

**RESPONSES TO QUESTIONS REGARDING
REQUEST FOR PROPOSALS
RESIDENTIAL CHILD CARE
SSA/RCC 11-001-S
Part III**

December 23, 2009

75. Question: COMAR 21.02.05.07C states “Any pre-bid conference should be held long enough after the invitation for bids has been issued to allow prospective bidders to become familiar with it, but sufficiently before bid opening to allow consideration of the pre-bid conference results in the preparation of bids.” The closing date allow only 18 business days following the pre-bid conference. There will be considerably less time when the results of the pre-bid conference become available.

Response: The closing date for receipt of proposals has been extended to January 11, 2010.

76. Question: Why are providers who submit proposals for multiple programs limited to one contract?

Response: Offerors will not be limited to one contract or Program. Offerors may receive an award for more than one program and/or jurisdiction. Please refer to Amendment # 3 issued December 18, 2009. Awards will be made based upon the needs of the State and using the criteria in Section 5.4 of the RFP.

77. Question: Abandoned – Why is the definition in the RFP different from the one in COMAR 07.02.11.03?

Response: The RFP has been amended to read 60 days.

78. Question: Discharge Plan: the definition here is not consistent with the requirements of COMAR 14.31.06.17F. Which definition is to be used?

Response: The definition in the RFP provides a general description of this term. Offerors must still be in compliance with all COMAR requirements.

79. Question: High Intensity Group Home: It appears that DHR has created a new service category that does not currently exist in COMAR 14.31.05, .06. 07. What exactly is a high intensity group home?

Response: Please Refer to Sections 1.8 and 3.4.1 .C of the RFP for a definition of “high intensity group home.”

80. Question: Out-of Home Placement – Why is the definition in the RFP different than the one in COMAR 07.02.11.03?

Response: A child placed in a foster home, diagnostic shelter or other temporary placement for less than 30 days is not necessarily an out-of-home placement. The definition of out of-home placement has been amended to delete the 30 day reference.

81. Question: What does “fully loaded fixed unit price basis” mean?

Response: In accordance with COMAR 21.06.03.02 this term means a price that is not subject to adjustment because of variations in the contractor’s cost.

82. Question: 3.3 B “The Contractor must accept all referrals that are made in accord with the provider profile when there is a vacancy in the Program unless there are extenuating circumstances that are discussed with the LDSS.” What constitutes “extenuating circumstances”?

Response: Providers must be able to clearly explain and document reasons why they are refusing an admission. Each case will be considered based upon the individual facts and circumstances.

83. Question: 3.3B “The Contractor may not eject a child who meets their profile” except in extenuating circumstances. What constitutes extenuating circumstances?

Response: Providers must be able to clearly explain and document reasons why they are ejecting a child. Each case will be considered based upon the individual facts and circumstances.

84. Question: 3.3B “The Contractor shall participate in the Family Information Meeting (FIM) as requested by the LDSS.”: LDSS is not required to have contractor participate?

Response: That is correct. There may be instances where Contractor participation in the FIM would not be appropriate.

85. Question: 3.3H Projected program needs do not include a breakdown by gender or age. How will the Department determine how many beds for each gender and age range?

Response: Please refer to Amendment # 3 issued December 18, 2009. The "Projected Program Needs and Referral Process" chart has been amended to include breakdown by gender and age. Additionally, as current profiles will not be considered, Offerors must describe in detail in its proposal, the Program services it intends to offer.

86. Question: 3.4 A "The Offeror shall include in its proposal a Training Plan that meets the requirements of COMAR 14.31.02.05(9). This citation is from the Single Point of Entry regulations and references staffing plans. How does it apply?

Response: All Offerors submitting Proposals in response to the RFP must comply with this requirement. .

87. Question: 3.4B "The Contractor shall provide transportation for youth to all medical and mental health appointments; school/educational, extra-curricular and vocational activities; recreational activities; and community activities." Providers are not responsible for transportation to school, that is the responsibility of the school district.

Response: There may be interruptions in school transportation during periods of transition. As a result, it is expected that the provider be able to provide transportation during these situations.

88. Question: 3.4B "The Contractor must also file an unusual incident report any time the resident and/or staff has engaged in an event that is significantly distinct from normal routine or procedure of the resident, the program, the staff, or any person relevant to the resident." The term "unusual incident" does not exist in regulation. What constitutes "significantly different from normal routine"? How does this differ from incident reporting already required by COMAR 14.31.06.18?

Response: The RFP has been amended to delete the term "unusual" from Section 3.4.B.9. Please refer to Amendment #3 issued December 18, 2009.

89. Question: 3.4B "The contractor shall jointly develop with the LDSS the diagnostic plan that identifies the diagnostic needs of the youth and services needed to complete the diagnostic assessment." This is not currently a requirement of RCC regulations. Does every youth require a diagnostic plan?

Response: The Contractor shall jointly develop with the LDSS the service/treatment plan that identifies the needs of the youth, and the services needed. The Contractor shall also collaborate with the LDSS in development of the case plan and its components: Individual Education Plan (IEP), Individual Health Plan (IHP), and any applicable court orders. The Contractor shall review progress on the service/treatment plan with the LDSS, and convey all relevant information upon discharge of the child/youth. The RFP will be amended to reflect these changes.

90. Question: 3.4B “For Group Homes covered by the State’s Medicaid Rehabilitation Option, the Contractor agrees to participate in the State of Maryland’s efforts to maximize allowable federal reimbursements. In agreeing to participate in the State’s efforts to maximize federal revenues, the Contractor agrees to maintain appropriate documentation of attendance records, and overall, will comply with the requirements detailed in COMAR 10.09.36 (General Medical Assistance Provider Participation).” How will group homes know they are covered by Rehab Option. Please provide a detailed list of all required documentation.

Response: Providers will be notified by the Department when and if they are covered by this Option. Currently, the required documentation consists of a spreadsheet asking for the youth’s name, limited demographic information and a daily attendance record. This is a federal requirement.

91. Question: 3.4B “The contractor must ensure that employees, consultants, and subcontractors obtain FBI and local police clearances every two years from date of employment and a Child Protection Registry clearance on an annual basis.” CJIS provides updates, is that not sufficient? Does this mean employees etc. must be fingerprinted every two years? This will be extremely expensive. How will the Department ensure that rates will be adjusted to cover this cost?

Response: Please refer to Amendment # 3 issued December 18, 2009. Section 3.4.B.22 has been amended to state that Providers must be in compliance with COMAR 14.31.06.05 as relates to background clearances.

92. Question: 3.4B “The Contractor shall screen new employees for drug and alcohol abuse, and then conduct subsequent, continuous testing on a random basis.” This is not currently required in RCC regulations and will be very costly to implement. How will the Department ensure that rates will be adjusted to cover this cost?

Response: Providers shall demonstrate compliance with the COMAR 14.31.06.05 to assure a Drug and Alcohol free workplace.

93. **Question:** 3.4.1 If a provider's current LOI do not meet the minimum standard for the service category in the RFP, does that mean the provider is not eligible to bid?

Response: No.

94. **Question:** If a provider is awarded a contract for services at a higher level of intensity than currently budgeted for, how will the Department ensure the provider will get a commensurate rate?

Response: The IRC will work within the guidelines of appropriate regulation, legislative mandates and Board of Public Works directives

95. **Question:** Proposals are due before LOI will be approved. What happens if a provider submits a proposal based on an increased level of intensity and then the LOI is not approved?

Response: Providers shall justify proposed LOIs in their proposals.

96. **Question:** 3.4.1C High Intensity Group Homes. This category includes TGH, yet the definitions and criteria for levels of intensity for TGH and regular GH are not the same in each domain.

Response: Refer to Glossary of Terms and Sections 3.4.1 .C for definitions and Levels of Intensity for High Intensity Group Homes. Offerors shall also refer to the individual LOIs for each RCC identified.

97. **Question:** 3.4.1D "The Teen Parent Program shall serve no more than 6 pregnant or parenting teens per site." This will eliminate two the three current Teen Parent providers and the third is probably not financially able to expand.

Response: Offerors may have to modify their current programs to meet the needs stated in the RFP. Also, Offerors may submit Proposals for more than one RCC depending on their license.

98. **Question:** 3.4.1G "All admissions must have an "Admission to Respite Reporting Checklist" form completed and sent to DHR prior to admission." What is an "Admission to Respite Reporting Checklist"? Provide a copy.

Response: This requirement has been removed from the RFP.

99. **Question:** 3.5 How will the Department monitor compliance with CSOMS?

Response: The Department will monitor compliance with the Children's Service Outcome Measurement System (CSOMS) through collaboration with the Governor's Office for Children (GOC).

100. **Question:** 4.3G Why do providers have to submit 3 years of audits when they are submitted to the Department annually?

Response: This is a separate requirement. Previously submitted audits are in differing stages of review by different elements of the Department. We note that this is only one of several pieces of information that will satisfy this requirement.

101. **Question:** 4.3G What is a Dunn and Bradstreet report and rating and why are they being required? How does a provider obtain them?

Response: Dunn and Bradstreet is a company that rates the financial stability of other entities. The Department is not requiring that this be obtained. The Dunn and Bradstreet report is just an example of the type of information that may be submitted to demonstrate financial stability.

102. **Question:** 4.3G (d) says "Evidence of no less than six (6) of working capital." Six what?

Response: Section 4.3.G.d of the RFP has been amended to state "Evidence of no less than six (6) months of working capital."

103. **Question:** 5.1 Will individuals outside of DHR participate on evaluation committees?

Response: All Offerors' Proposals received by the closing deadline will be evaluated by evaluation committees established by the Department. The composition of the evaluation committees is confidential.

104. **Question:** 5.1 The third sentence of the second paragraph reads "The Request of Proposals shall be open to public inspection after the award of the Contract." Should it read Register of Proposals?

Response: Section 5.1 will be amended to read “The Register of Proposals.” After award, the Proposals are public record, subject to the confidentiality provisions of the Public Information Act. The RFP will be amended to reflect this change.

105. **Question:** 5.2 What criteria will be used to make the initial determination that a proposal is “reasonably susceptible of being selected for an award”?

Response: The Procurement Officer will review all Technical Proposals submitted by the closing date to ensure the Requirements for Proposal Preparation stated in Section IV of the RFP have been satisfied.

106. **Question:** 5.4 COMAR 21.05.03.02(A)(2) requires the proposal to “indicate the relative importance of each evaluative factor, including price.” How will each component of the proposal be weighted?

Response: The Evaluation Committees will evaluate all proposals according to the criteria established in Section 5.4 of the RFP. Technical Proposals will be ranked according to the following major criteria in descending order of importance:

- A. Proposed Services – Section 4.3A
- B. Qualifications – Section 4.3B
- C. Prior Experience with DHR_and/ other MD Licensing Agency 4.3F
- D. Understanding the Problem – Section 4.3C
- E. Personnel – Section 4.3D
- F. References – Section 4.3E
- G. Financial Responsibility and Stability – Section 4.3 G
- H. Economic Benefit to the State – Section 4.3 H

107. **Question:** Will the report card be used in the evaluation of proposals, and if so, how?

Response: The Report Card will not be used to evaluate proposals. As part of its offer, each Offeror is to provide a discussion of the Offeror’s prior experience, if any, with DHR and, if needed, its cognizant licensing agency from a regulatory and, if applicable, contractual standpoint. Please refer to section 4.3 F of the RFP for additional information regarding Prior Experience with DHR and other MD Licensing/Contracting Agencies.

108. **Question:** When submitting our budget how do we deal with the beds that will not be included in the RFP? For example; say we want to contract with the state through the RFP for 12 beds, we have a DJS contract and would like to keep 3 beds for

that program. This is a total of 15 beds. Do I submit a budget with the RFP that is set for 12 kids or do I set it for 15 and delineate that only 12 beds will be for the RFP?

Response: Offerors shall submit their budgets for the total number of beds as this will determine your rate.

109. **Question:** Our rates are set the MSDE and the budget is usually due on March 1st. Do we still have to sent DHR our budget by February 15th? If yes then would we submit the same format required by MSDE and then DHR will send it to MSDE?

Response: Please refer to Amendment # 3 issued December 18, 2009. Section 4.4 Volume II Financial of the RFP has been amended to read:

This volume should contain all price information for all services proposed. Offerors must comply with the instructions of the Interagency Rates Committee. This volume must be submitted following the "Budget Application Form" currently used by the Interagency Rates Committee (Attachment A) and shall contain all financial information that the Offeror determines to be relevant to the Proposal. Financial Proposals are due to the Procurement Officer no later than 12 noon on February 15, 2010 to be considered timely and for evaluation purposes under this RFP. All Financial Proposals submitted to DHR as a part of this RFP will be submitted directly to the Interagency Rates Committee by the Procurement Officer. Therefore, Offerors do not need to forward Financial Proposals directly to IRC.

110. **Question:** I just need clarification about the MBE. In the letter date January 9, 2009 in the four paragraph it states – the Departments have established a MBE subcontracting goal of 5% of the total value of the contract, i.e., 5 % of the actual payments to the contractor over the entire contract term, including option renewal periods. Now in the the meeting today, it was stated that the goal would be 5% of the contract. The Benedictine School is contracted for 25 beds, but may only fill 15 beds, are will still required to meet a goal of 5% of the entire contract or 5% of payments received on the contract?

Response: An MBE subcontract participation goal of 5% of the total Contract dollar amount has been established for this procurement for Offerors with 25 or more beds. Please refer to Sections 2.27 through 2.32 of the RFP for information concerning the MBE requirements for this solicitation.

111. **Question:** [REDACTED] RCC license is unlimited but our contract for 2010 states 20 beds, can we reduce the number of beds in this proposal? Also our license for Therapeutic Group Home is for 5 beds, can we also reduce the number of beds in this proposal? If we can where in the proposal would we put this information?

Response: Awards will be based upon the number of beds authorized by the Offeror's license. The budget submitted shall be based on the number of beds licensed and be in accordance with IRC requirements..

112. **Question:** [REDACTED] is certified by MSDE and licensed by DHR and we will be submitting one proposal, is this correct?

Response: Yes

113. **Question:** For Teen Parent programs, it says 6 per site. I am on a campus with 2 buildings. Could I have 6 in each building?

Response: Yes

114. **Question:** I write to you regarding obtaining a license for a group home in Maryland. It is my understanding that licenses will only be awarded where there is actual need. I would like to know if the Residential Child Care – Living Wage Solicitation No. N00S0262279 is considered a “Statement of Need,” therefore, allowing my organization to apply for the appropriate license?

Response: No, the RFP does not constitute a Statement of Need

115. **Question:** In terms of the RFP, we have a question regarding our 5 separate site licenses and 2 distinct Group Home programs:

1. [REDACTED] – (12 total beds/age 10-17) – three (3) 4 bed group homes
2. [REDACTED] – (10 total beds/age 16-21) – two (2) 5 bed group homes

For these programs, we provide two different types of service delivery with some slight variance in the Levels of Intensity (LOI) and we submit two different budgets for each program. Should we submit one RFP incorporating both of these programs or should we submit two different RFP's under the Group Home category?

Response: You should submit 2 separate proposals, one for each program.

116. **Question:** Also, are we allowed to contact the Local Departments of Social Services that are our primary vendors for children in terms of securing a letter of reference for the Proposal?

Response: No, the local departments of social services may not be used as a source of reference for this RFP.

117. **Question:** Must you be MBE member before applying for the proposal?

Response: No. However, any subcontractor identified to meet the MBE goal must be certified by the Department of Transportation at the time of proposal submission.

118. **Question:** Since contracts will be awarded for 2 years, should the budget be a representation of 2 years financial anticipation?

Response: The budget submitted to the IRC is for a one-year period.

119. **Question:** 3.4.B. Staff Security Requirements, # 25, page 49]: Is the standard being requested that ongoing employee substance abuse screening (i.e., post hire) be performed as needed for cause or is the intent that all employees of a RCC be tested on a routine basis that is randomized?

When Mr. Keegan was discussing this item at the pre-proposal meeting, he seemed to suggest that the rationale for this specification was the intent that providers have the capacity to do drug screening "if something happens," presumably meaning in the event that employee drug or alcohol abuse is discovered or suspected. This comment would seem to imply that screening as needed for cause is the intent.

Response: Offerors are required to comply with COMAR 14.31.06.05 with respect to criminal background checks and drug and alcohol screening.

120. **Question:** In our technical proposal, are we required to submit 5 copies of our policies and procedures manual, or just one copy with the original? Ours is quite substantial!

Response: Please refer to Section 1.5 of the RFP. An original, to be so identified, and five (5) copies of the Technical Proposal is required.

121. **Question:** As part of the submission for staff qualification, do we need to submit the job description for every single position, or can we submit job descriptions for categories of positions, e.g. Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Certified Medication Assistants, etc.? For a program that we intend to open as part of this RFP, would job descriptions for categories of positions suffice?

Response: Where there is more than one person filling a job category, job descriptions for categories of positions will suffice.

122. **Question:** Does the Living Wage Requirement apply to nonprofit organizations?

Response: The Living Wage Law does not apply to service contracts for services with a nonprofit organization. Please refer to Attachment P, Section B (3) of the RFP.

123. **Question:** How can offerors be evaluated equally without regard to whether or not they are community-based, campus-based, have medical, clinical and other services on-site since as has been pointed out, there are differing LOI guidelines for each type of program currently?

Response: The Evaluation Committees will evaluate all proposals according to the criteria established in Section 5.4 of the RFP. Technical Proposals will be ranked according to the following major criteria in descending order of importance:

- A. Proposed Services – Section 4.3A
- B. Qualifications – Section 4.3B
- C. Prior Experience with DHR_and/ other MD Licensing Agency 4.3F
- D. Understanding the Problem – Section 4.3C
- E. Personnel – Section 4.3D
- F. References – Section 4.3E
- G. Financial Responsibility and Stability – Section 4.3 G
- H. Economic Benefit to the State – Section 4.3 H

124. **Question:** Will the designations of Preferred and Non-Preferred programs continue under the new system?

Response: Yes

125. **Question:** Are offerors limited to the current number of licensed beds in their proposals?

Response: Offerors may apply for the number of beds they will have licensed at the time of contract award.

126. **Question:** Is it possible for a Prime Contractor to use me as a subcontractor if I only have the MBE application submitted to the State prior to the RFP submission date

of December 14, 2009? b. Is the requirement that I be MBE Certified prior to the contract award?

Response: Any subcontractor identified to meet the MBE goal must be certified by the Department of Transportation at the time of proposal submission. Please contact the Maryland Department of Transportation (MDOT) as soon as possible for eligibility to become a State Certified Minority Business Enterprise (MBE). There is no expedited process for MBE certification.

127. **Question:** Does the Prince Georges County MBE Certification qualify for this RFP?

Response: All certification is handled through (MDOT). There is no expedited process for MBE certification.

128. **Question:** In addition to helping organizations implement and monitor a continuous quality improvement system, I would like to offer contract management and evaluation services. Is this allowed?

Response: Please refer to Section 3.4.B of the RFP for Contractor services required by this solicitation.

129. **Question:** If Provider A is currently Licensed by DHR and intends to submit an RFP based on their current License as well as a Second Proposal for DETP or DDA or Therapeutic Group Home for which Provider A is not currently licensed, is there a provision in this RFP that allows for this?

Assuming the answer to the above question is yes, what is the allowable time limit to prepare the Facility for the DDA or DETP or TGH ready? Is licensing guaranteed with a successful contract for DDA, DETP or TGH?

Response: Yes, Offerors must be licensed at the proposed location by the time of contract award. There is no guarantee of an award. All Proposals will be evaluated based upon the criteria listed in Section 5.4 of the RFP.

130. **Question:** Is there any provisions in this RFP that guarantee law of equity and fairness to Minority Business Owners who are not represented in the Minority Business Enterprise but are core minority owned and provide services for Youth, Children and Families in a smaller group? Fairness and equity would have suggested systematic reductions of numbers of children placed in Large Group Settings before smaller homes than just closures?

Response: The RFP has no such provision.

131. **Question:** If I am responding for the High Intensity Group Home, which I understand is the same as the current TGH, do I apply under my DHMH TGH license?

Response: Refer to Glossary of Terms and Sections 3.4.1 .C for definitions and Levels of Intensity for High Intensity Group Homes

132. **Question:** On page 45, 3.4a2 it requests a sample routine for a day a week etc. Whose routine does this refer to?

Response: This requirement refers to the youth's routine.

133. **Question:** On page 47 it states that there must be a Board of Directors or advisory board. COMAR allows for an advisory board for out of state owned agencies only. Do we follow the RFP guideline or the COMAR regulations?

Response: Offerors must demonstrate compliance with COMAR regulations.

134. **Question:** On page 49, COMAR is clear that requests have to be submitted for CPS and background checks for new employees while the RFP implies that the reports have to be returned prior to employment beginning. Please clarify if the RFP and COMAR regulations are the same or if they are different? Is it legal to use an RFP to change or create regulation?

Response: Offerors must demonstrate compliance with COMAR regulations.

135. **Question:** Page 49 You request in the RFP CPS clearance ever year. This is not required by COMAR. Again why is a RFP being used to invalidate or change COMAR regulations.

Response: Please refer to Amendment # 3 issued December 18, 2009. Section 3.4.B.22 has been amended to state that Providers must be in compliance with COMAR 14.31.06.05 as relates to background clearances.

136. **Question:** On page 49 the RFP requests continuous random drug testing for staff. This is not a COMAR regulation. Has the state considered the additional cost to do this? Why not say testing when there is an indication of use or abuse?

Response: Offerors are required to comply with COMAR 14.31.06.05 with respect to criminal background checks and drug and alcohol screening.

137. Question: On page 70 of the Residential Child Care DHR Agency Control Number SSA/RCC-11-001-S RFP where information that can be used to demonstrate requisite responsibility and stability is listed, do we need to have 3 of the 4 items listed or 1 of the 4?

Response: The types of evidence described in Section 4.3.G of the RFP are examples of the type of information that may be submitted in order to satisfy this requirement. The list is not meant to be all inclusive. Offerors must provide sufficient evidence to demonstrate to the Department that it is financially secure and able to meet the requirements of the RFP and resulting contract.

138. Question: Some questions have been submitted already in writing. Are you going to answer those or must people resubmit them verbally?

Response: Please refer to Section 1.4 of the RFP. The Procurement Officer will, based on the availability of time to research and communicate an answer, decide whether an answer can be provided before the closing date. Answers to all substantive questions that have not previously been answered, and are not clearly specific only to the requestor, will be distributed to all prospective bidders who are known to have received a copy of the RFP. Questions do not need to be resubmitted verbally.

139. Question: I would like to get some clarification with respect to levels of intensity for the programs in all six categories. And there is a statement in the RFP that says, "That the contractor shall use the following minimum standards," and taken literally, what I think that means is that you cannot exceed those levels of intensity in those categories -- in any of the categories; is that correct?

Response: No. The standards are minimums and can be exceeded depending on the RCC and services proposed.

140. Question: The RFP doesn't say the provider shall use the maximum standards. It says that the provider shall use the minimum, not that they have the option to, or it doesn't say at least the minimum. It says they shall use the minimum. Can you clarify that?

Response: Please see number 139 above.

141. Question: It's absolutely wonderful that there has been an attempt, by the Department to take TCA clients, and have the providers incorporate these services. I'm really concerned because, as you know the State Certification Board, have their own

requirements, and as you know, come October 1, 2013, all direct care workers have to be certified by that entity. So if a provider has vacancies, and those vacancies are now shared with the local Department of Social Services, how are you going to reconcile the two?

Response: The Department will only refer candidates that meet the qualifications of the position.

142. Question: Page 66 of the RFP talks about the Project Manager. Is this the same person as the Project Administrator, particularly for the small providers?

Response: the Project Manager and Project Administrator may be the same person.

143. Question: Why do you need six months when the government is supposed to pay within 45 days? So that means we should probably have at the most have, two months and 15 days, 30 days to get your invoice out, 45 days after that. So to me, to me that means that's two months and 15 days, rather than six months.

Response: The six months of working capital is only one of several ways to demonstrate financial responsibility and stability. Please refer to Section 4.3.G of the RFP.

144. Question: The RFP is seeking a contract for a total of 860 group home beds, the 600 are identified as regular and 260 as high intensity group home. But there really isn't any other distinction in the RFP. It doesn't tell us about the gender of the children needing services, ages, and more particularly, it doesn't tell us by any way of description what are the special needs are. We have a history of having distinguished group homes, particularly in those that have developed some specialty capability, for example, we will accept children who have complex medical issues, and those that won't. There are those that accept children with complex medical issues who are not medically fragile, etc. The fact is group homes are not all exactly alike, and there is nothing in the description of group homes for high intensity group homes that distinguishes the needs and characteristics of the children in the home. The question is how can providers offer or give you proposals that will anticipate or respond to those needs which are not articulated in the RFP?

Response: The proposal must be responsive to the needs articulated in the RFP. Additionally, each Offeror must describe in detail the type of service it intends to provide

under the particular RCC. The chart in Section 3.3 H. has been revised to include gender and age goals.

145. Question: Is the DHR hiring agreement submitted after the award, that is, be signed ten days after the award, or submitted with the proposal?

Response: The Hiring Agreement is submitted 10 days after notice of award.

146. Question: If Offerors submit a proposal for 25 beds, are any MBE forms required?

Response: Yes. Please refer to Section 2.31.C of the RFP for information regarding what forms are to be submitted with your Proposal.

147. Question: For a group home that has previously been licensed, and in the process of expansion, therefore for the initial beds, does that process -- should that be articulated in this new RFP request?

Response: The proposal may include all beds for which the Offeror will have a license at the time of contract award.

148. Question: In regard to new beds, you said there would not be any new contracts. Then you corrected yourself and said there would not be any new licenses. However, licenses are site specific. So if you are asking for new beds on, say the Eastern Shore, you would have to issue new licenses. And so I ask that question. I also ask will providers be subject to requirements, and what is the expectation in terms of bringing on new beds in terms of time frame?

Response: This RFP is not a Statement of Need for new licenses or RCCs. However, any Provider who has already submitted an application for a group home license must have the license at the time of contract award.

149. Question: In terms of security requirements, are you saying that this section in the RFP will be amended about the reviewing every two years?

Response: Please see Amendment #3. Providers must be in compliance with COMAR as relates to background clearances.

150. Question: In terms of Teen Parent Programs, what is a site, what constitutes a site?

Response: Licenses are site specific; which refers to the physical location of the RCC.

151. Question: For group homes, if you operate a group home currently, and it could fall into the group home status or high intensity, depending how you write the proposal, can you submit that proposal in both categories, understanding it will only be awarded possibly only one time?

Response: Yes

152. Question: When we submit our financial proposals in February, will the rates that we submit, will we have a separate budget or will we have to bid in to the 12 Diagnostics Center budget?

Response: There must be a financial proposal submitted for each technical proposal. Please refer to Sections 1.5 and 4.4 of the RFP.

153. Question: This is a follow-up to the type three school. If you're not in the diagnostic category, the high intensity group, because we are in a school district, because we don't have where kids would not be in the school system, but you reside in, do we have to submit a separate proposal, that type three school under the new RFP? We have our children in one of the schools in the State, and we are type three, we are not diagnostic, or one of those outlying high intensity group homes, it's not a therapeutic group home for a variety of reasons. They are enrolled in school but it may take up to 60 days to get them there. We are the type three schools to stabilize them in school. We are a type three model. We have had But how would that be assigned to our group home kids as a type three group home?

Response: Type III schools are not included in this RFP except for the Diagnostic category.

154. Question: My questions speaks to really kind of downsizing to make the group homes models fit the actual needs of the kids, which is commendable, but it does drive up associated costs factor. Has the Department considered some financial guidelines, wage or compensation, to participate in rather than us being kind of outside, shooting in the dark because we need to fix this gap between what we provide and what we get reimbursed for now to provide the services?

Response: No.

155. Question: My first question is evaluation criteria for the technical proposal, there are seven items that we are evaluated on. My question is there a point system used for each of those seven items? When preparing this proposal, how do you know which criteria will get a certain number of, points for references, do you get more points for services, et cetera?

Response: Proposals shall be prepared by giving a definitive description of the Offeror's proposed plan to achieve the objectives and requirements of the RFP. The Evaluation Committees will evaluate all proposals according to the criteria established in Section 5.4 of the RFP. There are no points used. Technical Proposals will be **ranked** according to the following major criteria in descending order of importance:

- A. Proposed Services – Section 4.3A
- B. Qualifications – Section 4.3B
- C. Prior Experience with DHR_and/ other MD Licensing Agency
4.3F
- D. Understanding the Problem – Section 4.3C
- E. Personnel – Section 4.3D
- F. References – Section 4.3E
- G. Financial Responsibility and Stability – Section 4.3 G
- H. Economic Benefit to the State – Section 4.3 H

156. Question: Then if I have two proposals A and B with the minimum number of services. One proposal has one service more than that, and that proposal will receive the highest rating, even the proposal being that it has all the minimum qualifications in it? I have two separate proposals, both of them meet the minimum qualifications. One has one service that isn't required in the RFP. Does the proposal get the same weight?

Response: Awards will be made based on the evaluation criteria set forth in the RFP and what is in the best interest of the State.

157. Question: Will the State consider setting aside for the subcontractor piece, a certain number of these beds for awards to minority with small businesses? I am referring to the approximate 1,300 beds you are going to contract out for. Will the State consider setting aside ten percent, 15 percent, five percent of those beds to go only to a minority-owned company, or a small business companies, the intent of that subcontractor requirement? I think it's easier to meet that goal than the five percent you all talked about requiring.

Response: No

158. Question: Is the anticipated date of the award the anticipated date of notification? On the technical proposal, we will submit the technical proposal. Is there an anticipated date when we may know who is going to be acknowledged for award?

Response: The evaluation process will continue until the Procurement Officer can recommend award of the contracts to the responsible Offerors whose Proposals are determined to be the most advantageous to the State. Offeror(s) will be notified in writing of any decision of the State with respect to the individual proposal. Contract awards are subject to the approval of the State Board of Public Works. Offerors whose proposals are not accepted will be entitled to a debriefing. See Sections 5.6 and 5.7 of the RFP.

159. Question: There are a lot of group homes that are licensed as smaller group homes. And there has been some discussion about some of these group homes combining themselves and being able to actually apply for a larger number of beds. Each of the group homes are already licensed, but the group that they may propose under is not licensed. Is that acceptable under this RFP?

Response: Programs must be licensed by the time of contract award. Also please note that licenses are site specific.

160. Question: In terms of the number of beds that you are actually applying for, the license only allows you a certain number of beds. I am actually applying for more beds and our licenses are covered because each of the departments involved have a licenses on the beds. So I think the answer was yes.

Response: Programs must be licensed by the time of contract award, and the proposal may include all beds that are licensed by the time of contract award

161. Question: High intensity group homes in this section of the RFP, that defines group homes, it shows a table of minimum standards, but it does not identify which LOI category that group it's not clear which one.

Response: The minimum LOIs listed were selected by the Department and are applicable to all Offerors submitting proposals for the High Intensity Group Home category. The LOIs stated are minimums, however, an Offeror may propose higher LOIs depending upon which is relevant to their license and proposal submission.

162. Question: So a therapeutic group home has to meet a higher standard than a regular group home? So the standards from the two categories are very different? Is that your intent, to have two different standards for providers providing the same level?

Response: The minimum LOIs listed were selected by the Department and are applicable to all Offerors submitting proposals for the High Intensity Group Home category. The LOIs stated are minimums, however, an Offeror may propose higher LOIs depending upon which is relevant to their license and proposal submission.

163. Question: Since you have to do the budget before you get the economic impact statement, why is the budget then required to be submitted two months after the fact, knowing that there are probably going to be changes between the budget on December 14, and the budget that will be due on February 15, for the simple fact that something as simple as unemployment insurance, no one knows what the rates are going to be, they probably are going to be changed again in January? There is no way to do the economic impact statement without first doing the budget, because you ask for the percent of the budget -- the percent of that contract that goes to salaries, and I don't know how you do that without doing a budget. I'm asking for clarification because the numbers are not what we submit in December, may not match what happens in February.

Response: The financial proposal should contain all price information for all services proposed. Offerors must comply with the instructions of the Interagency Rates Committee. This volume must be submitted following the "Budget Application Form" currently used by the Interagency Rates Committee (Attachment A) and shall contain all financial information that the Offeror determines to be relevant to the Proposal. Where actual pricing information is unknown, the Offeror should provide an estimate of any financial information that is relevant to the RFP.

164. Question: We are an MBE. Does that mean that we are just exempt from having to do searches for MBE or are we still valued at five percent?

Response: No. However, the MBE goal only applies to with 25 or more beds. If you are the prime contractor and plan to submit a proposal(s) in response to this RFP, you must still meet the 5% MBE subcontracting goal provided you have 25 or more beds. Please refer to Sections 2.27 through 2.32 of the RFP for information concerning the MBE requirements for this solicitation.

165. Question: Would the preference be for larger campus-type facilities to be awarded the contracts, or will consideration be given to the smaller programs like DHR refers to as mom-and-pop? Will they be given equal consideration or is this going to be an exercise in futility?

Response: No preferences will be given for certain types of facilities. The Evaluation Committees will evaluate all proposals according to the criteria established in Section 5.4 of the RFP. Technical Proposals will be **ranked** according to the following major criteria in descending order of importance:

- A. Proposed Services – Section 4.3A
- B. Qualifications – Section 4.3B
- C. Prior Experience with DHR_and/ other MD Licensing Agency 4.3F
- D. Understanding the Problem – Section 4.3C
- E. Personnel – Section 4.3D
- F. References – Section 4.3E
- G. Financial Responsibility and Stability – Section 4.3 G
- H. Economic Benefit to the State – Section 4.3 H

166. Question: Are therapeutic group homes included in this RFP?

Response: Yes

167. Question: If you run a therapeutic group home, do you have to have it included in this submission of the RFP under high-intensity group home?

Response: Yes.

168. Question: On Page eight of the RFP, the line that says, "Only one contract may be awarded to an Offeror who submits only one proposal under the same license." What does that mean?

Response: Please refer to Section 1.1 of the RFP has been amended to read:

Offerors may submit Technical Proposals for an RCC in one or more jurisdictions (ref. Section 3.3H). Offerors who submit Proposals for a particular program, located in more than one jurisdiction, shall submit one Proposal that identifies each specific jurisdiction and the number of beds for each location. The Proposals must be submitted in a sealed envelope and include on the envelope the Offerors' name, jurisdiction(s) and the Program type.

Offerors may submit Proposals for more than one Program (ref. Section 3.4.1) under their group home license. Separate Proposals for each Program must be submitted in a separately sealed envelope and include on the envelope the Offerors' name, jurisdiction and Program.

Offerors may receive an award for more than one program and/or jurisdiction.

Please refer to Amendment # 3 issued December 18, 2009.

169. Question: So if you run a facility that has one license with multiple programs, in different units, you can only go for one type of service, only be awarded one type of service?

Response: Please refer to Question 168 above.

170. Question: You did not get a specific date but you said that awards would be announced when the State felt they had done what they needed to do. Does that mean that if the State has not done what they needed to do at the end of current fiscal contract year, the contract will automatically be renewed until such time as you announce the new award?

Response: In the event contracts are not awarded by July 1, 2010, the current contracts for these services will be modified.

171. Question: The RFP requires all group homes or all RCCs to jointly develop with the LDSS, the diagnostic plan that identifies the diagnostic needs and the services

needed to complete the diagnostic assessment. What exactly are the scope and/or limit of the contractor's responsibilities in regard to this diagnostic plan?

Response: The Contractor shall jointly develop with the LDSS the service/treatment plan that identifies the needs of the youth, and the services needed. The Contractor shall also collaborate with the LDSS in development of the case plan and its components: Individual Education Plan (IEP), Individual Health Plan (IHP), and any applicable court orders. The Contractor shall review progress on the service/treatment plan with the LDSS, and convey all relevant information upon discharge of the child/youth. Please see Amendment # 3 issued December 18, 2009.

172. Question: I am a type one general education program in which the children don't go to public schools, perhaps they are 17, and they have a high school diploma, but generally they earn those credits, how is that being incorporated into the RFP?

Response: Type One general education programs are not included in this RFP.

173. Question: In submitting a budget, intensities, staffing, the site that is needed to be done, sent to the licensing personnel and be approved. Now these are to be sent in technical proposal, if I'm correct, is that same process when we send it to licensing for approval?

Response: The technical proposals must detail the services to be provided and include all information and documentation required by the RFP. No financial information shall be included in the technical proposal and does not require licensing approval.

174. Question: The increase of the Living Wage, how do we know what the increase will be?

Response: The Living Wage Law is administered by the Commissioner of Labor and Industry. The Commissioner is required to adjust the wage rates based on the Consumer Price Index and to allow certain reductions to the wage rates. The wage rates are published on the Division of Labor and Industry's website www.dllr.state.me.us/labor/livingwage.shtml. Effective September 28, 2009 the living wage rate is \$12.25 per hour in Tier 1 areas, and \$9.21 per hour in Tier 2 areas.

175. Question: Is there a template or format that DHR will put out say that this is kind of what we are by looking for?

Response: Section IV of the RFP, Requirements for Proposal Preparation explains how to prepare your proposal.

176. Question: Because we can buy another corporation has the assets, when we buy a corporation, and that corporation has a license. So when we buy that corporation, will that license come with us? Who would I speak to about that?

Response: Specific questions related to mergers and acquisitions should be directed to the Office of Licensing and Monitoring.

177. Question: When submitting your proposal, from what I understand, is that in my ranking, there will be 50 beds available for a 28 bed group home. So if I submit my proposal for 28 beds, can the State come in and say we want 14 of those beds? And at that point, do I need redo my budget and cap my proposal, including signatures from my licensing agent that sign off on the reduction of staff that I'm asking for? My question is if we have to reduce the numbers of beds through our license, does that mean that it has to be done prior to the submission or is that something that can be done after the technical and budget has been offered through the RFP process?

Response: Awards will be based upon the number of beds authorized by the Offeror's license. The budget submitted shall be based on the number of beds licensed.

178. Question: We have separate licenses for our satellite programs, but we also have our main campus and all fall under one rate, the same rate. Can we submit two different categories, for our the satellite at the same rate as our high intensity for the campus?

Response: Yes

179. Question: Co-mingling with the other populations from other agencies, I don't think the RFP, I wonder if it applies to all levels of programs, 16 all types of programs?

Response: Co-mingling is not addressed in this RFP.

180. Question: Responses given previously regarding the all or nothing seems to be contradictory to 2.4, Page 19, where it says, "The State reserves the right to accept or reject any proposals in whole or part." So could you clarify? The RFP says you can accept in part.

Response: Section 2.4 of the RFP is accurate. The State may require clarification or changes to the proposal as deemed necessary and if in the best interest of the State.

181. Question: Our school program is licensed by MSDE while our residential is licensed by DHR, do we have to include both budgets in our proposal?

Response: Education proposals are not included in this RFP except for the DETP category

182. Question: My question is about the levels of intensity, and in the past what we've done we have had to submit everything to our licensing coordinator to have it signed. I am unclear. When do we do that to do for this proposal?

Response: The technical proposals must detail the services to be provided and include all information and documentation required by the RFP. No financial information shall be included in the technical proposal and does not require licensing approval.

183. Question: Can we reduce our capacity through the RFP process until -- could you get a penalty if in fact, the capacity that we made is utilized by an out-of-state provider? Will we be penalized if we reduce our capacity and sell our beds to another provider? The rationale is this, looking at the utilization of the beds now, and if in fact, we are in a competitive process, you would not want to compete for beds if you are getting them now. So there is no penalty to reduce beds in this process?

Response: Proposals shall be submitted and awards will be made based upon the number of beds currently licensed. The State does not guarantee referrals. There is no prohibition against a Provider utilizing beds, for example, for out-of state programs.

184. Question: And in terms of the strong case made of course under financial data is in the technical proposal. Yet in the technical proposal you do are asking for copies of audits, financial statements, those types of things. So I am assuming all that's okay as

part of the technical proposal, they will have dollars and you will have that economic impact, and it will show audits of these programs in the past years.

Response: Proof of financial stability must be submitted with the technical proposal. However, the technical proposal shall not contain any financial information or budget information as it relates to providing services under this RFP.

185. Question: What provision is being made in this proposal for any overflow of employee emergencies based on referral. I know mine is full right now. I have a license in order to expand and so I want to know what provisions are being made for emergencies you have when there is no place for children to go?

Response: The department anticipates that the numbers projected will be sufficient to meet the demand.

186. Question: What if your program has not been in existence for three years, can you submit annual reports? My question is can you submit less because the program has not been in existence for three or more years?

Response: The types of evidence described in Section 4.3.G of the RFP are examples of the type of information that may be submitted in order to satisfy this requirement. The list is not meant to be all inclusive. Offerors must provide sufficient evidence to demonstrate to the Department that it is financially secure and able to meet the requirements of the RFP and resulting contract.

187. Question: I have a question relative to setting up new establishment of a new program or any program in the jurisdiction. Is there an established time frame that these programs will be allowed to be up and running; is there an implied time or a preconceived time?

Response: Programs must be licensed by the time of contract award.