter of Intent."

18. **Within the scope of service included with the RFP, Section C.2.c does not fully define the average length of service?**
The target average length of service is 4 months.

19. **Is this program limited to DCF referrals only?**
No, it is expected that DCF referrals be prioritized, but the program will be expected to accept community referrals as well.

20. **Will there be an assigned DCF gatekeeper?**
We anticipate that the program will have gatekeeper(s).

21. **Can the Executive Summary be 1 piece of paper, printed on both sides?**
No. The Executive Summary should be 1 side of 1 piece of paper only.

22. **If the proposal includes tables, do they have to be 1.5 spacing?**
No, tables may be single spaced.

23. **In Section IV (Proposal Outline) of the RFP, Section G isn't referenced. Is that a mistake?**
No. Section G would have been the Financial Profile, Budget and Narrative. For ease of review, the Department would prefer these documents to be attached to the proposal as Appendices 9 and 10 (the last documents in the proposal).

24. **Are vehicles an allowable expense?**
   Yes.

25. **Is there a preference as to whether or not the vehicles is purchased or leased?**
   No.

26. **Does the Department prefer awarding contracts as a result of this RFP to current MST providers or to new providers?**
   The Department does not have a preferences. Contracts will be awarded based on the merits of each proposals, as defined in the RFP.

27. **Are startup costs allowable?**
   Yes, as long as the SFY 2020 budget does not exceed allocations for 11/15/19-6/30/20 operation of the program.

28. **Can you provide an example of what a startup cost would be?**
   Startup costs are one-time in nature; used for implementation and operationalization of the program. For instance, office equipment or furniture to set up the MST office space; laptops or tablets for new staff; vehicles; etc. would all be considered startup costs.

29. **Who will provide training on the GAIN 3?**
   DCF will facilitate this training with dates to be established prior to negotiation of contracts awarded as a result of this RFP. The Department anticipates training dates in February.

30. **When will MST training be set up?**
   Specific training dates will be established prior to negotiation of contracts awarded as a result of this RFP, but the Department anticipates this training to be held in January.

31. **Do providers have to pay for initial or subsequent MST Training?**
   Yes, therapist and supervisors have the initial MST training at a cost of $500 each (person), for with both have to attend. Out of state training costs are $800 each (person) plus travel arrangements. Booster and supervisor trainings through Advanced Behavioral Health (ABH), Connecticut's quality assurance provider, are at no cost to providers.

32. **Does DCF have a suggested amount to budget for training travel costs?**
   Travel costs vary depending on distance and travel arrangements. Trainings have been provided in the past as close as New York. Trainings may also be offered in South Carolina.

33. **Was it DCF's intention to exclude administrative support costs in its allocation of funding for this program?**
   DCF did not have an intention either way. Within existing allocations, this is an allowable expense, although the Department will be evaluating the amount of project 3rd party revenue as an additional funding source.

34. **Is DCF looking for proposals to just reiterate what the RFP is asking for, or should applicants be including different information in their proposals?**
   The Department is not simply looking for the RFP to be reiterated in the proposal. The Department scores proposals based on their ability to demonstrate the applicant's understanding of the service type and the applicant's ability to make the service requirements listed in the RFP a reality.

35. **The RFP was reposted, what was changed?**
   The Department did not make any changes or request a repost of this RFP. It appears that the 'repost' was an internal glitch in the state BizNet system. No modifications have been made to the RFP since its original posting.

36. What are the Department's expectations for 24/7 emergency availability?
The Department will require the minimum availability recommended by the MST service model.

37. Will the Department release the list of Bidders Conference attendees?
Yes. This has been posted on the Biznet website.

38. Will the Department release the list of agencies who submitted a Letter of Intent?
Yes. This will be posted to the Biznet website after the due date for Letters of Intent has passed.

39. Who are the current DCF-funded providers of MST services?
Child & Family Guidance Center (Bridgeport Area Office)
NAFI, CT (Milford, New Haven, Norwich, Willimantic, Hartford, Manchester and Waterbury Area Offices)
Wheeler Clinic (Hartford, Manchester and New Britain Area Offices)

40. How did the Department arrive at the average salaries for MST staff?
The average salary amounts were calculated based on the current salary structure for MST staff across the state.

41. What is the difference between the target MST & MDFT populations?
There is not a significant difference in the populations served by these models. The significant difference is in the level of responsivity to the service model- which model works most effectively for each family.

42. What is the demographic breakdown of current clients served under MST by Region?
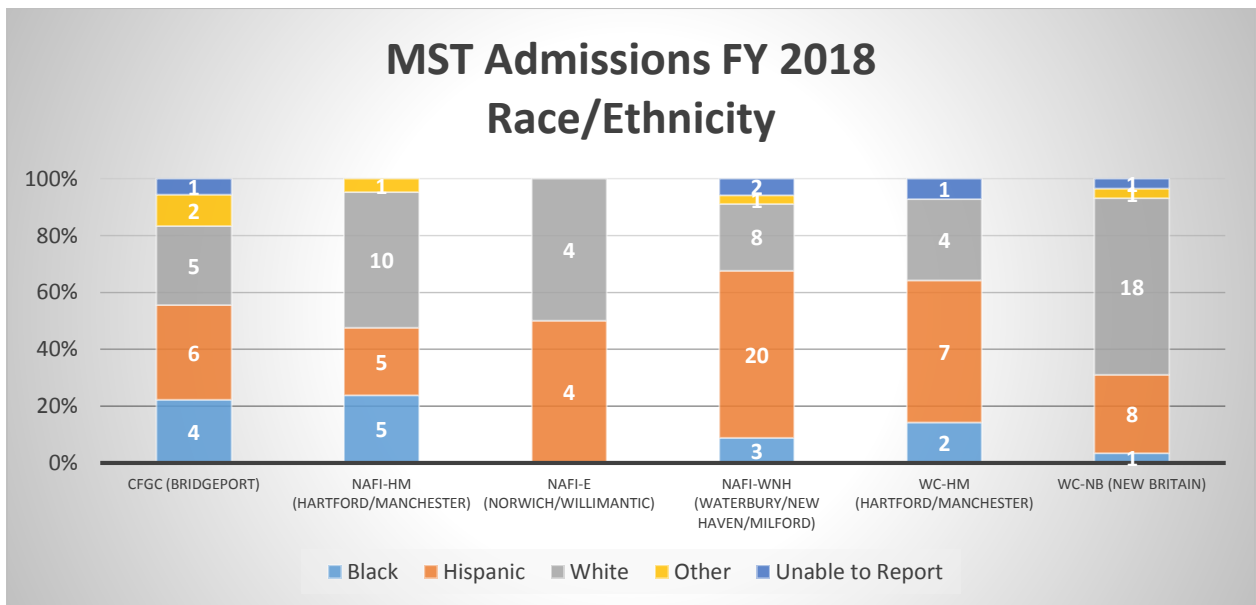
43. Is it the Department's intent to provide MST service coverage to every town in every Region?
Yes.

44. Within the proposal, is the Department evaluating the agency presence in the proposed service area at the specific MST level of the presence of the agency as a whole?
The Department's scoring of the proposal will be determined based on the presence of the applicant agency in the proposed service area (not the applicant agency's MST program).

45. **Are there requirements for bi-lingual staff?**
The expectation is that provider will make every effort to have a bi-lingual (Spanish speaking) staff on the team. Permission will be required by DCF to hire no bilingual therapist in each team.

46. **Why are sub-contractors not allowed?**
Based on the MST model, the network availability of services within Connecticut and funding constraints, the Department determined that the use of sub-contractors for this service type is not the most viable and effective method of service provision for the target population.

47. **What are the ongoing training expectations for MST staff and who is expected to pay for such training?**
There are quarterly booster trainings for therapist and supervisors at no cost to provider.

48. **What are the costs to the provider for supervisor training?**
The initial in-state MST training is the same for supervisors. Additional instate supervisor trainings are at no cost to the provider.

49. **Where will questions and answers be posted?**
Please see page 6 (Section I.C.8) of the RFP.

50. **Can a client case study be interwoven in the grant like a narrative? This will be used to demonstrate the community linkages and culturally competent care.**
Applicants are free to include any information in their proposals that they feel adequately describes and supports their ability to perform the requested services.

51. **Does the agency need to show that they have identified real estate in the area or do they show that they have a plan to house their staff when the grant is available to them?**
The Department is not mandating that physical space be secured prior to contract award, although preference will be given to applicant's most clearly demonstrating the ability to be operational by the start date established in the RFP. Minimally, proposals should clearly define the applicant's plan for how staff will be housed.

52. **Can you please describe what you would consider reasonable start-up costs and/or capitol purchases?**
Applicants are free to propose whatever startup costs they believe are necessary to successfully implement the services. Such costs must not exceed the pro-rated funding for first year of operation and must be within allowable expenditures as detailed in the OPM Cost Standards.

53. **Can you please explain what was stated at the bidder's conference regarding "all therapists need to be licensed"?**
See question 1.

54. **As Gatekeepers seem to assist with streamlining referrals, is this program going have them or is this option being considered?**
The Department is strongly considering the establishment of Gatekeepers for this program, but has not yet made a formal decision.

55. **Is DCF planning to award three contracts to three distinct providers?**
DCF is planning to award 3 contracts for this program. Depending on the outcomes of the RFP review process and the Commissioner's award determination, each contract might be awarded to a separate provider, or providers might be awarded multiple sites.

56. **The MST Scope of Services includes performance measures with target values. It appears that some of the target values are higher than the values for current MST contracts. For example, the target value in the current contract for the percent of youth in school is 80%, but the target value in the scope of services is 85%. Will the target values specified in the Scope of Services be the values for the new contracts?**
Yes.

57. **Should applicants include in their budgets the cost of the MST five-day training, or will the cost be covered by DCF?**
See question 47.

58. **Should applicants include in their budgets the cost of the MST five-day training for replacement staff?**
Yes.

59. **Where is the supervisor training located, i.e. is it in Connecticut or out of state?**
Supervisor training is held in CT, at no cost to the provider. It is also offered in South Carolina for additional costs to the provider.

60. **Can providers hire license eligible therapists to provide MST?**
Yes as long as they conform to CGS 383c Sec 20-195.

61. **Can organizations include outcomes data from Section F.2.a. in Appendix 8?**
Yes.

62. **Can you provide a list of all the cities/ towns that are included in region's one and five?**
Region 1:

Bridgeport Area Office: Bridgeport, Easton, Fairfield, Monroe, Stratford, Trumbull

Norwalk Area Office: Norwalk, Stamford, Weston, Westport, Wilton, Darien, Greenwich, New Canaan

Region 2:

Milford Area Office: Milford, Ansonia, Bethany, Branford, Derby, East Haven, Hamden, North Branford, North Haven, Northford, Orange, Seymour, Shelton, West Haven, Woodbridge

New Haven Area Office: New Haven

Region 3:

Middletown Area Office: Middletown, Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Guilford, Haddam, Killingworth, Lyme, Madison, Middlefield, Old Lyme, Old Saybrook, Portland, Westbrook

Norwich Area Office: Norwich, Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington, Preston, Salem, Sprague, Stonington, Voluntown, Waterford

Willimantic Area Office: Willimantic, Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Willington, Windham, Woodstock

Region 4:

Hartford Area Office: Hartford, Bloomfield, West Hartford, Windsor

Manchester Area Office: Manchester, Andover, Bolton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Glastonbury, Granby, Hebron, Marlborough, Somers, South Windsor, Stafford, Suffield, Tolland, Vernon, Windsor Locks

Region 5:

Danbury Area Office: Danbury, Bethel, Bridgewater, Brookfield, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Sherman

Torrington Area Office: Torrington, Barkhamsted, Bethlehem, Canaan, Colebrook, Cornwall, Goshen, Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk, North Canaan, Roxbury, Salisbury, Sharon, Thomaston, Warren, Washington, Watertown, Winchester

Waterbury Area Office: Waterbury, Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, Southbury, Wolcott, Woodbury

Region 6:

Meriden Area Office: Meriden, Wallingford

New Britain Area Office: New Britain, Avon, Berlin, Bristol, Burlington, Canton, Farmington, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Southington, Wethersfield

63. **How does the Third Party Reimbursement process work?**
Third party reimbursement refers to a provider's ability to bill private insurance and public state and federal funding sources (Medicare/Medicaid) for reimbursement of eligible services provided to (in this case) DCF clients. DCF would urge applicants to this RFP to extensively research the process for becoming licensed to bill these sources as well as the requirements for reimbursement prior to submitting proposals in response to this RFP.

64. **Can an agency apply for a region that they currently do not have a physical office address? Ex: we cover all of region 5 however we do not have any programs or offices in region 1, specifically Norwalk.**
Yes. Proposals should clearly describe how the applicant will ensure adequate coverage and integration into all areas of service.

65. **Will referrals come through a DCF gatekeeper or from different caseworkers?**
See Question 54.

66. **The RFP states that we must demonstrate a commitment to affirmative action. What section would you like this outlined in? Or can we include our Affirmative Action Plan with the proposal as an attachment?**
This commitment should be adequately demonstrated through the response to the Cultural and Linguistically Competent Care Section of the RFP.

67. **At the TA, it was mentioned that DCF would prefer 100% bilingual teams. Does it mean that DCF wants all members of the team to be bilingual? Or one of the 2 teams bilingual?**
The Department is not requiring that all members of all teams be bilingual, but would expect that at least 1 member of each team possess bilingual capacity.

68. **What is the demographic breakdown of the current client population by region and provider? (Race, ethnicity, language?) How many/what percentage are bilingual/bicultural? (Latino/a and Spanish Speaking)**
For race/ethnicity, see question 42.

MST Admissions FY 2018
Primary Language at Home
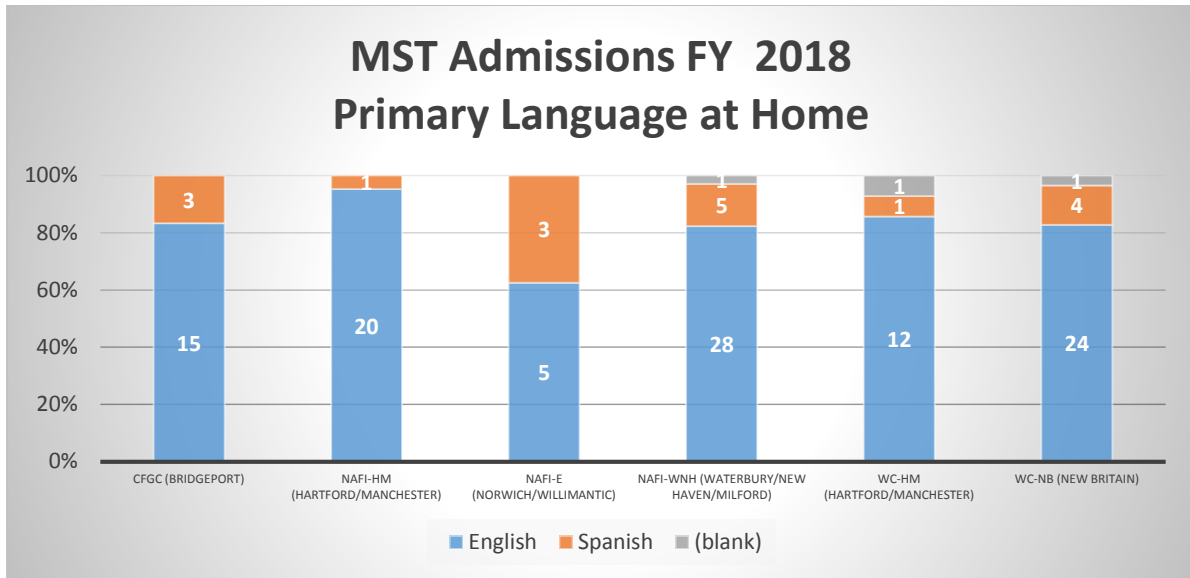
69. **Crisis intervention – is the expectation that the teams take and respond to the crisis calls themselves?**
See question 36.

70. **How are the current contractors performing per region and per contract in relation to the performance measures listed on page 33 of 34 of the RFP?**
Performance Measures- - July 2017 through June 2018

Performance Measures	CFGC	NAFI-HM	NAFI-E	NAFI-WNH	WC-HM	WC-NB
# of youth admitted (PIE)	n=18	n=21	n=8	n=34	n=14	n=29
# of youth discharged (PIE)	n=26	n=26	n=23	n=30	n=8	n=23
% of youth who completed treatment	88% (n=23)	96% (n=25)	83% (n=19)	83% (n=25)	75% (n=6)	96% (n=22)
Average length of service for those that completed treatment (PIE)	137	151	146	145	127	124
% of youth who completed treatment and met all or most treatment goals (PIE)	100% (n=23)	92% (n=23)	95% (n=18)	60% (n=15)	100% (n=6)	100% (n=22)
% of youth who completed treatment and are living at home at discharge (PIE)	100% (n=23)	96% (n=24)	100% (n=19)	100% (n=25)	100% (n=6)	100% (n=22)
% of youth who completed treatment and were attending school-same or better than at admission (PIE)	100% (n=23)	92% (n=23)	89% (n=17)	92% (n=23)	100% (n=6)	95% (n=21)
% of youth who completed treatment without an arrest during treatment (PIE)	78% (n=18)	84% (n=21)	89% (n=17)	88% (n=22)	67% (n=4)	86% (n=19)
% of youth who completed treatment and were abstinent or had a reduction of substance use in the last 30 days of treatment (PIE)	83% (n=19)	88% (n=22)	74% (n=14)	72% (n=18)	100% (n=6)	95% (n=21)

71. **How many billable clinical units (face to face) are expected of each clinician per week?**
Billable units may vary, but therapists meet with families approximately 3 times a week.

72. **How many billable units of case management are expected from each clinician per week?**
Billable units may vary, but therapists meet with families approximately 3 times a week.

73. **Is the expectation that the contractor be able to provide services on 11/15/19?**
Yes, although this will be specifically negotiated based on training needs with each provider.

74. **Can DCF verify that the exclusionary criteria outlined on page 15 of the RFP includes youth who are likely to be placed or incarcerated?**
MST is available for adolescents and families who would benefit from the treatment through a full dose of treatment. If it expected that the adolescent will not be residing home prior to completing MST, then a full dose of MST will not be completed.

75. **Can DCF clarify what is meant by MST supervisor certification (RFP page 18, Section 3 (e)).**
Complete the initial MST training and supervisor specific training.

76. **Understanding that awards will be made after the start of the fiscal year, will the first year of funding be prorated or will 100% of funds be awarded?**
Funding for State Fiscal Year 2020 will be pro-rated based on the projected start date of services.

77. **Regarding section C.1.(f) on the subject of corrective action, does this reply to any category of corrective action or only to Corrective Action Plans related to the areas of health or safety?**
This refers to all areas of corrective action.

78. **Regarding section C.3.(a) on the subject of the referral process, the RFP states, "Proposals should delineate the maximum time periods between referral acceptance and initial intake appointment." Can you clarify—does "referral acceptance" refer to the moment that an agency receives a referral from DCF or the moment the agency has the capacity to serve the client?**
This refers to the moment the provider receives the referral (if there is no current waitlist), or the moment the provider has an open slot after the referral has been placed on the waitlist).

79. **Understanding that the GAIN must be offered at admission, is there a set time frame within which it must be administered?**
The GAIN needs to be administered within 30 days of admission.

80. **Can you provide applicants with a copy of or link to the DCF MST Practice Guide?**
Yes, the Guide has been posted as an additional document on the Biznet site for this RFP.

81. **Understanding that the main body of the response must comply with the style requirements defined on page 7, will DCF allow variation in format for any of the following: section headings; RFP questions placed in body of response; table/graphic headings; table content; any other element not listed?**
The only exception to the style requirements listed in the RFP is to tables/graphs included in the proposal. Those need not conform to the style requirements of the RFP.

82. **Do we refer to the Consolidated Budget Form or the RFP budget? Please provide the direct URL to the form(s) we should use.**
The link provided in the RFP (https://portal.ct.gov/DCF/Contract-Management/Home) is accurate. A quarter down the page of this link is the 'Forms and Instructions' section, under which is a link to access the Excel workbook entitled 'Consolidated Budget Forms'. It is this link that must be utilized to prepare the budget.

83. **Could you please clarify what you mean when you say that there will be no provision for administrative support in the budget?**
The Department is not saying that it made no provision for administrative support in the budget, only that it did not specifically allocate set funding for such. Applicants are free to include this as an expense in their budgets.

84. **Is the indirect section of the DCF budget still relevant to this RFP?**
Yes.