**Saint Francis Procurement Questions & Responses**

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| **RFx #** | **Question(s)** | **Response** |
| RFA1 – Mediation | NO QUESTIONS | N/A |
| RFA 2 – Family Group Conferencing | Can the work of the FGC be done by a team e.g., someone calling, someone facilitating on the same referral? | Yes |
|  | Outcome 2- indicates that participants understand the outcome of the FGC- how is "understanding" being measured?  | It is the expectation that the provider is checking for understanding with the participants and documenting this.  |
|  | This statement is in the service definition "Average length of service for one Family Group Conference is up to five (5) hours (for conference time) and preparations time, including post conference facilitation/follow up, if requested by the Case Manager within ninety (90) days of the original conference." Can you clarify what 5 hours covers- is it only conference time? Conference time + prep time?  | The five hours is conference time.  |
|  | What level of information will be provided in the referral? For example, are names, level of investment in future planning, agenda, historical involvement, phone number, etc for family members "who may be across the United States" known upon referral?  | There is a standardized referral that includes all pertinent family information. If the provider has questions upon receipt of the referral, they may reach out for further understanding prior to or after accepting the referral.  |
|  | How will families and stakeholders be informed of the referral for FGC? Is there consensus among the group regarding the need before referral? | The case manager will inform the family and providers of the referral. There may not always be consensus regarding the need.  |
|  | To what extent is the provider of FGC responsible for the broadening of a search for extended family members? | The provider will work in collaboration with the family team to broaden the participant pool and ensure important supports are not left out.  |
|  | Please clarify what “post conference facilitation/follow up” is. | This may be needed if there are issues discussed that have not fully been addressed within the conference.  |
|  | What is the capacity need for this service? | As needed.  |
| RFA 3 – Drug Testing | NO QUESTIONS | N/A |
| RFA 4 – Respite Care | Can this be either in an emergency shelter or a foster home?  | This can only be in a foster home setting.  |
|  | Why is “the contractor shall provide written reports to the referring SFM CM as requested” listing in the outcomes section, when it is already stated in the “minimum reporting requirements” section. | The RFA will be amended to remove this outcome measure.  |
|  | Can you please give an example of a situation in which this applies: “Children who are placed in a relative or kinship foster home, and the relative or kinship foster parent(s) does not receive a foster care payment.”?  This is stated in the target population.   | Respite Care funding is factored into agency supported and approved relative/kinship home payments. However Saint Francis may pay for respite care in situations necessary to provide respite to a caregiver who is caring for a child without receiving foster care payment.  |
|  | Target population-this does not seem to include youth who are placed in a licensed foster home. Is that accurate? | Yes. |
| RFA 5 – Facilitation | Please clarify exactly how this is different from Family Group Conferencing. | A family group conference is a specific type of facilitation. Family Group Conferencing is more detailed while facilitation may be only addressing a few issues to work through.  |
|  | Please clarify, "$150 per hour as needed." | The rate for this service is $150 per hour.  |
|  | There is a reference to needing to be registered with the Administrative Office of the Courts and Probation. Please explain the relationship between AOCP and SFM in regards to Facilitation. | Saint Francis has made the decision to require providers of facilitation to be registered with the AOCP.  |
|  | “Mediation” is referenced several times in this RFA, is this in fact what “facilitation” is? Please clarify. | This will be amended to “Facilitation”  |
|  | Please clarify why there is a 2:1 staff ratio for this service? | This can ensure focus by the facilitator while another staff member can focus on detailed notes.  |
|  | What is the capacity need for this service? | As needed. |
| RFA 6 – Relinquishment Counseling | NO QUESTIONS | N/A |
| RFA 7 – Emergency Shelter | Under staff credentials “the contractor shall adhere to applicable standards for staff qualifications”. Does this mean applicable child caring standards? If not, please explain in more detail. | This will be modified to say “The Contractor shall adhere to the applicable licensing standards for staff qualifications”. “Licensing standards” refers to Nebraska DHHS licensing standards for Emergency Shelter. |
| RFA 8 – Interpretation | NO QUESTIONS | N/A |
| RFA 9 – Group Home A | NO QUESTIONS | N/A |
| RFA 10 – Group Home B | NO QUESTIONS | N/A |
| RFA 11 – Parenting Time | NO QUESTIONS | N/A |
| RFA 12 – Day & Evening Reporting | NO QUESTIONS | N/A |
| RFA 13 – Safety Monitoring | NO QUESTIONS | N/A |
| RFA 14 – Short Term Foster Care | Assume typo under “accepting & responding to referrals” as it notes assessment foster care, not short-term foster care. | This will be amended to reflect the appropriate services.  |
|  | Length of service is 3-14 days. Is a notice needed after 3 days? | The minimum length of service is three days. The expectation is that the provider informs Saint Francis prior to placement of the number of days the contractor can take placement and the provider will maintain the youth for that time frame.  |
|  | Please provide explanation for the rate reduction? Currently it is $125 per day for the first five days and then it decreases to $100 per day for the remainder of the days at this level. | The service description has been changed. The current Short-Term Foster Care is a no-reject, no-eject service. The contracts issued following this procurement process will include a Service Description in which Short Term Foster Care is no longer a no eject/no reject service.  |
|  | Will there be any guidance from SFM regarding the appropriate amount to pay a foster parent providing Short-Term Foster Care or will it solely be the discretion of the provider? How will that ensure continuity across agencies for foster families to provide this service if providers are the one is determining this level of support/payment without any clear guidance such as an NCR level of care/payment structure? Would it be more consistent across providers if the pay structure aligns with the NCR rates of care? | It will be at the discretion of the provider.  |
|  | When it mentions kinship homes, does that mean licensed homes? There is a percentage breakdown provided by age or level of care. Is that based on the current level of distribution in the ESA and referral patterns? Or will private providers be expected to accept a higher level of teens and needs? | References to relative or kinship homes in the Short Term Foster Care service description mean licensed relative or licensed kinship homes. Percentage breakdowns for age and level of care are based on ESA needs and the youth in ESA requiring agency based placement from January 2020 to February 2021 and are also consistent with DHHS placement data. |
|  | Why is kinship and relative noted in the definition, when SFM has a Kinship Support Service? | References to relative or kinship homes in the Short Term Foster Care service description are meant to be licensed relative or licensed kinship homes. |
|  | Please clarify the Recruitment and Retention Report requirements. This is already required by DHHS and ALL of agencies’ recruitment and retention efforts are noted.  | Providers will need to submit their Recruitment and Retention report to Saint Francis as well. Saint Francis is required to submit a Recruitment and Retention Plan to DHHS that encompasses the work of subcontractors. |
|  | For the Youth Bill of Rights, can this be a joint effort between case manager and agency provider? As it is with DHHS? | Yes, this can be a joint effort between case manager and CPA. |
|  | Under “accepting & responding to referrals” it notes assessment foster care. | This will be amended.  |
|  | Staff credentials for this service are significantly different then for kinship support, why? | Placement related service descriptions will be amended to ensure consistency in staff credentials.  |
|  | As the age of youth needing placement fluctuates on a daily basis, what measures will be put in place to ensure all providers are able to meet the outcome of serving a minimum of 50% youth in the age range of 12-18 and Enhanced level of care or higher for 55% of youth placed within our agency? If providers are unable to meet this measure due to the youth needing placement, how will that be reflected when it comes to reporting outcomes? | Providers are being held to meeting the placement needs that ESA is seeing. These percentages were calculated based on the youth in ESA requiring agency based placement from January 2020 to February 2021 and are also consistent with DHHS placement data. The percentages are lower than the composition of the population to provide grace in this outcome measure. |
|  | Performance Outcome Measures – Providers do not have control over the age of youth referred or the level they are placed. Please clarify why providers would be held to outcomes they do not have control over? | Providers are being held to meeting the placement needs that ESA is seeing. These percentages were calculated based on the youth in ESA requiring agency based placement from January 2020 to February 2021 and are also consistent with DHHS placement data. |
|  | Staff credentials for this service are significantly different then for kinship support, why? | Placement related service descriptions will be amended to ensure consistency in staff credentials. |
|  | What is the required timeline for SFM to complete an NCR.  | For youth new to the system, the expectation is that an NCR is completed within 30 days of placement. For youth changing placements, the expectation is that an NCR is completed with 1 business day of placement. |
| RFA 16 – Adoption Home Study | Why is there an age difference for background checks - sometimes it says 13 years and sometimes 18 years?  | This will be adjusted to reflect 18 years old to be consistent with DHHS.  |
|  | Is the "licensing packet" submitted with approval just those things listed for home studies or does it mean EVERYTHING required for state licensure?  | A licensing packet is not required of an adoption home study.  |
|  | Adoption home studies appears to have a difference in the deadlines between the listed outcomes and the listed timeline - is there an explanation as to why that is? Same question for approvals.  | This will be amended for consistency.  |
|  | Three face to face interviews to conduct an adoption home study exceeds any other requirement. Please clarify why this is required. Also, what if the home is licensed and supported by the agency completing the home study – 3 face to face visits is excessive. And finally, what if we are conducting an adoption home study update – please clarify contact requirements for that. | Saint Francis believes that three face to face interviews is necessary to truly assess the appropriateness of the home for the purpose of adoption. If the home study is being updated, one face to face visit will be required. The service description will be updated to reflect this.  |
|  | Adoption Home study: What is the expected timeline for Adoption Home Study completion? The Length of Service notes 30 days; Minimum reporting states 60 days and the Outcomes section states 45 days.  | This will be amended for consistency.  |
| RFA 17 – Approval Home Study | Does this outcome imply that contractors will submit licensing packets for approval home studies referred to HHS for licensing with the contractor?  “100% of relative/kinship home study referrals will result in a completed licensing packet submitted unless an exception applies”. If so, is it correct that contractors can license and support relatives/kinship families that are referred if the contractor also provides Agency Support Foster Care services? How will the provisional license for kinship families pilot impact/interact with this service?     | The outcome implies that any provider accepting a referral for a home study will be responsible for also submitting a licensing packet upon completion of the home study. Yes, this change in requirements should lead to more homes being licensed and therefore being supported by the licensing agency.  |
|  | Why is there an age difference for background checks - sometimes it says 13 years and sometimes 18 years?  | This will be amended to reflect the change in policy to 18 years old.  |
|  | Is the "licensing packet" submitted with approval just those things listed for home studies or does it mean EVERYTHING required for state licensure?  | The services description will be amended to ensure the expectations are clear.  |
|  | Approval home studies appears to have a difference in the deadlines between the listed outcomes and the listed timeline - is there an explanation as to why that is?  | This will be amended for consistency.  |
|  | Under performance outcomes – the measure of 100% of kinship/home study referrals will result in a licensing packet being submitted -Licensure (requiring training) is much different then completing a home study in 45 days; this seems out of place in this service description but should rather be in the kinship support description. | The services description will be amended to ensure the expectations are clear.  |
|  | Under the Minimum Reporting Requirements section, we, the agency, will be responsible for completing the DHHS Support Plan and Clothing Inventory under the Approval Home Study RFA. As the provider completing this service, we would be writing a home study to identify if a home is appropriate for placement; therefore, not making the actual decision to place the child there. The DHHS Support Plan and Clothing Inventory seems to be more appropriately completed by the case manager or whoever is finalizing the placement, once an approval home study is submitted, reviewed by the DHHS worker or Saint Francis Ministries case manager, not by a provider completing a home study to determine appropriateness of the identified home.  | The contract between Saint Francis and DHHS requires that the licensing agency be responsible for submitting the Support Plan and Clothing Inventory, therefore this service description has been amended to reflect that requirement.  |
|  | Under performance outcomes – the measure of “100% of kinship/home study referrals will result in a licensing packet being submitted”. Licensure (requiring training) is much different then completing a home study in 45 days; this seems out of place in this service description, but should rather be in the kinship support description. | Saint Francis intends to refer for Kinship Support along with each home study referral. The requirement is that a packet is submitted on each home.  |
| RFA 18 – Kinship Support | The established rate is for the contractors support and St. Francis will continue to provide the monthly reimbursement directly to the relative/kin caregiver until they are licensed, correct? | Correct |
|  | The requirement of a Kinship Caregiver Support Plan – will SFM create this template? Use DHHS’s? | This has not yet been determined.  |
|  | Please clarify how an established parenting model will be determined and managed. | The provider can utilize their discretion as to the parenting model they choose to utilize, subject to Saint Francis approval. |
|  | Staff credentials – these are significantly different for this service then say, agency supported foster care, why? Specifically the supervisor requirements, year of experience equivalency, etc. | Placement related service descriptions will be amended to ensure consistency in staff credentials. |
|  | The performance outcome of “90% of approved homes will be licensed” – what is the current percentage of approved homes that are actually eligible for licensure? | Currently there is no data indicating which relative/kin homes are eligible for licensure. Saint Francis believes there should be no more than 10% that are not eligible.  |
|  | Given SFM mirror’s DHHS’s service array in most ways, why does SFM not approach kinship support like DHHS does – with use of the NCR to determine a daily rate of support? SFM kinship rates are not adequate. Since St. Francis is trying to align with DHHS will they consider changing the relative/kinship rates to align with how DHHS reimburses agencies and families for their approval/kinship placements? The Eastern Service Area has the lowest rate of kinship reimbursement throughout the state. We understand that St. Francis is directly paying our foster parents; however, the administrative rate that we receive through kinship is much lower than the state average. Could you please explain why the state rate and St. Francis’ rates are different? | Saint Francis is not required to utilize the DHHS rate for this service and Saint Francis has decided there was no need to make changes to the existing rate as the service meets the needs of the children and families served.  |
|  | On the Kindship Homes, we had a few questions surrounding the expectation that 90% of the home would be licensed.  What expectation is Saint Francis going to put on kinship homes at the time of placement so they can assure they are able to be licensed?  For example, some kinship homes can’t get licensed due to background or housing arrangements.  What is the process if it’s a kinship home that can’t get licensed or refuses licensure?  And how will St. Francis be measuring the 90%?  Is it 90% of eligible homes achieving licensure, or will that 90% encompass kinship homes that aren’t able to get licensed? How is this different from Agency Supported for Kin Homes? | The 10% allows for those homes who cannot meet licensure requirements or that adamantly refuse to be licensed. Saint Francis is incorporating education on licensure during the initial placement to ensure home understand this requirement upon the initial placement. Kinship support is a service provided to homes that are not licensed. Once a home is licensed this service would close and the agency supported rate would take effect.  |
|  | The requirement of a Kinship Caregiver Support Plan – will SFM create this template? Use DHHS’s? | This has not yet been determined.  |
| RFA 19 – Family Support Motivational Interviewing | * Will there be a specific MI training required?  If so, is it the agency’s responsibility to secure training, or does St. Francis intend on holding that specific training?
* Is Saint Francis requiring a training certificate prior to implementation (in July 2021) or can the agency be signed up for it? Some trainings are only offered 1-2 times per year.
 | It will be the responsibility of the agency to secure training. Saint Francis requires a training certificate prior to performing services. Agencies should provide a timeline for obtaining training certificates in their response.  |
|  | Outcome 1- how is success going to be defined? | The outcome indicates 85% of goals will be successfully completed. For example, if a goal is for a parent to obtain legal income, they would have obtained legal income.  |
|  | Family support has historically been a catch all- task focused service for enhancing self-sufficiency e.g., secure a job, stable housing. How will those needs be met within this new service definitions?  | Those needs will continue to be met within this service description and providers are expected to incorporate motivational interviewing as a behavioral change practice to reach outcomes and goals established in the referral.  |
|  | There is a statement that no other skill-based services will be necessary upon discharge from Family Support; is IFR considered a skill-based service?  | This service description will be amended.  |
|  | Outcome 2 requests successful closure within 5 months, the stipulated average LOS is 6 months. This expectation seems to run in disagreement to what is known about this service and may result in providers discharge before ready to meet the service outcome. Do you prefer cases to be successful or to close within 5 months? | Saint Francis prefers cases to be closed successful and believes this service can close out successfully within 5 months with Motivational Interviewing incorporated.  |
|  | Service delivery guidelines for Motivational Interviewing indicate a LOS of 1-3 sessions that last 30-50 minutes each. Please clarify the extent to which you expect to see MI executed to fidelity over a 5-month LOS.  | Motivational Interviewing should be incorporated throughout the course of the service dependent on the work being done. A file review of documentation should support that Motivational Interviewing was used during service delivery overall.  |
|  | Does the provider have to solely utilize Nurturing Parenting as the evidence- based, FFPSA approved model of care for these services? | No, this is not indicated in the service description.  |
|  | Is there an option for Bachelor’s-level skill builders to work with a family in this service instead of a licensed clinician and a skill builder? In other words, is a therapist required, or can skill builders deliver services without a therapist? | This service does not require a therapist.  |
|  | Did family support just change to family support motivational interviewing or are there two services? | Saint Francis will only be contracting for Family Support Motivational Interviewing moving forward.  |
| RFA 20 – Peer to Peer Mentoring | NO QUESTIONS | N/A |
| RFQ 1 – Integrated Family Care | There is a statement that specialist and mentors will be training in motivational interviewing – is this just trained or utilizing to fidelity? | They should be trained and utilizing to fidelity.  |
|  | Please provide SFM’s assessment of the current need for this service, as well as need over the last year. | The need for this service fluctuates as there is strict criteria for a family to be eligible for this service.  |
|  | Just to clarify, Nurturing Parenting is required for mentors to provide this service? | Nurturing parenting is suggested in the service description for this RFQ however providers are encouraged to submit unique and innovative proposals.  |
|  | Part of the training for Mentors in this service description includes Nurturing Parenting. Can that evidenced based model of care be utilized for additional RFQ’s to continue to align with the continuity of care between this service and In-Home specific services? | This service does not require an EBP rated as Well Supported, Supported or Promising as other services do however providers are encouraged to submit a proposal that is innovative and aligns with the state’s FFPSA plan.  |
|  | Please clarify the requirement of use of the NCFAS requirement, can other assessments be used. | The NCFAS is required for this service.  |
|  | Participants diagnosed with a substance abuse disorder must have demonstrated a “period of sobriety”. Please define “period” of sobriety. | This has been left vague intentionally to allow providers to determine their requirements for the period of sobriety they would require for their individual program.  |
| RFQ 2 – Assessment Foster Care | ESTABLISHED RATE: Rate Proposal must include utilization of Medicaid/Private Insurance funded services to support the assessment, stabilization and maintenance of youth in Assessment Home. Medicaid Funded services can include, but are not limited to: assessments/evaluations, individual and family therapy, CTA, CBAR, etc.Is this intended to ask the agency to provide a blanket rate proposal for the service?  Or does this statement mean that for each case referred, an individual rate proposal would be submitted and agreed upon? | Provider should submit a blanket rate proposal for the service. Rate proposal should have a daily room and board rate that is paid by Saint Francis, and an explanation of how Medicaid/insurance funded services will be utilized to assess and support the youth in placement.  |
|  | It states that Medicaid is to be used to cover most expenses. So are we to propose a rate structure for maintenance payments if Medicaid determines it isn't medically necessary? Will St. Francis pay for the Diagnostic Interview if Medicaid reports one has already been completed in the past 90 days?  | Rate proposal should include a daily room and board rate. Additional assessments and supports for the youth should be outlined and utilize Medicaid/insurance funded services. Saint Francis will serve as a secondary payment source should Medicaid/insurance funding be unavailable or denied (and all available appeals exhausted).  |
|  | Is the Face to Face requirement meant to be a specific staff person or can a team of professionals familiar to the youth be utilized?  | A team of professionals familiar with the youth may be utilized to meet the face to face requirement. |
|  | Please clarify that this is intended to be delivered in an agency supported foster home, and not a relative or kinship provider home. | This service is intended to be provided in an agency supported foster home. |
|  | It is stated that the contractor will implement recommendations while the youth transitions – is it understood that the “assessment home” may not be able to adhere to the recommendations, as its focus is the assessment phase. | It is expected that the provider acts in the determined best interests of the youth, implements all applicable recommendations, and ensures the youth is adequately supported and their needs met while remaining in the Assessment Foster Home. |
|  | It is stated the only thing “billable” to SFM is room and board – is it understand that part of this rate would include an agency administrative fee? | Provider must submit a rate methodology of actual and allowable costs. Rates are subject to DHHS approval.  |
|  | It is confusing that throughout this definition it references recruitment and retention plans, relative, kin, and adoptive home support – please clarify. | Any references to recruitment and retention plans, relative/kin/adoptive home support are to mirror expectations of Agency Supported Foster Care. Providers who contract for Assessment Foster Care are expected to follow the expectations of Agency Supported Foster Care. Any provider reporting requirements that are not client specific can be submitted once, even if required by multiple contracted services (ie: Recruitment and Retention Plans).  |
|  | Staff credentials for this service appear inconsistent to other foster care related services – please ensure consistency and clarify. | Placement related service descriptions will be amended to ensure consistency in staff credentials. |
|  | Outcome #2 says “discharge to a lower level of care” – is assessment foster care determined to be a higher level then agency supported foster care? | For the purposes of this outcome, agency supported foster care would be considered a lower level of care. |
|  | If the provider identifies a home, down the road, that would be a good fit for either of these services, will there be an opportunity to submit to Saint Francis Ministries a request to contract for either of these services?  | Any future opportunities to partner with Saint Francis will be communicated to the provider network and via the Saint Francis website. |
|  | What if insurance (i.e., Nebraska Medicaid) denies coverage? Will SFM be a secondary payer? If yes, under what conditions? | Saint Francis may be a secondary payer. Provider must exhaust Medicaid denial appeals process, and provide documentation to Saint Francis. |
|  | A respectful ask to reconsider denying reimbursement for assessment, evaluation and clinician interview expenses. While billing insurance seems to make sense, that approval process can be lengthy; not to mentioned the challenges with reimbursement restrictions, etc. | The reimbursement for this service is as described in the Service Description. |
| RFQ 3 – Triage Foster Care | It is confusing that throughout this definition it references recruitment and retention plans, relative, kin, and adoptive home support – please clarify. | Any references to recruitment and retention plans, relative/kin/adoptive home support are to mirror expectations of Agency Supported Foster Care. Providers who contract for Triage Foster Care are expected to follow the expectations of Agency Supported Foster Care. Any provider reporting requirements that are not client specific can be submitted once, even if required by multiple contracted services (ie: Recruitment and Retention Plans).  |
|  | Again, the definition is very similar to the agency supported foster care definition – please see feedback for that service. | Any references to recruitment and retention plans, relative/kin/adoptive home support are to mirror expectations of Agency Supported Foster Care. Providers who contract for Triage Foster Care are expected to follow the expectations of Agency Supported Foster Care. Any provider reporting requirements that are not client specific can be submitted once, even if required by multiple contracted services (ie: Recruitment and Retention Plans).  |
|  | “60% of youth will discharge to short-term or ongoing placement within three days.” Who is responsible for locating placement? If St. Francis, how is the contractor responsible for this outcome? | Triage Foster Care provider is expected to assist in locating ongoing placement through: their own CPA, participation in youth staffings, assistance with family finding efforts, assessing immediate basic needs, facilitating pre-placement visits, and providing information to Saint Francis that would be helpful in placement searches.  |
| RFQ 4 – Resource Family Home | It is noted that the contractor and Resource Family Foster Home will be trained in motivational interviewing – is the expectation of use of this intervention to fidelity? | Yes, Motivational Interviewing will need to be used to fidelity. |
|  | Please clarify SFM definition of “wrap around”. | Saint Francis considers services wraparound when they put the children and family at the center of services as active participants in service delivery, build on child and family strengths, involve informal supports/family/community based supports, and work holistically to create family stability. |
|  | Is an agency staff person able to assist in the delivery of visits? | Yes, an agency staff person may assist in the delivery of visits. |
|  | How will “visits long enough to promote parenting-child attachment” be defined and determined? | This will be determined at the discretion of Saint Francis. This will vary based on the demographics of the family being referred for services. It is expected that the service will comply with the Nebraska Supreme Court Parenting Time Guidelines. |
|  | How will the “ongoing support to the caregiver and family once the child is returned” by the contractor and Resource Family Home be defined and determined? | Ongoing support will be family specific, and vary according to their identified needs. Type and level of support will be determined at the discretion of Saint Francis and take into account input of the provider, legal parties, family, and other professionals involved. |
|  | It is confusing that throughout this definition it references recruitment and retention plans, relative, kin and adoptive home support – please clarify. | Any references to recruitment and retention plans, relative/kin/adoptive home support are to mirror expectations of Agency Supported Foster Care. Providers who contract for Resource Family Home are expected to follow the expectations of Agency Supported Foster Care. Any provider reporting requirements that are not client specific can be submitted once, even if required by multiple contracted services (ie: Recruitment and Retention Plans).  |
|  | Again, the definition is very similar to the agency supported foster care definition – please see feedback for that service. | Any references to recruitment and retention plans, relative/kin/adoptive home support are to mirror expectations of Agency Supported Foster Care. Providers who contract for Resource Family Home are expected to follow the expectations of Agency Supported Foster Care. Any provider reporting requirements that are not client specific can be submitted once, even if required by multiple contracted services (ie: Recruitment and Retention Plans).  |
|  | Why are the staff credentials for this service drastically different then the credentials for kinship support? | Placement related service descriptions will be amended to ensure consistency in staff credentials. |
|  | What is the projected need for this service type? And what is an average for family support and visitation? | It is expected that the need for this service will likely exceed capacity during this initial contracting period. Saint Francis is interested in utilizing this service whenever there is a home available that is a good match for the identified youth and family. Family support and visitation hours will vary throughout the course of service provision, with more hours likely required early on in the case, and hours decreasing as the family makes progress.  |
|  | Why does a provider need to provide a list of potential Resource Family Homes? | Providing a list of potential Resource Family Homes ensures capacity, and allows for coordinated matching efforts as this service is first starting. |
|  | If the provider identifies a home, down the road, that would be a good fit for either of these services, will there be an opportunity to submit to Saint Francis Ministries a request to contract for either of these services?  | Any future opportunities to partner with Saint Francis will be communicated at that time to the provider network and via the Saint Francis website. |
| RFQ 5 – Intensive Family Preservation | Service definition indicates that a therapist and skill builder will work on these cases. However, of services rated as supported and well-supported by the Title IV-E clearinghouse only one, Multi-Dimensional Family Therapy (MDFT), operates in a dyad. If we choose to provide an EBP other than MDFT, we cannot both meet SFM service definition and be faithful to the EBP. Which should we be faithful to?  | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Service definition indicates that 15 hours of service will be provided in the first 30 days and that LOS is 6-9 weeks. However, of services rated as supported and well-supported by the Title IV-E Clearinghouse only one, Homebuilders, would service at this intensity be considered to model fidelity. Other models, Functional Family Therapy for example would only require 8-14 sessions (each 60-90 minutes in length) over 3-6 months. If we choose an EBP other than Homebuilders, we cannot both meet SFM service definition and be faithful to the EBP. Which should we be faithful to?  | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | The service definition requires phone calls and text messages; however, the rate indicates payment for only face-to-face time. How will required service components, phone calls, text messages, be factored into the rate of pay?  | The service description is a baseline for IFP services as they have typically been provided in Nebraska. Providers are able to submit rates as they see fit, for example, a daily rate that would include all costs to provide the service. Providers may also factor in potential costs of phone calls, emails, text communication within their hourly rates to cover all costs of service.  |
|  | There is no stated timeline for first phone call or first face to face contact with referrals. What will the expectation be? | This will be amended to include a 24 hour contact requirement.  |
|  | To what extent does SFM expect providers to share our assessment results? | Saint Francis expects the results of all assessments to be summarized in service documentation, and full assessments to be available upon request. |
|  | Please clarify outcome #2, is this about length of service, post-discharge status or something else?  | It is about successful, timely closure. This requires that 85% of cases close both successfully with children in home and within 90 days.  |
|  | Can the provider solely utilize Nurturing Parenting as the evidence- based, FFPSA approved model of care for these services? | The provider must utilize a program or service listed as Supported or Well-Supported on the Title IV-E Prevention Services Clearinghouse website. |
|  | Has there been an established IFP rate? There is not one listed in the service description. | Saint Francis has not published an established rate for the IFP service. The RFQ requires potential providers to submit a proposal of how they intend to provide the service (including which evidence based model will be used to fidelity) along with a rate structure and rate methodology.  |
|  | Is fidelity to motivational interviewing required? And is this required to provide IFP? | It is not required however may be utilized within the service provision. Providers may not solely use Motivational Interviewing as their EBP.  |
|  | Service definition indicates that a NCFAS be completed. However, only Homebuilders requires the NCFAS, where other models require alternative assessments. In our experience of EBPs adding additional assessments is a point of delivery variance that must be approved by the purveyor. If we choose to do an EBP other than Homebuilders and the purveyor denies use of the NCFAS we cannot both meet SFM service definition and be faithful to the EBP. Which should we be faithful to? | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Is there an option for Bachelor’s-level skill builders to work with a family in this service instead of a licensed clinician and a skill builder? Is a therapist required, or can services be delivered solely by skill builders?  | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | This RFQ 5 states, “The Contractor will deliver IFP services through the utilization of an Evidence Based Practice rated Supported or Well Supported by the Title IV-E Prevention Services Clearinghouse. We are interested in submitting a proposal for Homebuilders, which is rated as Well-Supported on the Clearinghouse as an IFP and is listed on the state of Nebraska’s Prevention Plan for FFPSA.  However, some of the expectations of this RFQ differ from the Homebuilders model.  We can only use the Homebuilders model if we follow it as instructed by the Institute for Family Development.  So, I would like clarity around the expectations of this RFQ 5, especially in how they differ from Homebuilders.  Please see below.  Are these RFQ 5 expectations required or can we use what Homebuilders dictates? | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Length of Service – RFQ states 6-9 weeks, but Homebuilders model is 4-6 weeks, more typically 4 weeks with the option to apply for an extension up to 2 weeks (which requires permission from the Institute).  | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Total Hours of Service – RFQ states 15 hours over 30 days, but Homebuilders is 8-10 hours a week, totaling 38-40 hours over 4 weeks. | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Target Population – RFQ states families who have an identified safety threat and/or risk factors and whose children are at risk of an initial out of home placement. Does this disqualify a family whose child has been removed in the past, then reunified.  Why only initial/first time out of home placements? | No it does not. This is in reference to the current case, not any previous cases.  |
|  | Reporting, Submission of Signed Treatment Plan – RFQ states the Contractor will provide a written treatment plan for the family with the family’s signature indicating agreement with the plan. This plan will be submitted to the referring Case Manager within the first 7 calendar days from the date of the Referral. The Homebuilders documentation timelines are these – NCFAS Assessment is to be completed AFTER the worker has had 8 hours of direct contact with the family (usually at the end of the first 7 days), which is used to develop goals on the Service plan. The NCFAS and Service Plan are due to the referring worker 13 days after Intake. | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Staff Credentials - What is the difference between the Therapist and a Skill Builder? Homebuilders has one position that provides in-home intensive family preservation services to families – called a Therapist or a Practitioner and those requirements from the Institute are bachelors degree in human services plus two years of experience with children and families or masters degree in human services. Supervisors should be masters degree, licensed or licensure eligible, and need at least a year of supervisory experience. | The current service description is a baseline for IFP services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFP services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | The Performance Outcome Measures – after many years of implementing Homebuilders I can confidently say the first three are attainable but not the 4th. It is unrealistic to state that in working with the highest risk population, at imminent risk of removal, 100% of children will experience no incidents of substantiated maltreatment while involved in this service. It is my experience that no service that is targeting the highest risk populations ( substance use, MH, DV etc) can meet that outcome, although safety can definitely improve. | This outcome is in alignment with the contract between Saint Francis and DHHS.  |
|  | Established rate – Are you saying that ONLY direct face to face time with family members (which for Homebuilders is on average a total of 38-40 hours per case over a month) should be calculated in coming up with an established rate?  | All costs associated with service provision should be included in the rate proposal. |
| RFQ 6 – Intensive Family Reunification | It is stated that the EBP may be in addition to Motivational Interviewing. Is it sufficient to provide MI as the only EBP support IFR services? Is it mandatory that MI be part of IFR services?  | MI is not required to be a part of the service delivery and may not be used as the only EBP. It may however be used in addition to another EBP.  |
|  | Service definition indicates that 15 hours of service will be provided in the first 30 days and that LOS is 6-9 weeks. However, of services rated as supported and well-supported by the Title IV-E Clearinghouse only one, Homebuilders, would service at this intensity be considered to model fidelity. Other models, Functional Family Therapy for example would only require 8-14 sessions (each 60-90 minutes in length) over 3-6 months. If we choose an EBP other than Homebuilders, we cannot both meet SFM service definition and be faithful to the EBP. Which should we be faithful to?  | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | In documentation standards there is no stated need for a discharge summary. What is the expected documentation upon service closure?  | This will be amended to include those requirements. |
|  | The service definition requires phone calls and text messages; however, the rate indicates payment for only face-to-face time. How will required service components, phone calls, text messages, be factored into the rate of pay?  | The service description is a baseline for IFP services as they have typically been provided in Nebraska. Providers are able to submit rates as they see fit, for example, a daily rate that would include all costs to provide the service. Providers may also factor in potential costs of phone calls, emails, text communication within their hourly rates to cover all costs of service.  |
|  | Outcome 3- In the course of IFR children are often in foster care, kinship, and/or having contact with a non-service involved caregiver. Is it your intention to hold IFR providers responsible for maltreatment perpetrated by people who we are not actively serving? We would respectfully request that IFR providers are held responsible for the absence of re-occurring substantiated maltreatment of children by the parent/caregiver referred for IFR. | This outcome is in alignment with the outcomes required by DHHS of Saint Francis.  |
|  | Service definition indicates that 15 hours of service will be provided in the first 30 days and that LOS is 6-9 weeks. However, of services rated as supported and well-supported by the Title IV-E Clearinghouse only one, Homebuilders, would service at this intensity be considered to model fidelity. Other models, Functional Family Therapy for example would only require 8-14 sessions (each 60-90 minutes in length) over 3-6 months. If we choose an EBP other than Homebuilders, we cannot both meet SFM service definition and be faithful to the EBP. Which should we be faithful to? | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Is there an option for Bachelor’s-level skill builders to work with a family in this service instead of a licensed clinician and a skill builder? Is a therapist required, or can services be delivered solely by skill builders?  | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Can the provider solely utilize Nurturing Parenting as the evidence- based, FFPSA approved model of care for these services?  | The provider must utilize a program or service listed as Supported or Well-Supported on the Title IV-E Prevention Services Clearinghouse website. |
|  | Homebuilders is also approved as a Well-Supported program for Intensive Family Reunification and we would like to propose it for this RFQ but again some of the expectations in this RFQ 6 for IFR differ from the Homebuilders model. | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Length of Service – RFQ states the length of IFR service is determined by the success of the family achieving their goals for reunification. Homebuilders requires commitment to 4-6 weeks of 8-10 hours weekly in the home. | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Total Hours of Service – RFQ states 15 hours of intervention (what defines intervention – all face to face or other?) during the initial 30 day period.  Homebuilders is 8-10 hours a week (face to face), totaling 38-40 hours over 4 weeks. | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Target Population – RFQ states this is families whose children have been in out-of-home care for a minimum of 90 days. I am curious why this RFQ would disqualify a child in out of home care for less than 90 days, like psychiatric hospitalization, shorter foster or group home care? | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Reporting, Submission of Signed Treatment Plan – RFQ states the Contractor will provide a written treatment plan for the family with the family’s signature indicating agreement with the plan. This plan will be submitted to the referring Case Manager within the first 7 calendar days from the date of the Referral. The Homebuilders documentation timelines are these – NCFAS Assessment is to be completed AFTER the worker has had 8 hours of direct contact with the family (usually at the end of the first 7 days), which is used to develop goals on the Service plan. The NCFAS and Service Plan are due to the referring worker 13 days after Intake. | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | Staff Credentials - What is the difference between the Therapist and a Skill Builder? Homebuilders has one position that provides in-home intensive family preservation services to families – called a Therapist or a Practitioner and those requirements from the Institute are bachelors degree in human services plus two years of experience with children and families or masters degree in human services. Supervisors should be masters degree, licensed or licensure eligible, and need at least a year of supervisory experience. | The current service description is a baseline for IFR services as they have typically been provided in Nebraska. However, providers are encouraged to choose an EBP that is Well Support or Supported. The proposal should include fidelity to the model. The service descriptions for the IFR services will be amended prior to contract issuance to reflect the EBP being utilized.  |
|  | The Performance Outcome Measures – after many years of implementing Homebuilders I can confidently say the first two are attainable but not the 3rd. It is unrealistic to state that in working with the highest risk population, at imminent risk of removal, 100% of children will experience no incidents of substantiated maltreatment while involved in this service. It is my experience that no service that is targeting the highest risk populations (substance use, MH, DV etc) can meet that outcome, although safety can definitely improve. | This outcome is in alignment with the outcomes required of Saint Francis by DHHS.  |
|  | Established rate – Are you saying that ONLY direct face to face time with family members (which for Homebuilders is on average a total of 38-40 hours per case over a month) should be calculated in coming up with an established rate?  | All costs associated with service provision should be included in the rate proposal. |
| RFQ 7 – Qualified Residential Treatment Program | NO QUESTIONS | N/A |
| GENERAL QUESTIONS | How early can providers submit responses to RFAs/RFQs? | Providers may begin submitting responses to the RFA/RFQs as early as they believe they are prepared however the deadline to submit is May 14, 2021 at 4pm CST.  |
|  | Agencies currently contracting with Saint Francis and DHHS have previously submitted similar information. Can Saint Francis use existing information as a starting point versus requiring all agencies to resubmit information? | During the procurement all potential providers are required to submit the same packet of information for evaluation. Based on feedback from current providers, Saint Francis has extended timeframes to ensure all potential providers have sufficient time to submit a quality response.  |
|  | During the provider meeting it was mentioned that there would be other procurement opportunities after this current procurement period. Do you know when those dates would be and how many opportunities there could be? | As additional needs for particular services arise for Saint Francis, additional opportunities will be released periodically. However, this current procurement will include the bulk of the services Saint Francis intends to contract for.  |
|  | For letters of recommendations, are there specific details needed in them and is there a certain format? | Each provider requires three letters of recommendation. No specific format is required however the response should support the provider’s ability to provide the service(s).  |
|  | Is it appendix B or C that is required for each service submission – they are labeled Appendix B on the website and then when you open the document it says Appendix C. Please clarify. | This is a typo. Appendices were quickly updated to reflect feedback during the provider meeting. Appendix A is required once per agency while Appendix B (C on the document itself) is required for each service submission. We will ensure Appendix B is edited to reflect this.  |
|  | Why does every RFA reference being “scored” in section 1.B.? It seemed only RFQ’s were actually being scored? If they are being scored please provide the point valuations for every section. | RFAs are not being scored through a points system however will be scored or assessed to ensure minimum requirements are met.  |
|  | There is no question within any of the RFA/Q that addresses provider experience with delivery of an Evidence Based Practice. Given the mandate to provide an EBP, it seems a relevant rating dimension within this process. | Saint Francis understands that EBPs change and therefore not all providers have extensive experience delivering services through an EBP. Experience is not a minimum requirement as Saint Francis does not want to limit an agency’s ability to improve their services.  |
|  | How will SFM take into consideration a provider's experience with EBPs, related to FFPSA or not, but rather just in general? | Question 3 in Appendix B addressed experience.  |
|  | How will provider performance on stated outcomes be tracked, reported, shared, and responded to by SFM? | Saint Francis is working to improve the current tracking and reporting of outcome data. Some of this data will continue to be self-reported by contracted agencies while other data points will be collected internally. Providers will receive a quarterly report on their performance.  |
|  | Will meeting desired outcomes have an impact on referrals, contracts, etc? | At this time there has been no discussion in changing the current referral process. All referrals are sent to our network regardless of outcome performance. However, contracts may be impacted by poor performance.  |
|  | How will Utilization Management be informed of service options and educated to choose the service that is the best match for families based on need/risk? | The Utilization Management team receives regular education on services including training on the services that best suit different populations. Saint Francis ensures the family receives the right service to address their individualized needs. Additionally, Saint Francis has a guide to assist the UM team in making these decisions.  |
|  | How will case closure recommendation be approached by SFM? | Case closure decision are made based on safety and risk factors of each family.  |
|  | Does being a member of the Saint Francis Provider Network guarantee service referrals? | Yes, all referrals will continue to be sent to network providers therefore each provider has the opportunity to pick up referrals as they are able to accommodate.  |
|  | What is the anticipated rate of referral for each of these services e.g. how many IFP, IFR, Family Support referrals does SFM anticipate making in a year? | Saint Francis will make referrals as needed based on needs and voice of families and children.  |
|  | In what circumstances will virtual service delivery be allowed? | All services should be provided in person unless there is a valid reason the service should be provided virtually. For example, a parent has tested positive for Covid.  |
|  | It seems staff credential requirements is inconsistent, even with like services – suggest taking a look more closely at these. | Placement related service descriptions will be amended to ensure consistency in staff credentials. |
|  | How will youth and families transition from current services if these current services are not in the new contract that will start July 1st? | The Utilization Management Teams will be reviewing all service authorizations for services that are not expected to continue beyond June 30, 2021. Some services may be able to transition to a similar service if the existing provider will be providing that service however these decisions will each be made on a case by case basis, keeping in mind the best interest of the family.  |
|  | Are you going to release the definitions of what you are expecting out of the measures in the service descriptions prior to providers sending this information to you? If providers could get these definitions prior to the May 14th due date of the RFAs and RFQs it would be very helpful to ensure understanding. | Definitions for service outcomes will be provided to all providers. Saint Francis will attempt to get these posted to the Procurement Site prior to May 14, 2021.  |
|  | Will there be a process in which St. Francis and the provider is able to verify the accuracy of the report the provider gets back from St. Francis based upon the monthly measurements which are sent in? If so, what will this process be? | Portions of the data will be self-reported while other portions will be collected from NFOCUS and internal tracking measures. Providers are welcome to ask Provider Relations Team questions regarding any concerns they have for the outcome measures and request further review.  |
|  | Will there be additional services that St. Francis will be contracting with providers on that align with FFPSA evidenced based models? If yes, is St. Francis able to list what these services will be.  | Any future opportunities to partner with Saint Francis will be communicated to the provider network and via the Saint Francis website. |
|  | There are several providers who are currently providing additional evidenced based services that do not fall under any of the continuum of services you have listed in the RFQs and RFAs. Are providers able to submit these services for consideration? If so, how should this submission occur? | No.  |
|  | Appendix A requests information on organizational capacity, specifically total number of employees and distribution by function. Is SFM seeking organizational data or only information specific to departments and programs specific to the SFM service array? Should indirect (e.g., administrative assistants and accounting staff) be included? Many of the services will require agencies to add staff. Is SFM seeking data regarding planned additions should RFAs/RFQs be accepted or regarding to current capacity only? Can you provide specific needs of SFM? | Please provide information for the entire agency. You may also include plans to expand staffing and capacity. Needs vary depending on the service however Saint Francis seeks to provide the highest quality services possible.  |
|  | Why does every RFA reference being “scored” in section 1.B.? It seemed only RFQ’s were actually being scored? Please clarify. If they are being scored, please provide the point or scoring valuations for each section. | RFAs are evaluated based on completeness of application, and applicant meeting all contract and service requirements. |
|  | There is no question within any of the RFA/Q that addresses provider experience with delivery of an Evidence Based Practice.  Given the mandate to provide an EBP, it seems a relevant rating dimension within this process.  |  |
|  | How will SFM take into consideration a provider's experience with EBPs, related to FFPSA or not, but rather just in general?  | Providers are encouraged to include their experience and delivery of Evidence Based Practices within the questions in the Appendix B Service Response Forms.  |
|  | How will ongoing fidelity to an EBP be reported to SFM? Are there consequences related to high vs. low fidelity? How will fidelity be monitored? | Regular documentation reviews will be conducted for all services to ensure services are being provided in alignment with each service description.  |
|  | It seems staff credential requirements is inconsistent, even with like services – suggest taking a look more closely at these. | Placement related service descriptions will be amended to ensure consistency in staff credentials. |
|  | MST is a service that is in Nebraska’s FFPSA plan as well as on the Prevention IVE Clearinghouse. Where is MST in the service array provided in the RFAs/RFQs provided by St. Francis? Are we able to actually get this into the service array so if the services is not covered by insurance or and Medicaid, St. Francis is a payment source? | MST is not a service included in this procurement. |
|  | You are stating that providers must submit monthly measurements for each service provided. What are these measures? It will be important to provide so that providers can ensure they can respond given their data management system capabilities.  | The monthly measurements that are reported out on are the outcomes in each service description.  |
|  | Is St. Francis still referring CRI cases to providers that come from CPS workers while an initial assessment is being done before being officially referred to St. Francis? | Yes. |
|  | Will St. Francis be providing a “Provider Handbook” that outlines item such as St. Francis’ Service Delivery Model, Network Service Array (to include Service Standards for ALL services as well as Specific Service Array Standards), St. Francis Network CQI, etc.? Are providers able to get this Provider Handbook prior to the submission of RFQs/RFAs? If no, when is it expected that this Provider Handbook will be available? | The Provider Manual will be provided prior to contract execution. |
|  | Will there be additional services that St. Francis will be contracting with providers on that align with FFPSA evidenced based models? If yes, is St. Francis able to list what these services will be? | The current RFAs and RFQs are the only services that Saint Francis is currently seeking contracts for.  |
|  | There are several providers who are currently providing additional evidenced based services that do not fall under any of the continuum of services you have listed in the RFQs and RFAs. Are providers able to submit these services for consideration? If so, how should this submission occur? | No. |
|  | Can you provide more detail on the structure of the requested rate proposals? | Rate proposals should include all provider costs associated with service delivery, including direct service costs and administrative costs.  |
|  | Is the opinion of family of origin taken into consideration when determining which services to refer? | Yes. |
|  | How was the determination made to not provide any mileage reimbursement? | Saint Francis determined rates that reflect all appropriate, reimbursable costs to provide the service. |
|  | Why do some services have a 30 day notice for a move and some have 14 days? | Placement services that are considered more intensive in nature require a 30 day notice, while “standard” placement services require a 14 day notice. |
|  | What are the referral differences between short-term and triage foster care? | Triage foster care is a placement of last resort, and would be utilized when there is no short-term foster care bed available. Triage foster care is also a no eject, no reject placement service that requires awake staffing, and cannot become ongoing placement; short-term foster care does not have a capacity requirement and can become ongoing placement. |
|  | Rates: Will adjustments be made to match HHS rates in the new budget for services? | The rates outlined in the RFAs are the current Saint Francis rates; any rate adjustments will be reflected in the contract or handled through a contract amendment. Saint Francis rates will comply with all state, federal, and contractual requirements.  |
|  | LB 380 intends for child welfare providers to receive a 2% rate increase for all services, while AM 968 excludes additional funds to the eastern service area of Nebraska but rather states that the 2% increase will come from existing funds contracted in the ESA. Will St. Francis Ministries provide a 2% rate increase for providers they contract with in the Eastern Service Area of Nebraska? | The rates outlined in the RFAs are the current Saint Francis rates; any rate adjustments will be reflected in the contract or handled through a contract amendment. Saint Francis rates will comply with all state, federal, and contractual requirements.  |