

RFQ: #7 Qualified Residential Treatment Program



Saint Francis
MINISTRIES

TABLE OF CONTENTS

SECTION I

Introduction..... Pg. 2

- A. Introduction**
- B. Evaluation**

SECTION II

Instructions and Procedures..... Pg. 4

- A. Necessary Documents**
- B. Specifications**
- C. Questions**
- D. Provider Certification**
- E. Preparation of the Response**
- F. Response Requirements**

SECTION III

Response Criteria..... Pg. 5

SECTION IV

Timeline/Submittal Documents..... Pg. 6

SECTION V

Service Definition..... Pg. 9

SECTION I

A. **Introduction**

- B. SFM is dedicated to providing services to children and families involved in the child welfare system in the least intrusive and least restrictive manner possible. Services offered are based on family voice and choice and designed to give children and families the opportunity to safely preserve their family whenever possible, engage with both formal and informal community resources, strengthen parents' protective capacity in order to keep children safe from harm, meet the needs of children and families as identified through the assessment process, be culturally humble, and include parents, siblings, and extended family.

SFM continuum of services includes prevention activities, coordination and services that focus on the safety, health and wellbeing of the child, parental and sibling engagement, family voice and choice in service provision, respite, independent living, adoption, domestic violence, safety, mental health, substance abuse and treatment services, as well as educational initiatives. These services are provided to children and families by Saint Francis personnel or through sub-contracted vendors. Specifically, Saint Francis is seeking providers whom are able and/or willing to provide services through the provision Well-Supported, Supported, and Promising Practice evidence-based models that strengthen families and build protective factors in families, in compliance with the federal Families First Prevention Services Act (FFPSA), part of the Bipartisan Budget Act of 2018 (H.R. 1892). Additionally, the Subrecipients will ensure services are culturally humble, trauma-informed, and engage and support the biological/legal parents in the process of family preservation or reunification.

Saint Francis is issuing this **Request for Qualifications (RFQ) #7** in order to qualify Providers to deliver **Qualified Residential Treatment Program (Q RTP)** to children and families throughout the Eastern Service Area. The Service Description detailed in this RFQ contains the mandatory minimum requirements Providers must meet in order to provide this service.

The subaward will be for the initial period of July 1, 2021 through February 28, 2023. Saint Francis reserves the right to extend the period of this subaward beyond the termination date when mutually agreeable to the Parties. The resulting subaward may not be an exclusive subaward as Saint Francis reserves the right to subaward for the same or similar services from other sources now or in the future. Under federal law, the resulting contract awarded will also be a "subaward", and the Contractor will also be a "subrecipient".

C. **Evaluation**

Responses will be evaluated based upon the criteria outlined in Section 3 of this document and scored accordingly. Providers' scores that meet the minimum standards set by Saint Francis will be presented with a contract and an offer to Join the Saint Francis Provider Network.

Contracts may be entered into with those Qualified Providers whose submissions are the highest scoring, taking into consideration the evaluation factors set forth herein. Saint Francis reserves the right to contact individual references and to consider other sources of information to determine evaluation scores.

Saint Francis may reject any or all responses or parts thereof and/or cancel this RFP and re-solicit, if such an action is in Saint Francis' best interest. Saint Francis may waive informalities and minor irregularities on responses received. This RFQ does not commit Saint Francis to award any contract or to pay any costs incurred in the preparation of responses.

SECTION II

A. Necessary Documents

Providers who wish to submit a response shall complete all necessary documentation as identified in Section 4 of this RFQ.

B. Specifications

The specifications included in this RFQ provide adequate information as to whether or not Provider can meet the needs of Saint Francis. Deviations from the specifications may result in lower scores or be grounds for disqualification.

C. Questions

Saint Francis believes this RFQ contains sufficient information to respond however will allow Providers to submit questions according to the Procurement Schedule in Section 4.

D. Provider Certification

By submission of a response, Provider certifies that Provider has neither paid nor agreed to pay any person, other than a bona fide employee, a fee or a brokerage resulting from the award of the contract.

E. Preparation of the Response

Providers are expected to examine all service requirements, rules, documents, forms, specifications, standard provisions, instructions, and review its response for accuracy before submitting its response: Failure to do so may result in lower scores or be grounds for disqualification.

F. Response Requirements

Responses should be completed and submitted electronically to ProviderRelationsNEESA@saintfrancisministries.org, hand delivered, or sent via certified mail Addressed to Saint Francis 9218 Bedford Ave Omaha, NE 68134 for Appendix A, Appendix B, and Letters of Recommendation.

Copies of the forms for Appendix A and Appendix B can be found on the Saint Francis Website.

SECTION III

RESPONSE EVALUATION CRITERIA

Responses will be evaluated through in depth analysis and will be based on the following criteria:

1. Provider's demonstration of understanding the Service Description requirements. (max of 30 points)
2. Provider's demonstration of experience, knowledge and education (or a combination thereof) in the following: (max of 30 points)
 - Family engagement
 - Wraparound principles
 - Trauma informed care
 - Skill training with directed practice
 - Engaging ongoing support in natural communities
 - Community resources and ability to collaborate
 - Child development
 - Skill building
 - Ability to incorporate FFPSA models
3. Provider's demonstration of experience with child welfare-involved youth and coaching and skill building in order to effect positive outcomes for youth and families. (max 30 points)
4. Provider's Rate Proposal (30 points)
5. Provider's Letters of Recommendation, reputation, professionalism, and completeness of response to this RFQ. (max 18 points)

The total possible scoring points per scorer is 138. There are 5 scorers and the total possible points is 540. Providers must score a minimum of 690 points to become a Qualified Provider for **Qualified Residential Treatment Program**.

SECTION IV

TIMELINE/SUBMITTAL DOCUMENTS

A. Timeline

1. Provider Submittal Documents are due no later than 4:00 p.m. Central Standard Time ~~April 23, 2021~~ **May 14, 2021**.
2. Responses will be evaluated from ~~April 26, 2021~~ **May 14, 2021** through ~~May 7, 2021~~ **May 21 2021**. During this time, Saint Francis may require Provider to accommodate further discussions with evaluation team. Provider will be notified in writing or by phone if this is requested.
3. Discussion may be conducted with Provider(s) for the purpose of clarifying responses to ensure the evaluation team has a full understanding of the responses to this RFQ. In conducting discussions, there shall be no disclosure of any information derived from responses submitted by competing Providers. However, once this competitive procurement process is complete, all records and associated contracts are considered public record and may be released to third parties upon appropriately submitted public records request(s). Saint Francis reserves the right to conduct discussion if determined necessary. Discussions shall not constitute a contract award nor shall they confer any property rights on a Provider. Ward may be made without discussions, therefore, offers shall be submitted complete and on most favorable terms.
4. Providers selected to provide **Qualified Residential Treatment Program (QRTP)** will be contacted by end of business on ~~May 1, 2021~~ **May 21, 2021**.
5. Providers not selected to provide the services, but that meet the minimum score threshold, are put on the Qualified Provider Listing and will remain on that Listing for the full RFQ cycle. Should there be a need for additional Providers to provide **Qualified Residential Treatment Program** a Qualified Provider will be contacted, unless a Qualified Provider is unavailable for that service in ESA.

B. **Submittal Documents**

- a. Appendix A – Submittal Letter and Provider Profile
 - i. Appendix A is required by each provider. Provider will include a list of all services provider is seeking a contract for. This document is only required once per provider regardless of the amount of services the provider is seeking to contract for.
- b. Appendix B – Services Response Form
 - i. Appendix B is required for each individual service provider is seeking a contract for.
- c. Letters of Recommendation
 - i. 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).

C. **Responses must utilize the printed Submittal Forms (do not submit handwritten forms) located on the Saint Francis website.**

1. Email submittal documents with the following attachments to:
 - a. Electronic submissions must be sent in the pdf. Format.
 - b. The Subject Line in the email for submissions must include the name of the Organization and Procurement April 2021. (e.g. ABC Company – Procurement April 2021).

- c. Submittal documents should be attached to the email and named pursuant to the naming conversations listed below.
 - Appendix A Submittal Letter and Profile: Providername-AppendixA.pdf
 - Appendix B-Service Response Form(s): Providername-AppendixB.pdf
 - 3 References: Providername-References.pdf

Example: When ABC Company responds to this RFQ, the Provider shall attach the following submittal documents to the email:

1. ABCCounseling-AppendixA.pdf
 2. ABCCounseling-AppendixB.pdf
 3. ABCCounseling-Recommendations.pdf
2. If submitting documents via hand delivery or certified mail, utilize the following instructions:
- a. Ensure all documents are in the following order
 - i. Appendix A Provider Submittal Letter and Profile
 - ii. Appendix B-Service Response Form(s)
 - iii. Three (3) Professional Letters of Recommendation
 - b. Ensure all documents are submitted at the same time.

SECTION V

Qualified Residential Treatment Program (QRTP) Service Appendix

DEFINITION

As it relates to the Families First Prevention Services Act (FFPSA) of 2018, the Qualified Residential Treatment Program (QRTP) contractor shall:

- a) Be licensed in accordance with section 471(a)(10) and be accredited by:
 - The Commission on Accreditation of Rehabilitation Facilities (CARF)
 - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - The Council on Accreditation (COA) or;
 - Any other independent, not-for-profit accrediting organization approved by the Secretary
- b) Work closely with Saint Francis and the QRTP assessment contractor completing QRTP assessments to exchange information on youth and coordinate scheduling QRTP assessments.
- c) Transition the youth from the QRTP timely-if the QRTP assessment determines QRTP care and support is not appropriate, the court does not approve of the placement, or the youth is approved to move elsewhere, the youth will be moved from the QRTP within 30 days from when determined QRTP care and support is no longer recommended and approved by the court.
- d) Provide trauma informed treatment to address the needs of youth with serious emotional and/or behavioral disorders.
- e) Have registered or licensed nursing staff and licensed/clinical staff provide care within the scope of their practice, are on site as consistent with the treatment model and available 24 hours per day/7 days per week.
- f) Facilitate family member participation in the youth's treatment program, to the extent appropriate in the youth's best interest. Facilitate outreach to the youth's family members, including siblings, document how the outreach is made (including contact information) and maintain contact information for any known family of the youth. Document how family members are integrated into the treatment process for the youth, including after discharge and how sibling connections are maintained. Provide documentation on this to SAINT FRANCIS as detailed in the Minimum Reporting Requirements below.

Direct Care Staff to Youth Ratio:

The Contractor shall provide Direct Care Staff to Youth Ratio in compliance with the applicable residential child caring licensing standards outlined from the Division of Public Health.

Medicaid Requirements: The Contractor shall adhere to all applicable Nebraska Medicaid requirements per the Nebraska Administrative Code.

TARGET POPULATION

The Contractor shall accept and serve youth who are age 14 through 18 years old and who are referred by Saint Francis.

LENGTH OF SERVICE

The length of stay will be driven by each youth's progress toward individualized goals and consistent with their unique needs, and not by the length of QRTP programming.

ACCEPTING & RESPONDING TO REFERRALS

The Contractor shall be available to accept referrals Monday through Friday 8am to 5pm, except Federally recognized holidays.

DISCHARGE

Discharge planning and family based aftercare will be provided for at least 6 months following the youth's discharge from the QRTP. Discharge planning and family based aftercare will be provided to the youth and family. Aftercare will be provided at a minimum of once per month face to face or telehealth (if available) with the youth and family. Aftercare will be provided through evidence based practice. A copy of the discharge plan and aftercare documentation will be provided to the Saint Francis referring case manager as detailed in the Minimum Reporting Requirements below.

MINIMUM REPORTING REQUIREMENTS

The Contractor shall provide monthly written youth progress reports and discharge plans to the referring case manager. This information shall be provided to SAINT FRANCIS within 14 calendar days following the month of service provision.

This monthly report shall include, but not limited to:

1. Information regarding the youth's progress with achieving goals identified in their plan of care as well as discharge planning information and efforts.
2. The Contractor shall provide information for the National Youth in Transition Database (NYTD) in a format approved by SAINT FRANCIS monthly for youth in care between the ages of 14-years-old and 19-years-old. This information shall be provided to SAINT FRANCIS within 14 calendar days following the month of service provision.

Written normalcy update reports shall be submitted to the Saint Francis Designee within thirty (30) days of executing this agreement and by April 30th annually to specifically address:

1. Compliance with each of the nine plan requirements listed below; and
2. Compliance with a having a designated official who is authorized to apply the reasonable and prudent parent standard as well as notifying each child verbally and in writing of the process for making a request.

The Contractor shall maintain a written normalcy plan describing how the facility will ensure that all children have access to age or developmentally appropriate activities as well as a normalcy report regarding the implementation of the normalcy plan. This should be completed in a format approved by SAINT FRANCIS. In accordance with Nebraska Revised Statute 43-4706, the normalcy plan shall specifically address:

1. Efforts to address barriers to normalcy that are inherent in a childcare institution setting;
2. Normalcy efforts for all children placed at the child-care institution, including, but not limited to relationships with family, age, or developmentally appropriate access to technology and technological skills, education and school stability, access to healthcare and information, and access to a sustainable and durable routine;
3. Procedures for developing goals and action steps in the child-care institution's case plan and case planning process related to participation in age or developmentally appropriate activities for each child placed at the child-care institution;

4. Policies on staffing, supervision, permission, and consent to age or developmentally appropriate activities consistent with the reasonable and prudent parent standard;
5. A list of activities that the child-care institution provides onsite and a list of activities in the community regarding which the child-care institution will make children aware, promote, and support access;
6. Identified accommodations and support services so that children with disabilities and special needs can participate in age or developmentally appropriate activities to the same extent as their peers;
7. The individualized needs of all children involved in the system;
8. Efforts to reduce disproportionate impact of the system and services on families and children of color and other populations; and
9. Efforts to develop a youth board to assist in implementing the reasonable and prudent parent standard in the child-care institution and promoting and supporting normalcy.

The Contractor shall comply with all of the applicable provisions of the Preventing Sex Trafficking & Strengthening Families Act of 2014 (P.L. 113-183/HR 4980) and provide services consistent with Neb. Rev. Stat. § 43-4706. Such compliance shall include promoting “normalcy” for youth in its care through the use of the reasonable and prudent parent standard when making decisions involving the participation of the youth in age or developmentally-appropriate activities that provide opportunities for youth to grow emotionally, socially, and developmentally and to have the most family-like experience possible. The Contractor shall notify youth, both verbally and in writing, in an age and developmentally appropriate manner, of the process for making a request to participate in age or developmentally appropriate activities. The process shall also be displayed in an accessible, public place in the facility. During all hours of operation, the Contractor shall have a staff person present and on-site who is authorized to apply the reasonable and prudent parent standard for youth in care. The Contractor shall provide the names and coverage hours of the authorized staff persons to the Saint Francis Designee within seven (7) calendar days following the execution of the attached Child Welfare Services Agreement. The Contractor shall provide the Saint Francis Designee with any updates or changes in the authorized staff persons within seven (7) calendar days following such updates or changes.

The Contractor shall ensure staff receive 12 hours of annual, ongoing training that enhances the staff’s ability to meet the needs of all youth for whom they are providing care. Ongoing training shall include but not limited to the necessary skills and knowledge for applying the Reasonable and Prudent Parent Standard and knowledge on recognizing signs of and responding to Human Trafficking.

The Contractor shall develop and implement youth-specific plans of care designed to meet the unique and special behavioral needs of the youth, along with the educational and vocational goals of the youth. The Contractor shall conduct the Ansell-Casey Life Skills Assessment for youth 14 through 18 years old, and shall utilize the information obtained in the Ansell-Casey Life Skills Assessment, as well as other pertinent information, to assist the youth with meeting the goals identified in their Independent Living Plan. These plans of care shall be developed together with the youth, family, and Saint Francis case manager, and shall be monitored through monthly team meetings, as arranged by the Saint Francis.

The Contractor shall be responsible for transporting youth in their care to the youth’s home school, to visits with family members, to activities and to services that are located within a 25-mile radius from the facility. Activities and services shall include, but not be limited to, pre-placement visits, behavioral health appointments, medical appointments, and extra-curricular activities. The facility discharge planning activities and recommendations shall be developed collaboratively with team members.

STAFF CREDENTIALS

The Contractor shall adhere to the applicable child caring licensing standards for staff qualifications as outlined with the Division of Public Health.

PERFORMANCE OUTCOME MEASURES

Contractors are responsible for reporting outcome data to Saint Francis Ministries via the current identified process by the 10th calendar day of the following month.

The Performance Outcome Measures below will be assessed monthly, quarterly, and at the end of the Period of Performance.

1. 100% of child(ren)/youth in QRTP shall be free from maltreatment while in QRTP.
2. 100% of child(ren)/youth in QRTP will have 24-hour access to crisis intervention.
3. 60% of child(ren)/youth will discharge to a Lower Level of Care from QRTP.

ESTABLISHED RATE

1. Saint Francis shall pay only for services which are not payable or reimbursable through any source or method as described in Sections 5.a through 5.d of the Child Welfare Services Agreement.
2. Room and Board Rate: Saint Francis shall pay the Subrecipient \$88.73 per youth per day for room and board upon placement by the Saint Francis Case Manager. The daily rate begins on the day of admission and will not be paid on the day of discharge regardless of the time of day.
3. Therapeutic Daily Rate: Saint Francis shall pay the Contractor \$183.75 for the therapeutic daily rate. Prior to payment of the therapeutic daily rate, Contractor must demonstrate timely compliance with all requirements of Section 5 of the Child Welfare Services Agreement. Following receipt of all appropriate documentation of compliance as determined by Saint Francis, Saint Francis shall pay the Subrecipient \$183.75 (or any non-negotiable rates set by DHHS which are applicable to Contractor's provision of services pursuant to the Child Welfare Services Agreement) per youth per day for the therapeutic daily rate in addition to the room and board rate (\$88.73).