**INDIANA DEPARTMENT OF CHILD SERVICES**

**Regional Request for Proposal to Provide:**

**Community Based Services**

**Regional Child Welfare Services**

**Response Due Date:**

**March 17, 2015**

Services and Outcomes Division

Indiana Department of Child Services

302 W. Washington St., Room E306

Indianapolis, Indiana 46204

**SECTION ONE**

**1.0 GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES**

**1.1 INTRODUCTION**

The Department of Child Services (DCS), in accordance with its State Plan requires multiple child welfare services in all 18 regions and 92 counties. The regions and included counties are listed below. It is the intent of DCS to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document. This RFP is being posted to the DCS website [www.in.gov/dcs/3159.htm](http://www.in.gov/dcs/3159.htm) for downloading. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

Region 1: Lake

Region 2: Jasper, LaPorte, Newton, Porter, Pulaski, Starke.

Region 3: Elkhart, Kosciusko, Marshall, St. Joseph.

Region 4: Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells,

Whitley.

Region 5: Benton, Warren, Fountain, White, Tippecanoe, Carroll, Clinton

Region 6: Cass, Fulton, Howard, Miami, Wabash.

Region 7: Blackford, Delaware, Grant, Jay, Randolph.

Region 8: Clay, Parke, Sullivan, Vermillion, Vigo.

Region 9: Montgomery, Putnam, Hendricks, Boone, Morgan.

Region 10: Marion

Region 11: Hamilton, Tipton, Madison, Hancock.

Region 12: Fayette, Franklin, Henry, Rush, Union, Wayne.

Region 13: Brown, Greene, Lawrence, Monroe, Owen.

Region 14: Bartholomew, Jackson, Jennings, Johnson, Shelby.

Region 15: Dearborn, Decatur, Jefferson, Ripley, Ohio, Switzerland.

Region 16: Gibson, Knox, Pike, Posey, Vanderburgh, Warrick.

Region 17: Crawford, Daviess, Dubois, Martin, Orange, Perry, Spencer.

Region 18: Clark, Floyd, Harrison, Scott, Washington.

**1.2 PURPOSE OF THE RFP**

The purpose of this RFP is to select Community-Based Services vendors/providers that can satisfy the DCS need for the provision of Children’s Mental Health Initiative Services, Post Adoption Services, Voluntary Residential Services Oversight , and Cross Systems Care Coordination. In addition, DCS is seeking a provider to pilot Care Coordination/Behavior Intervention Services. These services are to provide an all inclusive service array to children who meet the target populations as defined in the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Cross Systems Care Coordination (all inclusive)** | **Children’s Mental Health Initiative** | **Post Adoption Services** | **Voluntary Residential Services** | **Specialized Services Pilot:**  **Care Coordination/**  **Behavior Intervention Services** |
| DCS/PO case? | CHINS or Juvenile Probation  Case Required | Cannot have an open case with DCS or Juvenile Probation | Cannot have an open case with DCS or Juvenile Probation | Cannot have an open case with DCS or Juvenile Probation | Cannot have an open case with DCS or Juvenile Probation |
| Target Population | Children with complex needs who are not eligible for Children’s Mental Health Wraparound Services | CANS behavioral health 4, 5, or 6  DCS/DMHA algorithm =1  2+ diagnoses  Children who are at very high risk of out of home placement because they are a danger to themselves or others | Children who have been adopted | Children involved in the Children’s Mental Health Initiative and/or Post Adoption Services, who are a danger to themselves or others and cannot be maintained safely in the community with the available services | Children in Marion County or surrounding counties who are identified by the Multidisciplinary Team as being at very high risk of residential placement. The child/youth must have developmental delays, autism, intellectual disabilities, or are dually diagnosed. |
| Services included | * Care Coordination * Therapy * Other Services * Respite * Residential, group home or foster care Placements | * Wraparound Facilitation * Habilitation * Training for Unpaid Caregivers * Respite * MRO equivalent services * Other Services | * Care Coordination * Therapy * Other Services * Respite | * Voluntary Residential Services Oversight * Residential Services (not included in this RFP) | * Care Coordination * Behavior Interventions * Other community based services |
| Payment | Per Diem | Fee for service | Actual Cost | Actual Cost  Per diem for placement (not included in this RFP) | Actual Cost |

Community-Based Services, formerly referred to as IV-B Services, are programs which promote the well-being of children and families and are designed to strengthen and stabilize families (including biological, adoptive, foster, and extended families). Services shall be provided in accordance with the Service Standards (Attachment A).

*Medicaid*

DCS strongly encourages applicants to become Medicaid eligible providers. Many children and adults who are served by DCS are covered by Medicaid. DCS intends to refer those Medicaid eligible children and adults to Medicaid eligible providers for Medicaid Clinic Option services where available and appropriate.

Respondents should note changes within the service standards: There are various methods of payment for certain components in the Community-Based Service Standards: Medicaid Clinic Option (MCO), Medicaid Rehabilitation Option (MRO) and Department of Child Services (DCS). It is the responsibility of the service provider to know which services are billable to Medicaid. MRO services can only be billed by the Community Mental Health Centers (CMHC). The Medicaid Clinic Option services can be billed to Medicaid by Medicaid approved providers. DCS will make payment for authorized services that cannot be billed to Medicaid. It is the responsibility of the Service provider to know which method of billing is appropriate/allowable. It should also be noted the qualifications of the workers addressed in the service standard are based on the funding source. The provider is responsible for making sure the qualifications are being met.

Below are the Service Standards included in this Request For Proposals and the method of payment. See Attachment A for the full Service Standard.

**Service Standards – September 6, 2015**

|  |  |  |
| --- | --- | --- |
| **Service** | **Service Standard** | **Method of Payment** |
| **DCS funding** |
| **Medicaid Rehabilitation Option (MRO)** |
| **Medicaid Clinic Option (MCO)** |
| **ADOPTION** | **Post Adoption Services** | **DCS** |
| **CHILDREN’S MENTAL HEALTH INITIATIVE** | **Children’s Mental Health Initiative** | **DCS** |
|  | **Voluntary Residential Services Oversight** | **DCS** |
|  | **Specialized Services Pilot: Care Coordination/Behavior Intervention Services** | **DCS** |
| **OTHER CHILD SERVICES** | **Cross Systems Care Coordination** | **DCS** |

**Post Adoption Services**

The provision of services is for youth and families after adoption is completed. A service referral for a family will be made to the service provider with the intent of provider to assess the family and their needs, connect them to appropriate services within their community, and assist the family in building their own team of support.  In instances where local services are unavailable the lead agency may provide services with documentation that appropriate services are unavailable within the local community.

Services in the system should be individualized, comprehensive, sustainable, and include a broad range of systems and supports.  These services should be adoption and culturally competent.

The services provided will include a comprehensive strength based assessment, which will result in system coordination and adoptive family centered care. This service is based on the belief that children and their families are remarkably resilient and capable of positive development when provided with community-centered support, defined by what is in the best interest of the child. It is meant to provide comprehensive system of care that allows families to find support after adoption.

The services provided to the client may include but are not limited to the following: behavioral health care services, respite, parent/child support groups, and other services and/or necessary items approved by DCS.

During this contract period, DCS may require providers to become certified in high fidelity wraparound services.

DCS anticipates funding providers to cover the following four areas (an applicant must propose to serve the entire area):

1. Northwest Regions 1, 2, & 6 as follows:

Region 1 -  Lake

Region 2 - Jasper, LaPorte, Newton, Porter, Pulaski, Starke

Region 6 - Cass, Fulton, Howard, Miami, Wabash

1. Northeast Regions 3 & 4 as follows:

                Region 3 - Elkhart, Kosciusko, Marshall, St. Joseph

Region 4 - Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells, Whitley

1. Central Regions 5, 7, 9, 10, 11, & 14 as follows:

Region 5 - Benton, Warren, Fountain, White, Tippecanoe, Carroll, Clinton

Region 7: Blackford, Delaware, Grant, Jay, Randolph

Region 9: Montgomery, Putnam, Hendricks, Boone, Morgan

Region 10: Marion

Region 11: Hamilton, Tipton, Madison, Hancock

Region 14: Bartholomew, Jackson, Jennings, Johnson, Shelby

1. South Regions 8, 12, 13, 15, 16, 17, & 18 as follows:

Region 8: Clay, Parke, Sullivan, Vermillion, Vigo

Region 12: Fayette, Franklin, Henry, Rush, Union, Wayne

Region 13: Brown, Greene, Lawrence, Monroe, Owen

Region 15: Dearborn, Decatur, Jefferson, Ripley, Ohio, Switzerland

Region 16: Gibson, Knox, Pike, Posey, Vanderburgh, Warrick

Region 17: Crawford, Daviess, Dubois, Martin, Orange, Perry, Spencer

Region 18: Clark, Floyd, Harrison, Scott, Washington

**The estimated available funding for each area is:**

1. Northwest: $313,315
2. Northeast: $452,350
3. Central: $780,000
4. South: $470,000

**Children’s Mental Health Initiative**

The Children’s Mental Health Initiative (CMHI) is an initiative to provide services to children who do not have formal involvement with the child welfare system, but due to their behavioral health needs, require services to maintain safely in their home and community. When community services are not able to maintain the child at home, the CMHI may fund higher level out of home services. The CMHI provides services to children who are not eligible for Medicaid, but would otherwise meet the level of need to qualify for the Medicaid funded Children’s Mental Health Wraparound Services.  CMHI providers must be appropriately certified by the Division of Mental Health and Addictions to provide Children’s Mental Health Wraparound (CMHW) Services.  Services provided may include:

* Assessment for eligibility
* Wraparound Facilitation
* Habilitation
* Respite
* Family Support and Training for the Unpaid Caregiver
* Behavioral health services as defined under Medicaid Rehabilitation Option
* Behavioral health services as defined under Medicaid Clinic Option
* Other necessary client specific services

The minimum standards and qualifications for Wraparound Facilitation, Habilitation, Respite and Family Support and Training for the Unpaid Caregiver are located at <http://www.in.gov/fssa/dmha/2766.htm> Medicaid Rehabilitation Option services and  Medicaid Clinic Option services are defined at <http://provider.indianamedicaid.com>. Other DCS referred services for the family may be provided utilizing the Department of Child Services Service Standards located at <http://www.in.gov/dcs/3159.htm> Services under the Children’s Mental Health Initiative are provided according to the Children’s Mental Health Initiative Protocol. Respondents who are unable to provide the full array of services outlined in the service standard, either directly or through subcontracts, must describe in their application the formal partnerships that exist with Community Mental Health Centers and other DCS contracted service providers to ensure access to the full array of services. Please include documentation of the formal agreements with the application.

Please note these critical differences between the Medicaid funded Children’s Mental Health Wraparound Services and the Children’s Mental Health Initiative:

1. DCS may expand the target population of the Children’s Mental Health Initiative beyond that which is covered under the Children’s Mental Health Wraparound Services.
2. DCS may determine that Wraparound Facilitation services should continue when the youth is in an out of home setting (hospital, residential facility, etc.)

**Voluntary Residential Services Oversight**

Voluntary Residential Services Oversight will be provided for children involved with the Children’s Mental Health Initiative and/or Post Adoption Services who are: 1) at-risk of residential placement to determine if the child needs to be treated in a more restrictive setting, and if so, to locate a placement that can meet the child’s needs; and 2) currently in residential placement to assist DCS in determining if the needs of the child are being met by the current placement, and to assess and recommend alternative placement options that more suitably meet the child’s individual needs.

Currently, DCS estimates needing 3 fulltime clinicians to fill this role with approximate caseload size of 15-20 children in residential plus children being evaluated for possible residential placement. DCS expects these clinicians to spend a significant amount of time in DCS central office, Indianapolis. Also, there will be substantial travel as children are located in facilities throughout the state. Please include the resume(s) of the proposed clinician(s) as part of your response to this RFP.

**Specialized Services Pilot: Care Coordination/Behavior Intervention Services**

DCS is seeking to contract with a provider to pilot a care coordination/home based behavior intervention model for children who are developmentally delayed, autistic, intellectually disabled, or dually diagnosed and have been determined to be at  very high risk of residential placement. The pilot area will include: Central (Marion County and surrounding counties). Providers must be prepared to provide intensive support and training to caregivers in the home and community to ensure consistency across settings.  Crisis services must be available 24/7 in order to support the family.  Children will be identified through the state's Multidisciplinary Team to participate in the pilot program. The estimated number of clients/slots should be 20 children/youth.

**Cross Systems Care Coordination**

Cross Systems Care Coordination is designed to provide enhanced case management for cases in which the child/youth has significant needs which require an additional layer of support. The service is inclusive of all community based and placement services for the child—including services to family members to meet the needs of the child. Cross Systems Care Coordination will target children who have a need for increased support, training of caregivers and monitoring due to one or more of the following:

* mental health issues and/or developmental delays/intellectual disabilities/autism and are in residential placements or at risk of residential placements (but do not qualify for the Medicaid funded services, Medicaid Rehabilitation Option and/or Children’s Mental Health Wraparound Services)
* significant substance abuse issues in conjunction with mental health issues
* sexually maladaptive behaviors
* significant medical issues
* legal issues within the delinquency system in addition to child welfare system involvement
* significant criminogenic risk and needs

DCS may expand the target as necessary to ensure families and children receive the supports and services necessary to meet their needs.

DCS anticipates negotiating the terms of this contract with selected respondents and may elect to include a performance based component to the contract.

**1.3 SUMMARY SCOPE OF WORK**

Contractors chosen will be expected to provide Community-Based Services in a manner that is consistent with the Principles of Child Welfare Services (Attachment F). These specifications include but are not limited to: length, quality and type of service, qualifications of staff, documentation requirements, as well as program reports and evaluation.

**1.4 QUESTION/INQUIRY PROCESS**

All questions/inquiries regarding this RFP must be submitted in writing by the deadline of **10 a.m. Eastern Time** on **2-23-15**. Questions/Inquiries must be submitted utilizing Attachment M (Required Question Form) via email ([ChildWelfarePlan@dcs.IN.gov](mailto:ChildWelfarePlan@dcs.IN.gov)) and must be received by The Department of Child Services by the time and date indicated above.

Following the question/inquiry due date, the Department of Child Services personnel will compile a list of the questions/inquiries submitted by Respondents. The responses will be posted to the Department of Child Services website according to the RFP timetable established in Section 1.13. Only answers posted on the Department of Child Services website [www.in.gov/dcs/3153.htm](http://www.in.gov/dcs/3153.htm) will be considered official and valid by the State. No Respondent shall rely upon, take any action, or make any decision based upon any verbal communication with any State employee.

Inquiries are not to be directed to any staff member of DCS. Such action may disqualify Respondent from further consideration for a contract resulting from this RFP.

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on the Department of Child Services website. If such addenda issuance is necessary, the Department of Child Services may extend the due date and time of proposals to accommodate such additional information requirements, if required.

**1.5 DUE DATE FOR PROPOSALS**

**To be considered, proposals must be submitted electronically through the Proposal Portal by 4pm EST on March 17, 2015.**

**All electronic copies of the proposal must submitted online by 4pm (EST) on 3/17/2015.**

Any proposal not submitted electronically by 4pm EST on 3/17/2015 will be disqualified.

**1.6 PROPOSAL CLARIFICATIONS, PROPOSAL DISCUSSIONS, AND CONTRACT DISCUSSIONS**

The State reserves the right to request clarifications on proposals submitted to the State. The State also reserves the right to conduct proposal discussions, either oral or written, with Respondents. These discussions could include request for additional information, request for cost or technical proposal revision, etc. Additionally, in conducting discussions, the State may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The State will provide equivalent information to all respondents which have been chosen for discussions. Discussions, along with negotiations with responsible respondents may be conducted for any appropriate purpose.

The Department of Child Services or its appointed representatives will initiate and facilitate all discussions. Any information gathered through oral discussions must be confirmed in writing.

**1.7 REFERENCE SITE VISITS**

Following an award, The State may require site visit(s) to a Respondent’s working support center to aid in the evaluation of the Respondent’s provision of service.

**1.8 TYPE AND TERM OF CONTRACT**

The State intends to sign a contract with multiple Respondent(s) to fulfill the requirements in this RFP. (Sample Contract in Attachment H) (Exhibit 1 of the Contract is in Attachment I)

The term of the contract shall be for a period determined by the timing of the request for the proposal and the necessary period of time to activate a contract. All contracts will end **June 30, 2017**. The state may exercise the option to extend contracts for two years.

**1.9 CONFIDENTIAL INFORMATION**

Respondents are advised that materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq., and, after the contract award, the entire RFP file may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the APRA must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of that envelope that confidential materials are included. The Respondent must also specify the statutory exception of APRA that applies. The State reserves the right to make determinations of confidentiality. If the Respondent does not identify the statutory exception, DCS will not consider the submission confidential. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to APRA, it may seek the opinion of the General Counsel for the Department of Child Services. Prices are not confidential information.

**1.10 SECRETARY OF STATE REGISTRATION**

If awarded a contract, the Respondent will be required to register the agency’s legal name, and be in good standing, with the Secretary of State. This legal name must be used on all documents included in the proposal process. The registration requirement is applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies. Information concerning registration with the Secretary of State may be obtained by contacting:

Secretary of State of Indiana

Corporation Division

402 West Washington Street, E018

Indianapolis, IN 46204

(317) 232-6576

www.in.gov/sos

**Note:** When you complete the application, your agency’s legal name must match your registered name with the Secretary of State. If it does not and your agency is selected for a contract, the contract will be delayed until this is resolved.

Before contracts are moved through the signature process they must pass review by the Department of Workforce Development (DWD) and Department of Revenue (DOR). If an agency that is accepted for a contract by DCS has unpaid unemployment insurance or unpaid taxes to the State, the contract will be held until these issues are resolved. Any issues must be resolved with DWD/DOR. It is extremely important that all agencies are aware of this review to prevent delays in the timely execution of the contract.

**1.11 COMPLIANCE CERTIFICATION**

Responses to this RFP serve as a representation that the respondent has no current or outstanding criminal, civil, or enforcement actions initiated by the State, and it agrees that it will immediately notify the State of any such actions. The Respondent also certifies that neither it nor its principals are presently in arrears in payment of its taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Respondent agrees that the State may confirm, at any time, that no such liabilities exist. If such liabilities are discovered, the State may bar the Respondent from contracting with the State, cancel existing contracts, withhold payments to setoff such obligations, and withhold further payments or purchases until the entity is current in its payments on its liability to the State and has submitted proof of such payment to the State. If, in an audit or review by the State, it is discovered that there is a non-compliance issue with either the service standard or the contract, the State may elect to impose a financial penalty.

**1.12 AMERICANS WITH DISABILITIES ACT**

The Respondent specifically agrees to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq. and 47 U.S.C. 225).

**1.13 SUMMARY OF MILESTONES**

|  |  |  |  |
| --- | --- | --- | --- |
| Key RFP Dates: Activity | Date | | |
| Issue of RFP | 2/10/2015 | | |
| Bidders’ Conference | Webinars to be held at 3:30-4:30pm EST on 2/16/15 and 1:00pm EST on 2/17/2015. RSVP required. | | |
| Deadline to Submit Electronic Questions | 2/24/15 by 10 am EST | | |
| Answers to Vendor questions posted on DCS website | 3/3/15 | | |
| Submission of Proposals | 3/17/15 by 4pm EST | | |
| The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the evaluation period, these dates are commonly subject to change. | | |
| Notification of Awards | | 5/1/15 |
| Contract Start Date | | 7/1/15 |
| Contract End Date | | 6/30/17 |

**Bidders’ Conference**

**Two Bidders’ Conferences are being held via webinar on February 16, 2015 from 3:30-4:30 pm EST and on February 17,2015 from 1:00-2:00 pm EST.** While this webinar is not required, it is strongly recommended. Due to space limitations, your agency should only attend one session. Please RSVP to [ChildWelfarePlan@dcs.IN.gov](mailto:ChildWelfarePlan@dcs.IN.gov) to register for one of the webinars.

**SECTION TWO**

**Community-Based Services Program Proposal**

**2.0 PROPOSAL PREPARATION INSTRUCTIONS**

**2.l GENERAL**

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. The proposal/application will be submitted electronically. (See Attachment B for instructions on electronic submission.)

Each Program Proposal must include

1. Application: The application information needed to complete the application process is located online at this website: <http://www.in.gov/dcs/3159.htm>. The electronic application is located at <https://financials.dcs.in.gov/Public/RFP/RequestAvailable.aspx>. It includes agency information, geographic area to be covered and proposed unit rates.

2. Service Narrative: The Service Narrative template must be used (Attachment D). This portion of the proposal allows the applicant to provide specific information regarding the proposed service.

* Children’s Mental Health Initiative, submit one service narrative.
* Post Adoption Services, submit one service narrative for each area proposed.
* Voluntary Residential Services Oversight, submit one service narrative.
* Cross Systems Care Coordination, submit one service narrative.
* Specialized Services Pilot: Care Coordination/Behavior Intervention Services: submit one service narrative.

3. Budget & Budget Narrative: The Budget template (Attachment E) must be used. There is no standard format for the budget narrative.

* Children’s Mental Health Initiative (no budget or budget narrative required)
* Post Adoption Services (submit one budget and budget narrative for each area proposed)
* Voluntary Residential Services Oversight (submit one budget and budget narrative)
* Cross Systems Care Coordination (submit one budget and budget narrative with proposed per diem rates for each level of care—residential, risk of residential, community, non-eligible sibling)
* Specialized Services Pilot: Care Coordination/Behavior Intervention Services (submit one budget and budget narrative) Define billable units and rates in the online application.

Respondents will be required to print the Program Proposal from the Proposal Portal website and sign the application in blue ink. This application and all of the submitted attachments should be submitted and uploaded as indicated in the table below.

Note: Respondents will submit only one proposal for all of the service standards and selected Region/counties to be served.

The RFP submissions must include the following:

|  |  |
| --- | --- |
|  | Submitted Electronically by Date on Request for Proposal |
| Upload Application |  |
| Upload Attachment E(s) – Service Narrative(s) |  |
| Upload Budget if applicable in 2.1 item 3 |  |
| Resumes for Voluntary Residential Services Oversight |  |
| Change proposal status to submitted |  |

Prior to submitting the proposal, it is vital that the proposal be reviewed to ensure that all required information is included.

Proposals cannot be submitted electronically without the required program service narrative(s). All proposals must be submitted in entirety electronically no later than the date listed on the RFP and a signed copy uploaded no later than the date listed on the RFP.

**2.2 APPLICATION**

The application is prepared online. It includes agency information, geographic area to be covered and proposed services with corresponding unit rates. It also includes the certification that the respondent agrees to the assurances (Attachment G), sample contract (Attachment H), Child Welfare Principles (Attachment F) and service standards (Attachment A). The application should be signed by a person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions. This document is to be uploaded.

**2.3 SERVICE NARRATIVE**

The Service Narrative (Attachment D) must utilize the provided template.

* Children’s Mental Health Initiative, submit one service narrative.
* Post Adoption Services, submit one service narrative for each area proposed.
* Voluntary Residential Services Oversight, submit one service narrative.
* Cross Systems Care Coordination, submit one service narrative.
* Specialized Services Pilot: Care Coordination/Behavior Intervention Services, submit one service narrative.

Proposals must identify and meet service components in the Service Standards (See Attachment A for Service Standards). Proposals must identify history of quality service, program name/service standard/referral process, service demographics process, practice model, and program evaluation as reflected in the service standard.

**2.4 RATES**

DCS has set standardized rates for the Children’s Mental Health Initiative. No rate will be approved above those rates. Note: Respondents can only select those billable units indicated in the service standards.

Post Adoption Services and Voluntary Residential Services Oversight will be paid actual cost based on approved budgets.

Cross Systems Care Coordination per diem rates should be proposed based on the applicant’s budget.

Specialized Services Pilot: Care Coordination/Behavior Intervention Services. Define billable units and rates.

**2.5 Budget & Budget narrative**

The Budget template (Attachment E) must be used. There is no standard format for the budget narrative.

* Children’s Mental Health Initiative (no budget or budget narrative required)
* Post Adoption Services (submit one budget and budget narrative for each area proposed)
* Voluntary Residential Services Oversight (submit one budget and budget narrative)
* Cross Systems Care Coordination (submit one budget and budget narrative with proposed per diem rates for each level of care—residential, risk of residential, community, non-eligible sibling)
* Specialized Services Pilot: Care Coordination/Behavior Intervention Services (submit one budget and budget narrative) Define billable units and rates in the online application.

**SECTION THREE**

**PROPOSAL EVALUATION**

**3.1 PROPOSAL EVALUATION PROCEDURE**

The State will select a group of personnel to act as a proposal evaluation team. Subgroups of this team, consisting of one or more team members, will be responsible for evaluating proposals with regard to compliance with RFP requirements. All evaluation personnel will use the evaluation criteria stated in Section.

The Department of Child Services designee will, in the exercise of sole discretion, determine which proposals offer the best means of servicing the interests of the State.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated for adherence to requirements and Assurances on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration. Providers who are unable to comply with the service standards will be eliminated from consideration.

2. Each proposal will be evaluated on the basis of the categories included in Section 3.2. A point score has been established for each category.

3. Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the State, taking into account all of the evaluation factors, may be selected by the Department of Child Services for further action, such as contract negotiations. If, however, the Department of Child Services decides that no proposal is sufficiently advantageous to the State, the State may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, the Department of Child Services may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists. The State may also choose multiple respondents to provide services.

**3.2 EVALUATION CRITERIA**

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category (Attachment K). The points associated with each category are indicated following the category name (total maximum points = 30). If any one or more of the listed criteria on which the responses to this RFP will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated and scored without taking into account such criterion or criteria.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DCS Logo with motto1.jpg**  **ATTACHMENT K**  **PROPOSAL SCORING TOOL** | | | | | | | | | | |
| **Proposal ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Region: \_\_\_\_\_** | | | | **Date:\_\_/\_\_/\_\_\_\_** | | | |
| * **Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Instructions:**   1. Adherence to Mandatory Requirements is Pass/Fail. 2. Please complete one score sheet for each Service Standard being proposed. 3. Remember to rate each statement listed on the score sheet. A rating should be selected for each numbered item.   The leader will collect the evaluations and the confidentiality forms. | | | | | | | | | | |
| Adherence to Mandatory Requirements (followed instructions and standard format and inclusion of a budget if applicable) | | | | | | | (circle one)  **PASS FAIL** | | | |
| **Justification for Fail:** | | | | | | | | | | |
| 1. **HISTORY OF QUALITY SERVICES**   This section of the narrative should describe your agency’s ability to deliver services to at-risk children and their families. This section should document your agency’s history of collaboration and work with DCS, Probation, schools or other community agencies. Information should be specific to county/agency/region served. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | Proposal does not clearly state service provision history. They fail to deliver an effective plan for serving at risk children and families. The agency does not clearly define history of working relationships with DCS, Probation, schools, or other community agencies within proposed county or region. | | | The proposal provides a detailed history of past services rendered. The plan for delivering community based services to at risk families and children is clear and concise and takes into account demographic information for the areas served and provides documentation of experience in serving that demographic. | | | | The proposal provides a concise, detailed outline specific to the services rendered to at risk children and their families. The agency provides documentation of an exemplary long standing partnership with DCS, Probation, Schools, or other community agencies within the specific counties or regions served. | | |
| 1. **PROGRAM NAME/SERVICE STANDARD & INTAKE/REFERRAL PROCESS**   The Service Narrative should identify the service standard and description of the intake/ referral process.  Description of the intake/ referral process should include from the time an agency receives the referral to the initiation of services for the referral.   Identify key positions that ensure the initiation timeframes of referrals will be met as outlined in DCS service standards.  (e.g., how is referral email monitored, timeframes, FCM or Probation Officer first contact, family contact, referral initiation) | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | Proposal does not clearly define the service standard and does not have a clear description of the intake/referral process. Fails to identify the plan for initiation of the referral. Fails to identify the staff members that will ensure compliance to the timeframes stated in the service standard. | | | Identifies the correct service standard and proposes a structured and clear intake process. Includes detailed information regarding the initiation process and how timelines will be adhered to. Key staff members are identified in regards to responsibilities in adhering to the timeframes established in the DCS service standard. | | | | Recognition of the proposed service standard initiation timeframes and a concise/detailed explanation of the agency’s referral and initiation process. Provides detailed information, in regards to the organization of the agency: focusing on the key elements of ensuring the intake/referral process is smooth (even in the absence of the reported key personnel), including a back-up plan to ensure timelines are always met. | | |
| 1. **SERVICE DEMOGRAPHICS**   Describe the capacity of your agency to provide the service within all of the counties for the Region(s) you are proposing. Please indicate any specialized populations are you able to serve or specialized staff expertise. (e.g., clients suffering from substance use disorders, mental health issues, multilingual staff availability, special training or credentials) Describe your agency’s ability to serve diverse cultural populations. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | Proposal fails to identify a specific/target population that will benefit from the service. Fails to identify not only caseload capacity per worker for the specific service standard but also agency capacity. Fails to describe agency’s effort to serve a culturally diverse population. | | | Agency clearly identifies the target service population. Proposal provides caseload and agency capacity and identifies the agency’s ability to serve a culturally diverse population. | | | | Agency provides demographic information for the area to be served and matches that information with their proposed target population. Provides concrete and detailed information regarding their capacity and a detailed plan for increasing capacity if needed in the future, including plans for model sustainability. Agency provides a detailed description of ability to serve the identified cultures in the proposed area. | | |
| 1. **PRACTICE MODEL**   Describe any Evidence-Based and/or Promising Practice Models to be utilized in delivering the proposed service.  Describe Respondent’s experience and training related to the service delivery model.   * + What are specific certifications that you have to provide this service, if applicable. Please attach a copy of your certification or licensing agreement. (e.g., certification as an addictions services provider, certification in a particular Evidence Based Practice)   If an Evidence-Based/Promising Practice Model is not utilized for the service(s), you must justify the service delivery method/model(s) to be utilized.   * + Include estimated length of service, methods (i.e. in home, office-based, individual, family, group, etc.). The method or model utilized must be consistent with the DCS Service Principles and the Service Standards.   Describe the supervision structure. (e.g., ratio of supervisors to direct workers, frequency and method of supervision, supervision tools) | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | The proposal fails to: describe an evidenced based/promising practice model for the delivery of service; the proposal fails to adequately describe the components of the model/practice; justification for the model/practice choice is not given; the evidenced practice reference does not coincide with the proposed practice; and/or the proposal does not demonstrate a sufficient understanding of the model and required components including training, certification, fidelity, and assurance. | | | The proposal effectively describes an evidence based/promising practice model that coincides with the proposed service. If an evidenced based/promising practice model is not being utilized, the agency describes a model that is appropriate for the proposed service. The description clearly and concisely describes the components of the model/practice they intend to utilize. The proposal demonstrates a full understanding of the model and required components including training, certification, fidelity, and assurance. | | | | The agency proposes to implement an evidence based/promising practice model, which meets the needs of the targeted population, and outlines the viability for offering immediate service under the proposed evidence based/promising practice model. They provide a clear and concise plan for implementation, sustainability, and integration into daily service provision. The agency clearly articulates how model fidelity will be ensured. | | |
| 1. **PROGRAM EVALUATION**   The Service Narrative should describe the agency’s prior years’ outcome related to serving the proposed target population.  If outcomes are not available, describe the agency’s plan to capture clients’ outcomes.  Description should also include specific quality improvement/ assurance plans that the agency has implemented to ensure quality service delivery.  Provide an example of when your agency has used data to make decisions about the program. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | Proposal fails to describe any prior years’ outcome data related to the target population and/or does not describe the agency’s plan to capture quality outcomes. No mention of quality improvement or quality assurance is included. | | | The agency’s prior years’ outcomes are discussed and/or the proposal described the agency’s plan to capture service outcomes. A detailed quality improvement/quality assurance plan is referenced. | | | | The agency clearly demonstrates collection of outcome data and implementing their quality improvement/quality assurance plan. An effective use of outcome data is provided and includes the use of outside stakeholder input in planning improvements. | | |
| **Budget:** Cost/Budget | | | | | | | | | **/5** | |
| **STEP 2 TOTAL POINTS** | | | | | | | | | **/30** | |
| **Comments:** | | | | | | | | | | |
| **Evaluator Signature:** | | | | | **Print Name:** | | | | | **Date:** |
| **Evaluator Signature:** | | | | | **Print Name:** | | | | | **Date:** |
| **Evaluator Signature:** | | | | | **Print Name:** | | | | | **Date:** |

The Department of Child Services designee will, in the exercise of sole discretion, determine which proposal(s) offer the best means of servicing the interests of the State. The exercise of this discretion will be final. DCS reserves the right to contract with multiple respondents for the same service within the same region & local office.

**SECTION FOUR**

**REPORTS**

**4.0 REPORTS**

Providers will be required to prepare, maintain, and provide any statistical reports, program reports, other reports, or other information as requested by DCS relating to the services provided.

**4.1 MONTHLY REPORTS**

Two templates for monthly reports have been developed. One is specific to Visitation and the other is general to all other services. Note that visitation can be contracted through its own service standard or there are several service standards under which visitation is a component. In all of these instances, the “Visitation Monthly Report” should be used as the reporting tool for visitation regardless of the service standard under which it is being delivered.

NOTE: The Visitation Monthly report has two parts. The first part is the actual monthly report. The second page is a report for each visit. The report for each visit should be returned to the FCM/Probation Officer within 3 days. These should be summarized monthly.

A generic monthly report has been developed for all other service standards. It is titled “Monthly Progress Report”.

These monthly reports are due by the 10th of the month following service.

See Attachment J for templates of: Monthly Progress Report and Visitation Progress Report

**SECTION FIVE**

**See** http://www.in.gov/dcs/3159.htm **for attachments**

**ATTACHMENTS**

|  |  |  |
| --- | --- | --- |
| **A** | **Service Standards** |  |
| **B** | **Unit Rates** |  |
| **C** | **Application** | **Instruction on how to complete the electronic Application** |
| **D** | **Service Narrative** | **One per service standard being proposed** |
| **E** | **Budget** | **Only if applicable** |
| **F** | **Principles of Child Welfare Services** | **For your information. A signed Application certifies agreement to adhere to the Principals of Child Welfare Services.** |
| **G** | **Assurances** | **For your information. A signed Application certifies the Assurances.** |
| **H** | **Sample Contracts** | **Sample only** |
| **I** | **Exhibit 1** | **Certification of Completion of Required Criminal and Background Checks** |
| **J** | **Reporting Forms** | **Expectations for reporting once a provider has a contract to provide services.** |
| **K** | **Proposal Scoring Tool** | **Tool that DCS staff will use to score the proposals** |
| **L** | **Federal Selected Disallowed Expenses** | **For your information. Expenses that are not allowed.** |
| **M** | **Required question form** | **RFP questions must be submitted with this form to the DCSchildwelfareplan@dcs.in.gov** |