

Contract Type	Topic	Category	Question	Answer
CMHI	Access Site	Service Description	As a CMHI provider, would we be considered an access site?	This RFP is for CMHI services, not for the access site. All counties are currently covered by access sites. For more information, go to: http://www.in.gov/dcs/3401.htm
CMHI	Access Site	Service Description	If the CMHI provider is not an access site, who will complete the assessments for CMHI eligibility?	Please view the CMHI protocol on the website http://www.in.gov/dcs/3524.htm Attachment N. Eligibility is determined at the access site. In some communities the access site is a collaborative approach with multiple service providers operating under a community plan.
CMHI	CMHI	Service Standard	CMHI provides services to children who meet the qualifications for Children's Mental Health Wraparound Services (CMHW), but who are not Medicaid eligible. Consequently, under what circumstances would it be necessary for a CMHI provider to offer Medicaid Rehabilitation Option (MRO) behavioral health services?	CMHI services generally mirror those available under Medicaid. The CMHI can pay for the same services covered under Medicaid Rehabilitation Option. When providing those services, MRO service definitions should be utilized.
CMHI	Documents	Case Record Documentation	Will the CMHI provider be expected to upload their documentation into KidTracks, Insight or Tobi?	Kidtracks
CMHI	Documents	Case Record Documentation	Are CFTM minutes expected in addition to the monthly report submitted on the 10th of each month?	At this time, detailed Child and Family Team notes have been approved to serve as the monthly report for CMHI. This may change if additional information is needed.
CMHI	Referrals	Target Population	How will the CMHI provider receive referrals?	The access site will refer families to CMHI providers based on family preference.

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CMHI	Referrals	Target Population	How will the families have voice and choice into the selection of the CMHI provider for their family?	Families will be notified when their child is eligible for CMHI services and will have the ability to choose from available service providers.
CMHI	Who needs to apply?		Are CMHC's required to respond to this RFP? It looks to me like the CMHI services are included in the current CMHC RFP?	CMHI is included in CMHC's RFP. CMHC's do not need to propose for CMHI services through this RFP.
Community Based	General	Technical	Is there a page limit to the service narrative?	A page limit has not been indicated for the service narrative under this RFP.
Community Based	Need for CMHC	CMHI	In the past CMHI Access sites with DCS had to be Community Mental Health Centers. Does that change with this RFP and are other agencies, that are not CMHCs, able to apply as Access Site?	This RFP is not for access sites. It is only for the CMHI services. It is not a requirement under this RFP that a provider must be a Community Mental Health Center.
CSCC	Documentation	Case Record Documentation	Is there an opportunity for KidTracks to interface with our Electronic Medical Record so that required information can be shared?	This is not available at this time. This is something DCS continues to explore.
CSCC	Documentation	Case Record Documentation	Is the expectation that face to face and collateral contacts are entered in to KidTracks? Or is the provider expected to upload the entire case file to KidTracks; i.e. monthly reports, CFTM minutes, crisis plans, CANS assessments, etc.	Providers will be required to enter service logs (face-to-face and collateral contacts) into KidsTraks system. Entries should be made within 48 hours of service completion. Providers still need to maintain a case file and provide monthly reports, CFTM notes, etc... to the referral source in the form they have asked for these documents.

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CSCC	Documentation	Case Record Documentation	Is the CSCC provider responsible for tracking suspended billing days?	Yes. After three unsuccessful face to face contacts, the provider must notify the Family Case Manager and billing must be suspended until successful face to face contact is made. Family Case Manager should be contacted to evaluate the need for early termination of the referral.
CSCC	Documentation	Case Record Documentation	How long can a case stay in a suspended status before the FCM notifies the provider that services should continue or the case closes?	This issue is currently under review.
CSCC	Documentation	Case Record Documentation	Once billing is suspended, does a single face to face contact by the CSCC provider automatically end the suspension?	Yes, if the FCM or probation officer determined the referral should remain active. The provider should notify the FCM or probation officer when the face-to-face contact occurs and stay in close contact with the FCM regarding the family's level of engagement to determine the need for early termination of the referral.
CSCC	IYAS	Service Delivery	Will CSCC be provided with training on the IYAS?	Yes
CSCC	Levels of Service	Billable Units	When a referral is made by DCS or Probation, will there be an assessment period allow for the provider to make a recommendation as to the appropriate level of service for youth?	DCS or probation will refer at the appropriate level as indicated in the service standard.

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CSCC	Levels of Service	Billable Units	What types of situations are considered exceptional when requesting a level change in the middle of an open referral period?	In general, the referral will remain at the referred level. In circumstances where there has been a major change, DCS will review to determine the appropriateness of changing the level.
CSCC	Levels of Service	Billable Units	A CSCC referral is accepted for a youth at Level 3 and that youth is served in the community for approximately 3 weeks before they are court ordered into a RTC placement. The youth is able to complete the treatment in RTC in four months and is returned home. At the beginning of the next referral period, will the level be increased to Level 4 since the level of care increased for the youth during the first referral period? Or will the level remain at Level 3 since the youth is no longer in RTC at the time the second referral is being completed?	In this instance, the youth would be referred at the Intervention level.
CSCC	Mentoring Service Standard	Service Description	Does the mentoring standard need to be included in the response to the RFP?	Yes
CSCC	Regions	Service Delivery, RFP Process	If providing CSCC services can you write for only 1 region in Indiana....ie...Region 18 only.	Yes, for CSCC, a provider can propose to service specific regions or counties. There is no minimum or maximum requirement.
CSCC	Residential	Service Delivery, RFP Process	If applying for CSCC does the agency need to be providing Residential services or can you apply for the different Tiers individually.	When proposing for Cross Systems Care Coordination, you must be prepared to provide all tiers of service. Residential services, as with all services, could be provided through subcontracts.
CSCC	Sibling Referrals	Service Description	Will there be a limit as to the number of the sibling referrals that can be included as part of the CSCC referral?	No
CSCC	Sibling Referrals	Service Description	What Service package is expected for siblings identified on the referral?	Services would be based on the individual needs of the child/youth.

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CSCC	Sibling Referrals	Service Description	If a referral for a sibling is accepted at Level 1 and the child is later placed into TFC or RTC will a new referral for CSCC be immediately completed by DCS or Probation?	When a child/youth begins receiving CSCC services as an inelible sibling and later becomes eligible for the program, DCS or probation could make a referral for the child/youth at the appropriate level without waiting for the initial referral to expire.
CSCC	Staffing	Minimum Qualifications	Will DCS provide a list of degrees that are considered to be in a directly-related human services field?	<p>DCS is currently reviewing and compiling an extensive list of acceptable Human Service related fields. Once this list is complete the information will be provided to all providers. At this time the list includes:</p> <ul style="list-style-type: none"> Human Services Degrees Behavioral Science Child & Adolescent Welfare Child Development Child Life Specialist Counseling Family & Consumer Science Family Studies Human Services Marriage & Family Therapy Master of Science in Social Administration (MSSA) Psychology Social & Community Service Social Work Youth, Adult, & Family Services <p>Related Degrees (may qualify with child welfare experience)</p> <ul style="list-style-type: none"> Criminal Justice Nursing

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DDID			What are the desired outcomes for this pilot?	The Specialized Services Pilot should provide intensive community based services to improve parents' abilities to safely maintain their children in the home. This pilot should reduce the use of residential and other out of home placements. This Pilot should also provide education around the child's needs and how to best meet those needs within the community. The Pilot should be able to serve families around best practices for children with ID/DD challenges. The Pilot should be able to educate families about their child's needs and facilitate services to assist in meeting those needs
DDID			What are the accuity levels for the children to be served?	The children served through this pilot will have significant needs which are causing them to be a danger to themselves or others. They will be at very high risk of needing residential services.
DDID			What percentage of the children in the this pilot will be medicaid eligible?	That information is not known at this time.
DDID			Do the specialized services under this pilot end if a child goes into foster home, group home or residential placement?	In most cases, this service would end. However, there may be special circumstances when the service should continue.
DDID			Will the provider be able to access independent behavioral and ABA services?	Providers should submit a service narrative that describes how the target population's needs will be met, this could include the use of independent behavioral and ABA services. In these cases this should be clearly described in the service narrative and included in the budget.

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DDID			What is the anticipated average length of enrollment for the youth in this pilot?	Providers should include this in the proposal.
DDID			do you see Care Coordination as a part of the continuum of care for DDID youth?	Providers should submit a service narrative that describes how the target population's needs will be met, this should include the use of Care Coordination. This should be clearly described in the service narrative.
DDID			Is DCS open to re-evaluating the billable units and rates after a six month period?	DCS anticipates paying for services under the pilot on as actual cost.
DDID			Is the crisis response component for this service expected to be face to face or can it be via phone communication?	The response should be sufficient to meet the needs of the child/youth/family.
DDID			What are the anticipated age ranges of the youth in this pilot?	In general, the age range is 6-18. Some exceptions may be made for younger children.
DDID			Are the youth expected to have an existing service package at the time of the referral? Will Care Coordination be layered on top of these existing services? At the point of referral who would be expected to pay for these services?	Providers should submit a service narrative that describes how the target population's needs will be met, this should include the use of Care Coordination. This should be clearly described in the service narrative.
DDID			What will the MDT's on-going roll be with regard to the children in this pilot?	The MDT will recommend children/youth for the pilot and monitor the effectiveness of the pilot.
DDID			What level of collaboration should the DDID provider expect from BDDS?	BDDS is represented on the MDT
Post-Adoption	Funding	Funding	Can you please confirm if the funding dollar amounts listed for each region are for one year of service or the full two years of service on the contract?	Allocations listed on page 6 of the RFP document are for a one year period.

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Post-Adoption	General	Budget	What is the budget scoring criteria based on? Will lower bids be scored higher in point value?	The scoring criteria is located on attachment K.
Post-Adoption	General	Technical	Should the service narrative include an organizational chart?	If providers wish to include an organizational chart we ask that be uploaded as an "other" document.
Post-Adoption	Outreach calls to post adoptive families	Specific Responsibilities	Are you able to provide any additional information about the follow up/outreach calls to adoptive families (at 6 and 18 months)? For example: How often is this information (lists of names/contact information) received from DCS, what is the expected timeline for contact, what outcome information should be reported back to DCS?	This is a new service added for the upcoming contract year. Once contracts are awarded, this is something DCS & providers can work on creating together. The information would be provided to the contractor approximately quarterly. The goal is to check in, see how things are going with the family, remind them of the availability of post adoption services, and collect information needed for a referral (if the family chooses to initiate at this time), or perhaps mail them a brochure for future reference.
Post-Adoption	PAS	Service Standard	Is there a required services log to document Date, Start Time, End Time, Participants and Location of Services or can that information be documented in the monthly reports?	There is not a formalized service log. Provider are asked to ensure the case record documentation referenced on page 6 of the Post Adoption Service Standard is documented with in thae case file for each contact made. This information can then be used to complete the monthly report.
Post-Adoption	PAS	Service Standard	Can the initial family assessment continue to include the treatment plan that is reviewed and updated in the monthly report?	Providers are permitted to use the initial assessment treatment plan and update in the monthly progress report, unless specified otherwise by the referral source.

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Post-Adoption	PAS	Service Standard	Can DCS provide an estimate by PAS region of the number of child welfare adoptions requiring follow up contact?	For SFY14, there were 1039 adoptions finalized statewide. We do not have a regional breakdown available. Expect that the larger densely populated counties/regions of the states had a greater number of finalizations.
Post-Adoption	PAS	Service Standard	How and with what frequency will providers be provided with adoptive family contact information for followup?	The details of that are still being worked out. This is a new service added for the upcoming contract year. The information would be provided to the contractor approximately quarterly. The goal is to check in, see how things are going with the family, remind them of the availability of post adoption services, and collect information needed for a referral (if the family chooses to initiate at this time), or perhaps mail them a brochure for future reference.
Post-Adoption	PAS	Service Standard	The service standard states that DCS may require providers to become certified in high fidelity wraparound services. The current wraparound facilitator certification requires six full days of training. If required, is the training cost expected to come from contract funds or will the training be offered by DMHA?	The cost of the training would be covered outside of the PAS contracts. However, the staff time and travel would be covered by the PAS contract funds.
Post-Adoption	PAS	Service Standard	Is there a required tool for the information to be collected/provided in the follow-up calls with adoptive families at 6 months and 18 months post adoption?	Not currently. This is a new service added for the upcoming contract year. Once contracts are awarded, this is something DCS & providers can work on creating together.
Post-Adoption	Rates	Budget	Are the regional funding allocations per year (annual) or per contract period (two years)?	Allocations referenced on page 6 of the RFP document are annual.

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Post-Adoption	Regions	service Delivery, RFP Process	If applying for Post adoption can you apply for only 1 region or must you offer to at least 1 total area, ie...south?	Providers must serve all counties and regions within the service area as listed on page 6 of the RFP docuemnt.
Specialized Services Pilot	Billing	Service Delivery	If the child has access to funding (waiver/insurance), is the Care Coordinator allowed to bill the other funding source for those services?	Yes, Care Coordination could be billed to other sources, but the intent of the Specialized Services pilot RFP is provide services to children who otherwise would not have access to services unless DCS paid for the service.
Specialized Services Pilot	Rates	Service Delivery	For the pilot, since there will be an array of community based service options available to the child, some of the rates may be un known at this time. How should this be listed in the billable units/rates?	DCS intends to pay for the Specialized Services Pilot as actual cost based on an approved budget. The proposed rate should be Specialized Service Pilot at \$1, Actual Cost.
Specialized Services Pilot	RFP	other	Is there a page limit for the proposal?	There is no page limit for the service narrative.
Specialized Services Pilot	RFP	Referral	Is the Multidisciplinary Team who will do the referrals a part of the CMHI? If not, how to children get into the process?	DCS will make referrals to the Specialized Services Pilot after the recommendation has been made by the Multidisciplinary Team.
Specialized Services Pilot	RFP	RFP process	The service codes for the pilot do not display on the KidTraks system. Is there somewhere to access them?	DCS intends to pay for the Specialized Services Pilot as actual cost based on an approved budget. The proposed rate should be Specialized Service Pilot at \$1, Actual Cost.
Specialized Services Pilot	RFP	other	What component codes should be used for the pilot?	DCS intends to pay for the Specialized Services Pilot as actual cost based on an approved budget. The proposed rate should be Specialized Service Pilot at \$1, Actual Cost.
Specialized Services Pilot	Specialized Services	Service delivery	May the provider subcontract some of the services (intensive behavioral intervention) or must they provide these services in-house?	DCS is seeking proposals for the specialized services and subcontracting is allowable.

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Specialized Services Pilot	Specialized Services	Service Standard	what service standards should be used for the pilot?	A service standard does not currently exist for the Specialized Services pilot. Providers are asked to detail the services that will be provided within the service narrative to meet the needs of the target population.
VRSO	Case Documentation	Service Description	Will the VRSO clinician report to back to DCS via the Attachment J or will they be expected to develop Plans of care for the child? Is there an expectation that minutes are generated from the CFTM meeting?	At this time, the CFTM notes will serve as the monthly report. The VRSO clinician will be responsible for obtaining updated treatment plans from the residential facility monthly. The VRSO clinician will also work with the residential facility and the CMHI/PAS provider to develop a discharge plan.
VRSO	Caseload	Service Description	Do you have an estimate how many children will be evaluated for potential placement on a monthly basis?	The CMHI program is still growing, so it is unclear how many children may be evaluated per month. Currently, it is anticipated that each clinician would review less than 10 per month.
VRSO	Caseload	Service Description	Will VRSO clinician's be responsible for transporting family members to CFTM's at the facility? Is Skype or some other IT solution an acceptable alternative to ensuring family participation?	Face to Face attendance would be the preferred avenue. However in some circumstances it would be acceptable to utilize IT solutions to ensure family participation when face to face is not permissible. There may be circumstances when the clinician will transport the family members to the facility.
VRSO	Caseload	Service Description	Can face to face visits with youth occur on the same day as CFTM's?	Face to face visits may occur on the same day as a CFTM.
VRSO	Referrals	Service Description	How will children in need of residential services be referred to the VRSO clinician?	Children/youth who are being served by the Children's Mental Health Initiative or Post Adoption Services who may need residential services will be referred by DCS to the VRSO clinician.

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VRSO	Referrals	Service Description	Do you have an estimate as to how much time the VRSO clinician will spend in DCS Central Office? Will they be expected to have an office at DCS when they are not visiting youth in RTC?	Space will be available in DCS Central Office, Indianapolis for the VRSO clinicians. DCS anticipates the clinicians will be in Central office 2-3 days per week. However, this program is being developed and may change as this service is implemented.
VRSO	Services	Service Access	What services do you anticipate would be authorized in addition to the residential placement?	Services would be individualized based on the needs of the child/youth. However, these services would be referred outside of the VRSO contract.
VRSO	Services	Service Access	Will DCS sign the ICPR for youth in RTC?	Yes, DCS would complete the ICPR for youth who require residential services.
VRSO	Services	Service Access	Will the VRSO Clinician have access to the DCS Clinical staff for clinical support?	No, the agency should provide any additional clinical support needed by the clinician.
VRSO	Training	Minimumu Qualifications	Will the VRSO clinician be expected to complete wraparound Facilitator training? Will they facilitate CFTM's?	The VRSO clinician will facilitate team meetings. At this time, there is no plan for the clinicians to be trained as Wraparound Facilitators. Training on CFTMs will be available.

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VRSO	VRSO	RFP process	<p>Page 7 of the RFP asks that applicant include the resume of the proposed clinician(s) with the response to the RFP. If applicant intends to advertise/hire the clinician only upon receipt of the contract, how can an employee's resume be included? If applicant does not have a specifically identified staff person for this position, will their application not be considered? Conversely, if applicant's identified employee for the position is unable to transfer to this position when a contract is approved, can the provider fill the position with a new employee who meets the required qualifications?</p>	<p>You should include resumes if you have current staff who would serve in this role or if you have identified specific individuals you are considering for the role. Otherwise, please include your job description and your hiring and recruitment plan, as well as, your timeline for beginning service delivery. It is expected that services will be available upon the commencement of the contract.</p>
VRSO	VRSO	Service Standards	<p>The services standard requires that the VRSO clinician facilitate monthly team meetings that include parent(s)/caregiver(s), meet monthly with the youth in residential care, and encourage/monitor family participation. Consequently, can families in Post Adoption Services (PAS) continue to receive PAS while their child is in residential treatment? Can families in the Children's Mental Health Initiative (CMHI) continue to receive CMHI services while their child is in residential treatment?</p>	<p>Services would be individualized based on the needs of the child/youth. However, these services would be referred outside of the VRSO contract.</p>