



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 31, 2013

Dear Prospective Contractors and Interested Parties:

## **ADDENDUM NUMBER FOUR TO REQUEST FOR STATEMENT OF QUALIFICATIONS NUMBER CMS 12-055 WRAPAROUND APPROACH SERVICES**

Addendum Number Four is issued by the County of Los Angeles Department of Children and Family Services (DCFS), Department of Mental Health (DMH), and the Probation Department (Probation) to all holders of the Wraparound Approach Services Request for Statement of Qualifications (RFSQ) Number CMS 12-055.

Addendum Number Four publishes:

- 1) The Questions and Answers (Q&A) to the questions submitted prior to and at the Prospective Contractor's Conference held on October 1, 2013. Questions 18, 21, 126, and 137 will be addressed in a subsequent addendum to be released on or about November 8, 2013.
- 2) Q&A to the questions submitted at the second Prospective Contractor's Conference to discuss Medi-Cal billing held on October 22, 2013
- 3) DMH's "Points to Remember: Documentation and Claiming for Wraparound" Power Point document presented on October 22, 2013.
- 4) DMH's "Wraparound Activities" chart presented on October 22, 2013.
- 5) Links to DMH's QA Bulletins presented on October 22, 2013.

Addendum Number Four amends sections of the RFSQ as provided below. **Changes only apply to referenced sections and/or subsections that are deleted or amended, all other sections remain in full affect.**

A prospective contractor's failure to incorporate the requirements of this Addendum Number Four may result in their Statement of Qualifications not being considered, as determined at the sole discretion of the County.

Changes to wording in RFSQ sections in this Addendum Number Four include both deletions and additions. **Deletions** are indicated by strike-outs (~~strike-outs~~) and **additions** are underlined (underlined).

The following changes, in the order they appear in the RFSQ, are being made to the RFSQ:

*"To Enrich Lives Through Effective and Caring Service"*

- I. RFSQ, PART A – OVERVIEW, Section 3.0, REQUIRED SERVICES, Paragraph 3.4.3 is amended to read as follows  
  
3.4.3 A child/youth who has been adjudicated as either a dependent or ward who has experienced three (3) or more placements within 24 months due to behavioral health needs; ~~or placement moves or psychiatric hospitalizations within the past 18 months; or~~
  
- II. RFSQ, PART A – OVERVIEW, Section 10.0, PAYMENT STRUCTURE, Sub-section 10.2 is amended to read as follows:  
  
10.2 The Wraparound Payment for youth not eligible to receive Medi-Cal services is \$4,184 (as stated in this RFSQ, Part G, Sample Master Contract, Part I, section 3.0, Contract Sum). This rate will not be adjusted for inpatient hospitalization or for a juvenile delinquency commitment. ~~However, Wraparound services may be suspended by the Interagency Screening Committee (ISC) if the inpatient hospitalization or juvenile commitment lasts for a period of thirty (30) days or more.~~
  
- III. RFSQ, PART C – INSTRUCTIONS TO PROSPECTIVE CONTRACTORS, Section 2.0, PREPARATION AND FORMAT OF SOQ, Paragraph 2.2.2 is amended to read as follows:  
  
2.2.2 The SOQ must be in a three-ring binder and submitted in the prescribed format below:
  - One original SOQ and four ~~five~~ copies must be typewritten or word-processed on 8-1/2" X 11" white bond paper.
  - The SOQ and copies must be in a three-ring binder.
  - The SOQ and copies' cover binders must state the title of the RFSQ, Contract Request number and the name of your organization.
  - The original SOQ cover must clearly state "Original."
  - Each page must be clearly and consecutively numbered, including all attachments/exhibits.
  - Each section must be specifically labeled with tab inserts and in the order indicated in sub-section 2.5 below.
  
- IV. RFSQ, PART C – INSTRUCTIONS TO PROSPECTIVE CONTRACTORS, Section 2.0, PREPARATION AND FORMAT OF SOQ, Sub-paragraph 2.5.1.13 is amended to read as follows:

2.5.1.13 Prospective Contractor must submit a copy of its organization's Consolidated Medi-Cal Re-Certification Approval Letter(s) issued by the County of Los Angeles Department of Mental Health, Program Support Bureau/Program Review. All qualified prospective Contractors should already have this letter in their organization's records. the letter from the Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, California 90022 (213-738-2906), certifying the mental health treatment component of the program (Insert).

V. RFSQ, PART D – STATEMENT OF QUALIFICATIONS SUBMISSION PACKET, FORM 4 – PROSPECTIVE CONTRACTOR'S KNOWLEDGE AND SKILLS QUESTIONNAIRE, instructions, Question 10(b) and Question 19 have been amended and Question 21 has been added to read as follows:

You must answer all questions so that the COUNTY can evaluate your ability to perform the services required under the contract. Answers must be in essay format, either typed or word-processed on 8 ½" X 11" paper, with a maximum margin of 1", in 12 point font. All questions must be answered on a maximum of fifty (50) thirty-five (35) pages. You will be evaluated on your knowledge, experience and overall ability to perform the required services. The COUNTY may deem incomplete, inaccurate, unclear and/or illegible answer as "non-responsive" if such answers hinder evaluator's ability to determine appropriate scoring.

10(b) Reference the location in the proposal of your detailed operational flow chart, and the outlines of the applicable operational policy guide. guidance.

19. Please provide a detailed description of how your organization completes the Wraparound Fidelity Index-EZ (WFI-EZ). 4 (WFI-4).

21. Are you willing to accept Emergency Wraparound referrals 24 hours per day, seven days per week? (Please Note: Emergency Wraparound services will only be included in the Wraparound Approach Services contracts for the Prospective Contractors who answer "Yes" to this question.)

VI. RFSQ, PART D – STATEMENT OF QUALIFICATIONS SUBMISSION PACKET, FORM 12 – PROSPECTIVE CONTRACTOR LIST OF CONTRACTS, Page 1, is amended, in part, to read as follows:

List of all public entities for which the Contractor has provided service for three (3) years within the last 5 (five) years. within the last three (3) years. Use additional sheets if necessary.

VII. RFSQ, PART G – SAMPLE MASTER CONTRACT, TABLE OF CONTENTS, Exhibit A-11 Supervisory POC Review Tool (SPRT) has been deleted in its entirety and replaced with:

Exhibit A-11 OMB Circular No. A-122

- VIII. RFSQ, PART G – SAMPLE MASTER CONTRACT, TABLE OF CONTENTS, Exhibit A-13 is amended to read as follows:

Exhibit A-13 Intentionally Left Blank ~~Child and Adolescent Needs and Strengths (CANS)~~

- IX. RFSQ, PART G – SAMPLE MASTER CONTRACT, TABLE OF CONTENTS, Exhibit A-14 is amended to read as follows:

Exhibit A-14 Wraparound Fidelity Index (WFI-EZ)

- X. RFSQ, PART G – SAMPLE MASTER CONTRACT, TABLE OF CONTENTS has been amended to add Exhibit B-4 Semi-Annual Expenditure Report.

- XI. RFSQ, PART G – SAMPLE MASTER CONTRACT, PART I: Unique Terms and Conditions, Section 1.0 Applicable Documents and Defined Terms, Sub-Section 1.5(N) is amended to read as follows:

N. “Subcontract” - means a contract by which a third party agrees to provide services or materials necessary to fulfill an original contract. Subcontracting is not allowed. Any attempt by the CONTRACTOR to subcontract may be deemed a material breach of this Contract.

- XII. RFSQ, PART G – SAMPLE MASTER CONTRACT, PART I: Unique Terms and Conditions, Section 5.0, INVOICES AND PAYMENTS, Sub-paragraph 5.3.1.5 is amended to break the paragraph and read as follows:

5.3.1.5 In matters involving Overpayments, governed by MPP 45-304 through 45-306 and 11-404 inclusive, and if the amount is determined collectible, CONTRACTOR will have thirty (30) Days from the date of COUNTY’S mailing of a State Form Notice of Action 1261, to request an informal hearing.

The informal hearing process, if elected by CONTRACTOR, will be compliant with hearing procedures set forth in MPP 45-306.1 through 3. CONTRACTOR may, at its election, forgo an informal hearing and request a State Hearing within ninety (90) Days from the date of COUNTY’S mailing of State Form Notice of Action 1261.

If CONTRACTOR has requested an informal hearing and desires a State Fair Hearing, CONTRACTOR must request the State Fair Hearing, within ninety (90) Days of the date that CONTRACTOR did not appear at the informal hearing, the date of the informal decision by COUNTY, or the date of withdrawal of request for informal hearing, whichever is earlier.

Failure to meet the respective time periods to request a hearing, either informal or formal, shall foreclose requests for due process set forth in MPP

45-306.1 through .3, and will result in the collection by COUNTY pursuant to MPP 45-304 through 45-305 and 11-402.66, inclusive, including the implementation of additional contractual actions set forth in this Contract.

XIII. RFSQ, PART G – SAMPLE MASTER CONTRACT, PART I: Unique Terms and Conditions, Section 6.0, USE OF FUNDS has been deleted in its entirety and replaced as follows:

#### 6.0 USE OF FUNDS

- 6.1 CONTRACTOR shall be organized and operated as a Federal Tax Exempt and non-profit corporation throughout the term of this Contract and conduct itself in accordance with all accounting and operating requirements of such status.
- 6.2 The monthly rate for all filled slots is provided as a funding pool. CONTRACTOR is allowed to use this pool to spend more or less on individual Families and children depending on their individual plans and needs. Funds are a resource for the child and Family, which must be tied to a plan of care and its associated budget through individualized planning and approval process. CONTRACTOR shall use funds to supplement not replace existing avenues for meeting needs
- 6.3 CONTRACTOR shall use all funds (Title IXX Medi-Cal, Medi-Caid, Temporary Assistance to Needy Families (TANF), Healthy Families, and AFCD-FC) paid to and expended by Contractor only for the care and services and reasonable and allowable expenditures in providing the necessary Services, as specified in this Contract Statement of Work for children enrolled by the COUNTY in Contractor's Wraparound Approach Services program. Such expenditures shall be in accordance with the California Department of Social Services Manual of Policy and Procedures, 45 Code of Federal Regulations Part 74, and the Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-profit Organizations." In the event of conflict between State and Federal regulations or between State regulations and COUNTY policies in determining the allowability of cost such conflict or inconsistency shall be resolved by giving precedence to Federal regulations. Any funds not expended in accordance with the above regulations will be disallowed on audit, and will require repayment by CONTRACTOR. Reasonable funds may be rolled over between fiscal years as a prudent reserve.
- 6.4 By August 1 of each year, CONTRACTOR shall submit to COUNTY a cost allocation plan, which provides for the reasonable allocation of CONTRACTOR's Expenditures for the then current fiscal year. CONTRACTOR's cost allocation plan shall be developed in accordance with the principles included in OMB Circular A-122 (Exhibit A-11);

California Manual of Policy and Procedures, Sections 11-400, 11-402, 11-403, 11-404, and 11-420; and 45 CFR Part 74 and 74.2 and the County Auditor-Controller Contract Accounting and Administration Handbook (Exhibit D).

- 6.5 In addition to the monthly rate, CONTRACTOR must be qualified and authorized to access categorical funding for which a Family/child is qualified, including, but not limited to, Title IXX Medi-Cal, Medi-Caid, Temporary Assistance to Needy Families (TANF), and Healthy Families
- 6.6 Agency staff must be able to access the agency's funding pool in a timely manner. In some instances this may be as short as two (2) hours if there is an urgent need
- 6.7 Any AFDC-FC funds not Expended in accordance with the above will be disallowed on monitoring/audit, and will require repayment by CONTRACTOR. Any dispute regarding repayment of funds is subject to the provisions outlined in Part II, Section 42.0 Notice of Dispute and Section 59.0 Review of Use of Funds.
- 6.8 Notwithstanding any other provision of this Contract, in addition to all other rights to monitor, including but not limited to audit, CONTRACTOR and COUNTY agree that it is the intent of the parties that COUNTY shall have the right to audit any and all use of AFDC-FC funds, paid to and Expended by CONTRACTOR, in order to ensure that all Expended and unspent funds are accounted for and that unspent funds are held for the future benefit of Wrap Children, and to determine the appropriate disposition of unallowable Expenditures.
- 6.9 Total accumulated unexpended funds (TAUF) shall include CONTRACTOR's unexpended funds. CONTRACTOR's TAUF shall be reflected on its Semi-Annual Revenue and Expenditure Report (Exhibit B-4).
- 6.10 At the end of any given CONTRACTOR fiscal year, any TAUF that is equal to or less than two months budgeted revenues for COUNTY's Wraparound Approach Services Program for its next fiscal year may be retained by CONTRACTOR for future use for the benefit of Wrap enrolled Children for reasonable and allowable costs. The maximum level of retainable TAUF will hereafter be referred to as the TAUF Ceiling. In the event that CONTRACTOR's TAUF, at the end of any given CONTRACTOR fiscal year, exceeds the TAUF Ceiling, CONTRACTOR shall develop a plan regarding how to utilize the TAUF for the benefit of the Children and Families it serves for reasonable and allowable costs, and shall submit the plan to County Program Director for review and approval within 60 Days of the fiscal year end. OMB Circular A-122 (Exhibit A-11); California Manual of Policy and Procedures, Sections 11-

400, 11-402, 11-403, 11-404, and 11-420; and 45 CFR 74.2 Section 11-404.2 through 11-404.2.24 of the State Manual of Policy and Procedure provide examples of permissible uses of unexpended funds. Said Sections may provide a guideline for permissible uses of TAUF. However, all CONTRACTOR plans for uses of TAUF require pre-approval by the COUNTY.

6.11 If the plan is not approved, CONTRACTOR shall, in consultation with COUNTY, work to develop a revised plan that is acceptable to COUNTY within 30 days of denial of proposed plan. DCFS shall respond in writing within 25 days of receipt of CONTRACTOR's revised plan. CONTRACTOR shall respond with any proposed amendments to revised plan within 15 business days of receipt of DCFS' written response. DCFS will issue a final plan within 5 days of receipt of CONTRACTOR's amendments.

6.12 CONTRACTOR's failure to develop an appropriate plan for the utilization of excess TAUF, or the Expenditure of excess TAUF without a COUNTY approved plan shall constitute a material breach of the Contract. In such instance, COUNTY may take appropriate action, pursuant to this Contract, including, but not limited to, requesting repayment of funds.

XIV. RFSQ, PART G – SAMPLE MASTER CONTRACT, PART I: Unique Terms and Conditions, Section 7.0, NOTICES, Sub-section 7.1 is amended to read as follows:

7.1 Unless otherwise specifically provided in this Contract, all notices to COUNTY shall be given in writing, sent by electronic or first class mail, by enclosing the same in a sealed envelope addressed to the intended party and by depositing such envelope with postage prepaid in the United States Post Office or any substation or public letterbox. All notices to COUNTY shall be sent by first class mail, or e-mail, addressed to the following:

County of Los Angeles  
Department of Children and Family Services  
Attention: Contract Administrator  
425 Shatto Place, Room 400  
Los Angeles, CA 90020

E-mail: [Wrap@dcfs.lacounty.gov](mailto:Wrap@dcfs.lacounty.gov)

Unless otherwise specifically provided in this Contract, all notices to CONTRACTOR shall be given in writing, sent by electronic or first class mail, by enclosing the same in a sealed envelope addressed to the intended party and by depositing such envelope with postage prepaid in the United States Post Office or any substation or public letterbox. All notices to CONTRACTOR shall be sent to CONTRACTOR as indicated in Exhibit F-1, Contractor's Administration or

such other person and/or location as may hereinafter be designated in writing by CONTRACTOR.

- XV. RFSQ, PART H – STATEMENT OF WORK, TABLE OF CONTENTS, Exhibit A-11 is amended to read as follows:

Exhibit A-11 Intentionally Left Blank Supervisory POC Review Tool (SPRT)

- XVI. RFSQ, PART H – STATEMENT OF WORK, TABLE OF CONTENTS, Exhibit A-13 is amended to read as follows:

Exhibit A-13 Intentionally Left Blank Child and Adolescent Functional Needs and Strengths (CANS)

- XVII. RFSQ, PART H – STATEMENT OF WORK, TABLE OF CONTENTS, Exhibit A-14 is amended to read as follows:

Exhibit A-14 Wraparound Fidelity Index (WFI-EZ) (~~WFI-4~~)

- XVIII. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 1.0 DEFINITIONS, Paragraph 1.1.3 Child and Adolescent Functional Needs and Strengths (CANS) has been deleted in its entirety.

- XIX. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 1.0 DEFINITIONS, Paragraph 1.1.27 is amended to read as follows:

1.1.27 Parent Partner shall be defined herein. A Parent Partner must have been the parent or primary caregiver (Primary caregiver is defined as a parent (not foster parent) who has 24/7 legal responsibility for the child/youth) of a child/youth who received services as the same intensity level of Wraparound. At the time of hire, Parent Partners must not have an open Probation case for at least one (1) year. For DCFS cases, if closed less than one (1) year, written approval is required from DCFS Program Manager. Requests will be reviewed and responses provided on a case by case basis. ~~or have had an open DCFS case for at least one year.~~ A Parent Partner can have a child who receives or received services from the State Regional Center or DMH.

- XX. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 1.0 DEFINITIONS, Paragraph 1.1.42 is amended to read as follows:

1.1.42 Wraparound Fidelity Index, EZ (WFI-EZ) Version 4 (WFI-4) shall be defined as a tool used in a multi-method approach to assess the quality of individualized care planning and management for children with complex needs and their families.

- XXI. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 2.0 STAFFING, Sub-Paragraph 2.1.6.4 is amended to read as follows:

2.1.6.4 Wraparound Supervisor(s): CONTRACTOR shall ensure all Wraparound Facilitator and Child and Family Specialist Supervisors have a Bachelor of Science or Bachelor of Arts Degree in Human Services, Social Work or Psychology, or at least three (3) years experience in Wraparound or intensive community-based services. ~~CONTRACTOR shall ensure all Wraparound Parent Partner Supervisors have prior experience as Parent Partners.~~

XXII. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 2.0 STAFFING, Sub-Paragraph 2.1.6.9 is amended in part to read as follows:

2.1.6.7 Facilitator(s): CONTRACTOR shall assign a Facilitator to every child enrolled in Wraparound at an average ratio of one (1) full time Wrap Facilitator for every ten (10) active Wraparound ~~cases children~~ 1:10. Not to exceed twelve (12) children at any one time. Facilitator's shall not serve as the assigned Therapist/Clinician for any child/youth and/or family for whom they are assigned to serve as the Facilitator. Facilitator's qualifications are a Bachelor of Art or Science Degree in Human Services, Social Work, or Psychology or three (3) years experience working with high risk children/youth in either child welfare, probation or mental health systems in Wraparound, or be a family member able to facilitate their family's Wrap team meetings.

XXIII. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 2.0 STAFFING, Sub-Paragraph 2.1.6.8 is amended in part to read as follows:

2.1.6.8 Child and Family Specialist(s) (CFS): CONTRACTOR shall assign a CFS to every Wraparound child/Family at an average ratio of one (1) full time Child and Family Specialist for every ten (10) Wraparound child/Family (1:10), not to exceed twelve (12) children at any one time, to work directly with the child(ren) and Family in their respective environment to help them achieve a permanency. Minimum qualifications: an Associate Arts in Human Services, Social Work or Psychology plus one year experience working with high risk youth; or a high school diploma (or GED) plus three (3) years experience working with high risk youth.

XXIV. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 2.0 STAFFING, Sub-Paragraph 2.1.6.9 is amended in part to read as follows:

2.1.6.9 Parent Partner(s): CONTRACTOR shall verify Parent Partner qualifications as defined herein, and in section 1.1.27. A Parent Partner must complete thirty-six (36) forty (40) hours of training and training experience. At the time of hire, Parent Partners must not have an open probation case for at least one (1) year. For DCFS cases, if closed less than one (1) year, written approval is required from DCFS Program Manager. Requests will be reviewed and responses provided on a case by case basis. ~~or have had an open DCFS case for at least one year.~~

XXV. RFSQ, PART H – STATEMENT OF WORK, PART A – INTRODUCTION, Section 2.0 STAFFING, Sub-Paragraph 2.1.6.10 is amended to read as follows:

2.1.6.10 CONTRACTOR shall provide staff qualified and trained to electronically input data by individual child, for the Wraparound annual report including: (1) demographics, birth date, gender, and ethnicity; (2) referring County department; (3) DSM IV or V diagnostic category; (4) enrollment, graduation, disenrollment dates;(5) CAFAS and ~~CANS~~ data;(6) expenditures for each life domain, all non Medi-cal expenditures;(7) DMH expenditures for Medi-Cal; and (8) outcome measures for child safety, permanence, and well-being/self sufficiency.

XXVI. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, COUNTY’S PERFORMANCE MEASURE SUMMARY/GOALS REGARDING SAFETY is amended, in part, to read as follows:

<b>COUNTY’S PERFORMANCE MEASURE SUMMARY/GOALS REGARDING SAFETY</b>		
<b>PROGRAM: WRAPAROUND APPROACH SERVICES</b>		
<b>TARGET GROUP:</b> Children Receiving Wraparound		
<b>OUTCOME GOAL:</b> Children receiving Wraparound shall remain in a safe environment, free from abuse and neglect, without an over-reliance on out-of-home care.		
<b>COUNTY’S OUTCOME INDICATORS</b>	<b>PERFORMANCE TARGETS<sup>202</sup></b>	<b>METHOD OF DATA COLLECTION</b>
<p>Substantiated allegations of child abuse and/or neglect for any child while receiving Wraparound services and one (1) year after graduating from Wraparound.</p> <p><del>Measurement of improvement in Wraparound enrolled on the CANS from the one completed within 30 days of Wraparound enrollment, and at 6 month intervals, and the improved.*</del></p>	<p>94.6% of active Wraparound children/youth do not have a substantiated allegation of child abuse or neglect within one (1) year of beginning Wraparound services under this Contract.</p> <p><del>100% of children/youth enrolled in Wraparound have a CANS completed within 30 days of enrollment in Wraparound and at 6 month intervals.</del></p> <p><del>100% of the children/youth enrolled in Wraparound the findings from the CANS incorporated into their POC and addressed at the CFT meetings.</del></p> <p>95% of children/youth who have graduated from Wraparound do not have a substantiated allegation of child abuse or neglect within one (1) year post graduation from Wraparound.</p>	<p>CSW/CMS</p> <p>Wraparound analysis on a quarterly basis using end-of-month data for September, December, March and June of each calendar year.</p> <p>Corrective Action Plans</p> <p>Auditor Controller Reports</p>

XXVII. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0 SAFETY, Sub-Section 5.2 is amended to read as follows:

5.2 Intensive Care Coordination and Individualized Intensive Home-Based Mental Health Services

The CONTRACTOR shall provide comprehensive, individualized care coordination and services for each child. CONTRACTOR shall monitor the interventions/resources as defined by the CFT in the POC, and link the child/Family to Community resources. Mental health linkage is deemed “complete” when: 1) the client and caregiver have face to face contact with the treating therapist; and 2) the Wraparound agency is in communication with the treating therapist to ensure that he/she has the mental health initial assessment and is able to provide mental health services for the child. Success in Wraparound is highly dependent upon a thorough assessment that incorporates the strengths and underlying needs of the youth, Family and CFT members. For more details, please refer to Exhibits A-6 and A-7 ~~and A-7 and A-8~~ (ICC and IHBS, respectively). All POCs and Family Safety and Crisis Plans will be reviewed by CONTRACTOR’s Program Manager or Wraparound Supervisor using the Intensive Care Coordination and Individualized Intensive Home-Based Mental Health Services approach exhibits. At the eighteen (18) month review, the CFT is to provide information that will justify continued Wraparound services for children/youth referred by DCFS.

CONTRACTOR shall place all POCs and Family Safety and Crisis Plans, ~~and SPRT~~ in each child’s/youth’s Single Case File. Upon request from COUNTY Program Monitors, CONTRACTOR shall provide original POCs and Family Safety and Crisis Plans. Program Monitors shall perform administrative and program reviews of all Wraparound Contractors. Program and Administrative reviews shall be conducted on an annual basis, and may be conducted on a more frequent basis, if deemed necessary. Program Monitors will monitor CONTRACTOR’s longitudinal tracking of families over time to ensure sustained Self-Sufficiency post Wraparound.

CONTRACTOR shall, at a minimum, ensure that a POC is completed within thirty (30) days of enrollment and every six (6) months thereafter for each child and Family that CONTRACTOR serves as an obligation under this Contract.

CONTRACTOR shall ensure that the CONTRACTOR’s Program Manager or Wraparound Supervisor thoroughly reviews and approves each POC ~~and SPRT~~, as evidenced by their signature on the POC ~~and SPRT~~.

XXVIII. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0 SAFETY, Paragraph 5.3.3 is amended to read as follows:

5.3.3 CONTRACTOR shall engage the Family and their team members in a strengths conversation within the first thirty (30) days in the Wraparound process. CONTRACTOR shall ensure that the Wraparound Program Manager or Wraparound Supervisor oversees the CFT and POC process to verify that the Family's strengths are: (1) identified; (2) updated regularly; (3) communicated to the CFT; (4) utilized in action plans; and (5) analyzed in the risk assessment information and in the formulation of an effective crisis plan. ~~The CONTRACTOR shall complete the Supervisory POC Review Tool, Exhibit A-13, and maintain a copy in the Single Case File.~~

XXIX. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0 SAFETY, Sub-Paragraph 5.4.2.1.3.1 is amended to read as follows:

5.4.2.1.3.1 Identify the social and emotional competence of the children (reference CAFAS – Exhibit A-12) ~~GANS Exhibit A-13~~)

XXX. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0 SAFETY, Paragraph 5.5.2 is amended to read as follows:

CONTRACTOR shall ensure that families have a high level of decision-making power in all aspects of planning, delivery, and evaluation of services and supports, and that at least fifty percent (50%) of the CFT are families and their designees. CONTRACTOR shall allow sufficient time to develop such a ration, and shall document in the POC, Exhibit A-9, and ~~or~~ in the CFT minutes, Exhibit A-5, the discovery process and any attempt to obtain a fifty percent (50%) ration of informal supports. If an informal support declines to be a member of the CFT, but agrees to participate as a resource or strategy in the POC and/or Family Safety and Crisis Plan, Exhibit A-9, their agreement shall be documented in the POC and/or Family Safety and Crisis Plan.

XXXI. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0, SAFETY, Sub-paragraph 5.6.2.1 is amended to read as follows:

5.6.2.1 Every domain in the POC should be addressed, by the first 6-month POC review, as evidenced by documentation in CFT meeting minutes. ~~identifying within each domain whether the team is addressing one or more prioritized needs, or what family strengths are present that otherwise meet needs in that domain.~~

XXXII. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0, SAFETY, Paragraph 5.6.6 is amended to read as follows:

5.6.6 CONTRACTOR shall include in every POC and update: (1) the strengths and needs inventory; (2) assessment of the immediate safety, stabilization, and crisis support needs; (3) Family Safety and Crisis Plan; (4) parent support/training and education plan; and (5) mission statement. ~~CONTRACTOR's supervision of the POC shall utilize the SPRT form (Exhibit A-12).~~

XXXIII. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 5.0, SAFETY, Paragraph 5.6.11 is amended to read as follows:

5.6.11 CONTRACTOR shall ensure that the CONTRACTOR's Program Manager or Wraparound Supervisor thoroughly reviews and approves each POC ~~and SPRT~~, as evidenced by their signature on the POC ~~and SPRT~~.

XXXIV. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 6.0, PERMANENCY, Sub-paragraph 6.2.1 is amended to read as follows:

6.2.1 CONTRACTOR shall use the following data collection and reporting instruments:

6.2.1.1 Child and Adolescent Functional Assessment Scales (CAFAS), Exhibit A-13. CONTRACTOR must complete the eight (8) section assessment upon child's/youth's enrollment in Wraparound and at the time of child's/youth's graduation, disenrollment or suspension from Wraparound;

~~6.2.1.2 Child and Adolescent Needs and Strengths (CANS), Exhibit A-14. CONTRACTOR shall conduct the CANS every six (6) months to assess changes in functioning, which will inform level of care decisions.~~

~~6.2.1.3~~ 6.2.1.2 Wraparound Fidelity Index, Short Version (WFI-EZ)

The Wraparound Fidelity Index, Short Version (WFI-EZ) is a brief, self-report version of the Wraparound Fidelity Index v.4. The WFI-EZ is a measure of fidelity to Wraparound principles that is less burdensome than the full WFI interview protocol. The WFI-EZ consists of four sections. Basic information, experiences with Wraparound, satisfaction with services, and perception of outcomes. These items can be completed by the respondents themselves at their own convenience, either on paper or online. There are caregiver, facilitator and youth forms in both English and Spanish. The goal was to create a reliable and valid measure of adherence to the Wraparound principles that is easier to administer and less time consuming.

The ~~(WFI-EZ), (WFI-4)~~ shall be administered every six (6) months **by trained staff of CONTRACTOR**. After removing cases under three (3) months and over 15 months and for all Wrap Children under 12 ~~CONTRACTOR will do~~ to a statistically valid random sample of at least 35% of the remaining. The sample size shall be based upon the prior year's annual program census (unduplicated child count in a fiscal year) and determined by using the free Raosoft (<http://www.raosoft.com/>) sample size calculator with the following settings: 5% margin of error; 95% confidence level; annual program census; and 85% response distribution. CONTRACTOR shall use the online data and reporting system called **WrapTrack** which replaced the Wraparound Online Data Entry and Reporting System (WONDERS) data system. **WrapTrack** will allow for easy online administration, data feedback and reporting of WFI-EZ information for inclusion in the County of Los Angeles countywide statistics. ~~enter (WFI-EZ), (WFI-4) survey results onto the Wraparound Online Data Entry and Reporting System (WONDERS) data system at [www.wrapinfo.org](http://www.wrapinfo.org), for inclusion in the County of Los Angeles countywide statistics.~~

XXXV.RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 6.0, PERMANENCY, Sub-paragraph 6.2.2.1 is amended to read as follows:

6.2.2.1 Special Incident Reports as defined in Section 1.1.39 of this SOW, within the following timeframes according to incident type:

INCIDENT TYPE	TIMEFRAME
Allegation of child abuse/neglect:	Immediately or, if after hours, by the next business day
Law enforcement involvement/ Arrest of child:	By the next business day
Law enforcement involvement/ Arrest of caregiver:	By the next business day
Assault (peer/caregiver/other):	By the next business day
Fighting	By the next business day
Change of placement:	By the same business day or, if after hours, by the next business day
Detainment	By the same business day or, if after hours, by the next business day
Fatality	Immediately
Serious injury, major illness/ Accident:	By the next business day
Probation Violation	By the same business day or, if after hours, by the next business day

Property damage	By the next business day
Psychiatric hospitalization	By the next business day
Runaway/AWOL	By the same business day or, if after hours, by the next business day
School suspension/expulsion:	By the next business day
Self harm/suicide attempt/ Suicidal ideation	By the same business day or, if after hours, by the next business day
Sexual Misconduct	By the next business day
Substance abuse/possession	By the next business day
Theft	By the next business day

~~Special Incident Reports as defined in Section 3.1.30 of this SOW, on the same day, if they occur before 5:00 P.M., and by 9:00 A.M. the following day, if they occur after 5:00 P.M.—~~CONTRACTOR shall submit SIRs for any DCFS child/youth via the DCFS ITRACK system. If the ITRACK system is not functioning, CONTRACTOR shall submit written SIRs (Exhibit ~~A-15 A-16~~) by fax to staff identified by COUNTY within the timeframes specified herein.

6.2.2.1.1 For Probation children/youth that do not have an open DCFS case, CONTRACTOR shall submit written SIRs (Exhibit ~~A-15 A-16~~) by fax to staff identified by the COUNTY within the timeframes specified in Section 6.2.2.1.

6.2.2.1.2 For children/youth in adoptive placement, CONTRACTOR shall submit written SIRs (Exhibit ~~A-15 A-16~~) by fax to staff identified by COUNTY within the timeframes specified in Section ~~6.2.2.1. 8.2.2.1.~~

XXXVI. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Section 6.0, PERMANENCY, Sub-paragraph 6.2.3.1 is amended to read as follows

6.2.3.1 CONTRACTOR's annual report shall include: (1) a breakdown of demographics (e.g., age, ethnicity; the number of males vs. females; the number children referred each by DMH, Probation and DCFS; the number of children that are in each DSM-IV category; and the number of Wraparound new enrollments, graduations, ~~Suspensions~~ and disenrollments); (2) ~~CANS data;~~ (3) the average length of services broken out by referring Department for those who are currently enrolled, graduates and disenrollees, ~~and Suspensions;~~ (4) (3) the average flexible funding expenditures per child, per Life Domain; (5) (4) the average DMH expenditures (Medi-Cal) per child; and (6) (5) an analysis of performance measures.

XXXVII. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Exhibit A-11 Supervisory POC Review Tool (SPRT) has been deleted in its entirety.

XXXVIII. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Exhibit A-13 Child and Adolescent Needs and Strengths – Child Welfare (CANS-LA) has been deleted in its entirety.

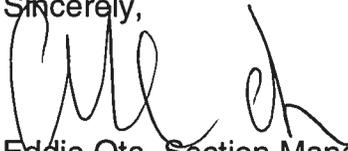
XXXIX. RFSQ, PART H – STATEMENT OF WORK, PART C – SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS, Exhibit A-15 Special Incident Report (heading) is amended in part to read as follows:

Written Critical (Special) Incident Reports are defined in section ~~1.1.39~~ ~~3.1.9~~ of the SOW shall be reported on the same day, if the incident occurs before 5:00 P.M., and by 9:00A.M. the following day, if they occur after 5:00P.M. (SOW ~~6.2.2.1~~ ~~8.2.2.1~~)

XL. RFSQ, PART I – EXHIBITS has been amended to add Exhibit B-4 Semi-Annual Expenditure Report (Attachment I).

Except as provided by addendum, all other terms and conditions of the RFSQ remain unchanged.

Sincerely,



Eddie Ota, Section Manager  
Contracts Administration Division

EO:DLF:jar

Attachment

COUNTY OF LOS ANGELES  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)

WRAPAROUND APPROACH SERVICES  
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) # CMS 12-055

**RESPONSES TO QUESTIONS FROM  
PROSPECTIVE CONTRACTORS**



Revised - October 31, 2013

County of Los Angeles – Department of Children and Family Services

WRAPAROUND APPROACH SERVICES

**RESPONSES TO QUESTIONS FROM PROSPECTIVE CONTRACTORS**

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County of Los Angeles – Department of Children and Family Services  
WRAPAROUND APPROACH SERVICES (RFSQ# CMS 12-055)  
QUESTIONS AND RESPONSES

**GENERAL QUESTIONS**

<p>1.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question: <b><u>N/A THIS IS A GENERAL QUESTION.</u></b></p> <p>a) Can forms and Exhibits be provided in Word (or Excel where relevant)? That would save applicants much time and ensure that DCFS receives all the information they need on each form (without alteration).</p> <p>b) If they will not be provided in Word, can the County state in writing that it is OK to reproduce forms and Exhibits for ease of completion?</p> <p><b><u>RESPONSE:</u></b></p> <p>a) Forms and Exhibits will not be provided in Word or Excel Format.</p> <p>b) It is OK to reproduce forms and Exhibits for ease of completion.</p>
<p>2.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question: For those agencies that operate in more than one Service Area: do we have to submit a full, complete RFSQ for EACH Service Area, or will one submission be sufficient if we identify the 2 service areas we wish to serve?</p> <p><b><u>RESPONSE:</u></b></p> <p>One submission identifying all service areas being serviced.</p>
<p>3.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question: We have been operating in SPA 4, but accepting many overflow referrals in SPA 6. We would like to apply in BOTH Service areas: do we have to have a physical site, Medi-Cal certified already in SPA 6, or can we simply state that if selected, we guarantee to have that physical site in SPA 6, fully-certified, by the time the contract</p>

	<p>begins?</p> <p><b><u>RESPONSE:</u></b></p> <p>Yes, you can apply for both Service areas; however, all prospective contracted sites must be Medi-Cal certified and Operational prior to commencement of contract and prior to issuance of a Start Work Notice.</p>
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**PART A – OVERVIEW (MINIMUM QUALIFICATIONS, PART A, SECTION 7.0)**

<p>4.</p>	<p><b>PART A, Section # 3.0, Paragraph # 3.4.2, Page # 5</b></p> <p><b>Language that prompted the question:</b> A child/youth who has been adjudicated as either a dependent or ward and who is currently placed in a Rate Classification Level 10 or above and is within 60 days of returning to the Community.</p> <p>a) Can contractor provide services within the 60 day period even when the participant will be moving to another SPA area?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes, the preference would be to assign the Wrap referral to the Community the youth would be returning to.</p>

<p>5.</p>	<p><b>PART A, Section # , Paragraph # 3.5, Page # 5</b></p> <p><b>Language that prompted the question:</b> The County is seeking Wraparound contractors to serve approximately 3,000 children/youth with maximum of 10 children/youth per Wraparound team, up to 300 teams.</p> <p>a) Is there any limit to the # of teams or contracts an applicant can propose to serve?</p> <p>b) How many teams comprise one contract?</p> <p>c) Do applicants submit one (1) RFSQ response regardless of how many SPAs or contracts it proposes?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) No</p> <p>b) Minimum of three (3) teams</p> <p>c) Yes, one (1) SOQ can be submitted per prospective contractor</p>

<b>6.</b>	<p><b>PART A, Section # 2.5.1.14, Paragraph # 1, Page # 36</b></p> <p><b>Language that prompted the question:</b> Prospective Contractor must include its Trauma Based Training plan and Curriculum.</p> <p>a) Does the County have a recommendation for Trauma Based Training?</p> <p>b) Will seeking safety (Evidenced Based Practice) work as a trauma based training model?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) No</p> <p>b) Yes, Seeking Safety is an acceptable model for Trauma Based Training</p>

<b>7.</b>	<p><b>PART A, Section # 3.0, Paragraph # 3.5.1, Page # 5</b></p> <p><b>Language that prompted the question:</b> Wraparound teams will serve DCFS offices located in identified Service Planning Areas (SPA).</p> <p>a) There is a table with the estimated number of contracts and current number receiving Wraparound Services by SPA. Is there any guidance as to how many of the total number receiving services that a prospective contractor can propose to serve as reflected in its plan and budget?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to chart in Section 3.5.1 to see the number of clients served as of June 30, 2013. The current goal is to increase the service provided by 20%.</p>

<b>8.</b>	<p><b>PART A, Section # 7, Paragraph # 7.1.3, Page # 11</b></p> <p><b>Language that prompted the question:</b> (Also Page 106, Part E, 2.1.3): “Prospective Contractor must have the ability to draw down Medi-Cal funds for the purposes of providing Wraparound services via its legal entity or Mental Health Services Act Master Agreement contracts with DMH;”</p> <p>a) Does this mean only existing LA County DMH contracted providers can apply?</p> <p>b) Is an agency that does not currently hold a contract with LA County DMH eligible to apply?</p>
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**RESPONSE:**

- a) Only existing Los Angeles County Department of Mental Health contracted providers can apply for this RFSQ.
- b) Prospective Contractors who do not have a current contract with the Los Angeles County Department of Mental Health are not eligible to apply.

**PART A, Section # 10, Paragraph # 10.0, Page # 12**

**Language that prompted the question:** Per the State of California issued CDSS All County Letter (ACL) No. 13-62 regarding the adjustment to the schedules of rates for Fiscal Year 2013-2014, the Wraparound rates are noted as such: **Wraparound** - Effective July 1, 2013, the 2.65 percent CNI increase applies to the Wraparound rates and is reflected in Table H below:

Table H

RCL	Non-Federal Child	Federally Eligible Child
10/11	\$7,677	\$3,838
13	\$9,104	\$4,553

9.

**RESPONSE:**

The rates for Los Angeles County were established in accordance with its participation in the Title IV-E waiver.

**PART A, Section # 10.0, Paragraph # 10.0, Page # 12**

**Language that prompted the question:** Whether the rate schedules increase for FY 2014-2015 or not:

- a) Why is LA County only providing a case rate of \$1680 per month per child (for Medi-Cal eligible youth) and only \$4181/month (for non Medi-Cal eligible youth)?
- b) Where does the difference of \$7,424 (for Non-Fed Children) and \$2,873 (for Fed Eligible Children) of the RCL 13 rate tied to the delivery of Wraparound enrolled children go if the provider is only paid \$1,680/month for the Medi-Cal eligible youth?

10.

**RESPONSE:**

- a) The rates for Los Angeles County were established in accordance with its participation in the Title IV-E waiver.

11.	<p><b>PART A, Section # 10, Paragraph # 10.1, Page # 12</b></p> <p><b>Language that prompted the question:</b> The Wraparound Payment Rate is \$1,680 for youth eligible to receive services billed to the Medi-Cal Program component of Medicaid (as stated in this RFSQ, Part G, Sample Master Contract, Part I, Section 3.0, Contract Sum). This rate will not be adjusted for inpatient hospitalization or for a juvenile delinquency commitment. However, Wraparound services may be suspended by the Interagency Screening Committee (ISC) if the inpatient hospitalization or juvenile commitment lasts for a period of thirty (30) days or more.</p> <ul style="list-style-type: none"><li>a) What is the basis for the County’s conclusion that 60% of the total monthly cost of Wraparound can be billed to EPSDT?</li><li>b) Will the County provide Wraparound agencies with something in writing which clearly shows how 60% of Wraparound activities can be billed to EPSDT, and then be willing to back up this information?</li></ul>
	<p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"><li>a) The County would like to contract for Wraparound services in such a way that those Wraparound services are 60% billable to EPSDT to improve the quality and continuity of the mental health services provided to Wraparound enrolled children and youth.</li><li>b) ICC training was provided on 8/15/13, 8/29/13 and 10/17/13. IHBS training was provided on 9/19/13 and 10/10/13. The County will continue to provide technical assistance and guidance on ESPDT claimable activities.</li></ul>

12.	<p><b>PART A, Section # 10.0, Paragraph # 10.1 and 10.2, Page 12</b></p> <p><b>Language that prompted the question:</b> The Wraparound Payment Rate is \$1,680 for youth eligible to receive services billed to the Medi-Cal Program component of Medicaid (as stated in the RFSQ, Part G, Sampler Master Contract, Part I, Section 3.0, Contract Sum). AND</p> <p>The Wraparound Payment for youth not eligible to receive Medi-Cal Services is \$4,184 (as stated in this RFSQ, Part G, Sample Master Contract, Part I, Section 3.0, Contract Sum).</p> <ul style="list-style-type: none"><li>a) If a youth with a Medi-Cal case rate, losses their Medi-Cal eligibility, is their case rate changed to the higher rate effective the first day of no coverage?</li></ul>
	<p><b><u>RESPONSE:</u></b></p>

a) No, if a youth with a Medi-Cal case rate loses their Medi-Cal eligibility, their case rate will not change to the higher rate effective the first day of no coverage; however, Retro-active Medi-Cal can be approved for up to 3 months.

**13.**

**PART A, Section # 3.0, Paragraph # 3.4.3, Page # 5**

**Language that prompted the question:** "...three (3) or more placements moves or psychiatric hospitalizations..."

a) Does this include three (3) or more regular foster placements?

**RESPONSE:**

a) Yes, provided the reason for replacement was due to a behavioral health need.

**14.**

**PART A, Section # Required Services, Paragraph # 3.5, Page # 5**

**Language that prompted the question:** The County is seeking Wraparound contractors to serve approximately 3,000 children/youth with maximum of 10 children/youth per Wraparound team, up to 300 teams.

a) For RFSQ pricing purposes, what percentage of children/youth are anticipated in not being eligible for DMH Medi-Cal allocation?

**RESPONSE:**

0.083% with an estimate of approximately 200-250 youth per year are not Medi-Cal Eligible.

**15.**

**PART A, Section # 3.0, Paragraph # 3.5, Page # 5**

**Language that prompted the question:** "The County is seeking Wraparound contractors to serve approximately 3,000 children/youth..."

a) Is there a maximum capacity the County has set for enrollment countywide at any given time?

**RESPONSE:**

a) Yes, 3,000

<b>16.</b>	<p><b>PART A, Section # 3.0, Paragraph # 3.5.1, Page # 5-6</b></p> <p><b>Language that prompted the question:</b> Wraparound teams will serve DCFS offices located in identified Service Planning Areas (SPA):</p> <ul style="list-style-type: none"> <li>a) How did the County derive the number of proposed contracts per SPA?</li> <li>b) Is there any intent to reduce or limit the number of separate, contract providers countywide and/or per SPA?</li> </ul>
	<p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"> <li>a) The County estimated need based on an analysis of potential Katie A. subclass members by SPA and historical data regarding number of youth served.</li> <li>b) The intent is to contract for as needed Wraparound Approach Services. Please refer to RFSQ, Part A Overview, Section 3.0 Required Services, Paragraph 3.5.2.</li> </ul>

<b>17.</b>	<p><b>PART A, Section # 7.0, Paragraph # 7.1.2, Page # 10</b></p> <p><b>Language that prompted the question:</b> Prospective Contractor must submit a copy of its organizations Medi-Cal Certification letter issued by the State of California, Department of Health Care Services.</p> <ul style="list-style-type: none"> <li>a) For new applicants in the process of application for a contract, what documentation is acceptable to prove intent and application for Medi-Cal certification?</li> </ul>
	<p><b><u>RESPONSE:</u></b></p> <p>Please refer to RFSQ, Part A Overview, Section 7.0 Minimum Qualifications, Paragraph 7.1.2.</p>

<b>18.</b>	<p><b>PART A, Section # 7.0, Paragraph # 7.1.3.1, Page # 11</b></p> <p><b>Language that prompted the question:</b> Prospective Contractor must submit a copy of their current contract with Los Angeles County DMH including the list of services its organization is contracted to provide, and the pages showing the contract effective and end dates, and the pages that show the Prospective Contractor is able to bill Medi-Cal.</p> <ul style="list-style-type: none"> <li>a) For new applicants in the process of application for a contract, what documentation is acceptable to fulfill this assumption of a current contract?</li> </ul>

	<p><b><u>RESPONSE:</u></b></p> <p>To be determined in a subsequent addendum to be release on or about November 8, 2013.</p>
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<p>19.</p>	<p><b>PART A, Section # 10.0, Paragraph # 10.1, Page # 12</b></p> <p><b>Language that prompted the question:</b> "This rate will not be adjusted for inpatient hospitalization or for a juvenile delinquency commitment."</p> <p>a) Will the rate be adjusted for other out-of-home care such as foster care and group home placement?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) No</p>

<p>20.</p>	<p><b>PART A, Section # 1.1.27, Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> "A Parent Partner must have been the parent or primary caregiver (Primary caregiver is defined as a parent (not foster parent) who has 24/7 legal responsibility for the child/youth) of a child/youth who received services as the same intensity level of wraparound. At the time of hire, Parent Partners must not have an open probation case or have had an open DCFS case for at least one year. A Parent Partner can have a child who receives or received services from the State Regional Center of DMH."</p> <p>a) Requesting guidance on labor law for interviewing and documenting verification of Parent Partners' case status and history as well as any ongoing documentation and verification requirements throughout employment status.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four</p>

<p>21.</p>	<p><b>PART A, Section # 2.5, Paragraph # 1, Page # 126</b></p> <p><b>Language that prompted the question:</b> COUNTY will issue a written start work notice to CONTRACTOR indicating when services under this Contract can begin. CONTRACTOR shall not begin any services under this Contract without such written start work notice from the COUNTY. COUNTY has the</p>
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	<p>right to issue a written stop work order whenever the COUNTY deems that it is in its best interest to do so, and CONTRACTOR shall stop work immediately upon receipt of such written stop work notice.</p> <p>a) At the August 1<sup>st</sup> DCFS Wraparound contract meeting, DCFS stated that the immediate stop work notice language is boilerplate language in DCFS contracts; however, other DCFS contracts, such as the FFA and Group Home contracts, do not contain this language. Can you please provide the specific section numbers from other DCFS contracts that contain this language?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>To be determined in a subsequent addendum to be release on or about November 8, 2013.</p>

<p>22.</p>	<p><b>PART A, Section # 3.2, Paragraph # 1, Page # 127</b></p> <p><b>Language that prompted the question:</b> <u>Medi-Cal Eligible Children/Youth Case Rate:</u> The monthly Wraparound case rate paid by COUNTY to CONTRACTOR is \$1,5131,680 for Wraparound enrolled child/youth eligible to receive Medi-Cal allocation from DMH per month per child/youth enrolled in Wraparound Services, in accordance with Exhibit A, Statement of Work.</p> <p>a) What is the basis for the County’s conclusion that 60% of the total monthly cost of Wraparound can be billed to EPSDT?</p> <p>b) Will the County provide Wraparound agencies with something in writing which clearly shows how 60% of Wraparound activities can be billed to EPSDT, and then be willing to back up this information?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The County would like to contract for Wraparound services in such a way that those Wraparound services are 60% billable to EPSDT to improve the quality and continuity of the mental health services provided to Wraparound enrolled children and youth.</p> <p>b) ICC training was provided on 8/15/13, 8/29/13 and 10/17/13. IHBS training was provided on 9/19/13 and 10/10/13. The County will continue to provide technical assistance and guidance on ESPDT claimable activities.</p>

<p>23.</p>	<p><b>PART A, Section # 5.3.1.2, Paragraph # 1, Page # 137</b></p> <p><b>Language that prompted the question:</b> If not resolved voluntarily, COUNTY</p>
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may institute involuntary collection remedies pursuant to MPP 45-305.3 and Overpayment recoupment actions required by MPP 45-304.3. CONTRACTOR may request an informal hearing and/or State fair hearing, or both, as provided pursuant to MPP 45-306.1 through .3, inclusive. CONTRACTOR will have thirty (30) Days from the date COUNTY mails the State Form Notice of Action 1261 to request the informal hearing.

- a) At the August 1<sup>st</sup> DCFS Wraparound contract meeting, DCFS stated that the general notices provisions in the contract state that all notices will be sent to the contractor via first class mail and email. This is not accurate, as Section 7.2 of PART I of the Sample Master Contract states that only “notifications from COUNTY enclosing an amendment or new or revised policy, procedure, protocol, or exhibit to this Contract shall be sent by first class and electronic mail.” Section 7.1 of PART I of the Sample Master Contract states that all other notices will be sent by first class mail only. Can DCFS add language clarifying that the State Form Notice of Action 1261 will be sent to the contractor via first class mail and email, as previously agreed upon during ACHSA discussions with DCFS related to the FFA and Group Home contract amendments?

**RESPONSE:**

- a) See Addendum Four, RFSQ, Part G Sample Master Contract, Part I Unique Terms and Conditions, Section 7.0 Notices, Sub-section 7.1.

24.

**PART A, Section # 5.3.1.5, Paragraph # 1, Page # 138**

**Language that prompted the question:** In matters involving Overpayments, governed by MPP 45-304 through 45-306 and 11-404 inclusive, and if the amount is determined collectible, CONTRACTOR will have thirty (30) Days from the date of COUNTY'S mailing of a State Form Notice of Action 1261, to request an informal hearing. The informal hearing process, if elected by CONTRACTOR, will be compliant with hearing procedures set forth in MPP 45-306.1 through 3. CONTRACTOR may, at its election, forgo an informal hearing and request a State Fair Hearing within ninety (90) Days from the date of COUNTY'S mailing of State Form Notice of Action 1261. If CONTRACTOR has requested an informal hearing and desires a State Fair Hearing, CONTRACTOR must request the State Fair Hearing within ninety (90) Days of the date that CONTRACTOR did not appear at the informal hearing, the date of the informal decision by COUNTY, or the date of withdrawal of request for informal hearing, whichever is earlier. Failure to meet the respective time periods to request a hearing, either informal or formal, shall foreclose requests for due process set forth in MPP 45-306.1 through .3, and will result in the collection by COUNTY pursuant to MPP 45-304 through 45-305 and 11-402.66, inclusive, including the implementation of additional contractual actions set forth in this Contract.

	<p>a) At the August 1<sup>st</sup> DCFS Wraparound contract meeting, DCFS stated that the general notices provisions in the contract state that all notices will be sent to the contractor via first class mail and email. This is not accurate, as Section 7.2 of PART I of the Sample Master Contract states that only “notifications from COUNTY enclosing an amendment or new or revised policy, procedure, protocol, or exhibit to this Contract shall be sent by first class and electronic mail.” Section 7.1 of PART I of the Sample Master Contract states that all other notices will be sent by first class mail only. Can DCFS add language clarifying that the State Form Notice of Action 1261 will be sent to the contractor via first class mail and email, as previously agreed upon during ACHSA discussions with DCFS related to the FFA and Group Home contract amendments?</p> <p>b) As previously agreed upon during ACHSA discussions with DCFS related to the FFA and Group Home contract amendment, can DCFS revise the last sentence, as follows: “Contractor must comply with the required time periods to request a formal or informal hearing. Contractor’s failure to timely request a formal or informal hearing as set forth in MPP 45-306.1 through 45-306.3 will result in the collection by COUNTY pursuant to MPP 45-304 through 45-305 and 11-402.66.”?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) See Addendum Four, RFSQ, Part G Sample Master Contract, Part I Unique Terms and Conditions, Section 7.0 Notices, Sub-section 7.1.</p> <p>b) See Addendum Four, RFSQ, Part G Sample Master Contract, Part I Unique Terms and Conditions, Section 5.0 Invoices and Payments, Sub-paragraph 5.3.1.5.</p> <p>This is already there.</p>

**PART B – RFSQ GENERAL INFORMATION**

NONE

**PART C – INSTRUCTIONS TO PROSPECTIVE CONTRACTOR**

<p>25.</p>	<p><b>PART C, Section # , Paragraph # 2.2.2, Page # 31</b></p> <p><b>Language that prompted the question:</b> Each section must be specifically labeled with tab inserts and in the order indicated in subsection 2.5 below.</p>
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	<p>a) Section 2.5 breaks the proposal into four sections A-D. Are there then 4 tabs in the 3-ring binder?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes, include one (1) tab for each section</p>

<p>26.</p>	<p><b>PART C, Section # , Paragraph # 2.5.1.8, Page # 34</b></p> <p><b>Language that prompted the question:</b> Service Delivery Sites.</p> <p>a) Must a contractor CURRENTLY have a site in a SAP to apply to work in that SPA, or is it OK to propose site TBA as long as it shall “be fully operational at the commencement of the Contract” as per page 197?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes, sites must be Operational prior to commencement of contract and prior to issuance of a Start Work Notice</p>

<p>27.</p>	<p><b>PART C, Section # , Paragraph # 2.5.1.12.3, Page # 35-36</b></p> <p><b>Language that prompted the question:</b> 2.5.1.12: Prospective Contractor’s Qualifications of the SOQ shall include information and documentation to verify compliance with the Minimum Qualifications set forth in Part A, Overview, Section 7.0, Minimum Qualifications, of the RFSQ (inserts). AND 2.5.1.12.3 Prospective Contractor must provide its detailed plan demonstration how it is positioned to effectively provide and arrange services in the SPA it plans to serve.</p> <p>a) I became very confused trying to match these two sets of instructions to pages 62 and 65 in Part D. Page 62 says to insert narrative referring to part 2.5.1.12, but per the above, the language is very vague, and it seems like that information is well covered in other places. Then page 65 refers to 2.5.1.12.3. and sounds like a description of community linkages with flow charts and MOUs. Can you please clarify which parts of the narrative go where with more specific outlines/breakdowns of information required in each of these two sections? And are there any page limits for these two sections?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to RFSQ Part C, Section 2.0, Sub-section 2.2 SOQ Submission and RFSQ Part D, Form 4</p>

	<p>b) Please refer to Addendum Four for the revision to 2.5.1.13 Prospective Contractors must submit copy of their Medi-Cal Certification letter issues by the State of California Department of Healthcare Services along with a list of current contracts with the Los Angeles County Department of Mental Health Services identifying the services provided with contract start and end dates.</p> <p>c) Please refer to RFSQ Part C, Section 2.0, Sub-section 2.2 SOQ Submission and RFSQ Part D, Form 4.</p> <p>d) There are no page limits.</p>
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<p>28.</p>	<p><b>PART C, Section # , Paragraph # 2.5.1.13, Page # 36</b></p> <p><b>Language that prompted the question:</b> Prospective Contractor must submit a copy of the letter from the Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, California 90022 (213) 738-2906, certifying the mental health treatment component of the program (insert).</p> <p>a) Who do we contact to provide this letter? Since everyone needs one, is a process to request one in place?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Qualified prospective Contractors must submit a copy of their organization's Consolidated Medi-Cal Re-Certification Approval Letter(s) issued by the County of Los Angeles Department of Mental Health, Program Support Bureau/Program Review. All qualified prospective Contractors should already have this letter in their organization's records. If the qualified prospective Contractor cannot locate this document in their records, they can contact Norma Cano only, via electronic mail at: <a href="mailto:NCano@dmh.lacounty.gov">NCano@dmh.lacounty.gov</a> Please refer to RFSQ, Part A Overview, Section 7.0 Minimum Qualifications, Paragraph 7.2.1.</p>

<p>29.</p>	<p><b>PART C, Section # RFSQ, 2.0, Paragraph # 2.2.2, Page # 32</b></p> <p><b>Language that prompted the question:</b> The SOQ and copies must be in a three-ring binder. The SOQ and copies' cover binders must state the title of the RFSQ Contract Request number and the name of your organization.</p> <p>a) Did the RFSQ intend for the SOQ and each copy to be placed in separate binders as stated in the second bullet but not the first?</p>
	<p><b><u>RESPONSE:</u></b></p>

a) Prospective Contractor shall submit a total of five (5) separate binders (One (1) original SOQ and four (4) copies).

**PART C, Section # 2.0, Paragraph # 2.5.1.8, Page # 34**

**Language that prompted the question:** “Prospective Contractor shall submit Form 2, Service Delivery Sites, listing Prospective Contractor’s office locations. This form shall indicate the legal corporation name for the agency’s administrative office and list each office location that the Prospective Contractor will be using for this SOQ. Prospective Contractor is expected to maintain an office within each Service Planning Areas (SPA)) that it is proposing to serve.”

30.

a) Would it be sufficient that a new applicant agency indicate that they will secure a site in each corresponding SPA based on execution of contract?

**RESPONSE:**

a) Yes; however, sites must be Operational prior to commencement of contract and prior to issuance of a Start Work Notice.

**PART C, Section # RFSQ 2.5.1, Paragraph # 2.5.12.3, Page # 35**

**Language that prompted the question:** Detail proposer’s quality assurance plan with reporting out and continuous process improvement implementation plans (insert).

31.

a) There is no guidance for page limitations, or font size. This appears to be the only instructions for a program narrative. Are there page limitations for this section or for the narrative described in Paragraph 2.5.12.3 page 35?

**RESPONSE:**

a) Please refer to RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire.

**PART C, Section # RFSQ, 2.5, Paragraph # 2.5.1.23, Page # 37**

32.

**Language that prompted the question:** The listing must include all contracts (active/completed) for the last five years, showing year, type of services,

	<p>dollar amount of services provided, location and contracting agency.</p> <p><b><u>RESPONSE:</u></b></p> <p>Please refer to RFSQ, Part D Statement of Qualifications Submission Packet, Form 12 – Prospective Contractor List of Contracts.</p>
<p>33.</p>	<p><b>PART C, Section # RFSQ 2.5, Paragraph # 2.5.1.25, Page # 38</b></p> <p><b>Language that prompted the question:</b> Audited Financial Statements and Single Audit Reports. Prospective Contractor shall provide copies of its most recent and complete audited financial statements and Single Audit reports available for the last three (3) years of fiscal periods with the latest not more than 18 months old at time of submission.</p> <p>a) What is the Single Audit Reports?</p> <p><b><u>RESPONSE:</u></b></p> <p>a) According to Public Law 104-156, July 5, 1996, Single Audit Act Amendments of 1996, Definitions, Single Audit means: An Audit, as described under Section 7502(d), of a non-Federal entity that includes the entity's financial statements and Federal awards.</p>
<p>34.</p>	<p><b>PART C, Section # RFSQ 2.2, Paragraph # 2.2.2, Page # 31</b></p> <p><b>Language that prompted the question:</b> One original SOQ and five copies must be typewritten or Word-processed on "8 ½X11" white bond paper.</p> <p>a) Is there a font type and font size requirement?</p> <p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor's Knowledge and Skills Questionnaire.</p>
<p>35.</p>	<p><b>PART C, Section # RFSQ 2.5, Paragraph # 2.5.1.11, Page # 35</b></p> <p><b>Language that prompted the question:</b> Prospective Contractor shall submit an organizational chart with names of employees that is inclusive of executives, Prospective Contractor's Program Manager, and staff anticipated to work on this contract Prospective Contractor shall include</p>

	<p>copies of job descriptions and resumes for each staff position anticipated to work under the Contract. In addition, Prospective Contractor shall attach copies of all supporting documents (e.g., Licenses, Degrees, and Diplomas, etc.).</p> <p>a) Where should we include the job descriptions, resumes, and supporting documents (licenses, degrees, and diplomas) for each staff?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Prospective Contractor include the job descriptions, resumes, and supporting documents (licenses, degrees, and diplomas) for each staff and shall include all required forms, documents and attachments/exhibits with its sealed SOQ in the sequence (specified order) required in section 2.5 of the Instructions to Prospective Contractors</p>

<p>36.</p>	<p><b>PART C, Section # , Paragraph # 4.2, Page # 200-209</b></p> <p><b>Language that prompted the question:</b> SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS.</p> <p>a) Multiple, new items have been added to this section of the Statement of Work that seem to have less to do with the intended outcomes related to Safety, Permanence and Well-being for children, youth and families who are enrolled in Wraparound, and more with the process of the provider's compliance with specific procedural elements (such as the timely submission of SIRs). Can the County revisit this section and remove items from these lists that are more about program compliance than true outcomes for the enrolled youth?</p> <p>b) Will the County revise the target outcomes in this section so that they are more like those that have been the target outcomes in place for the last seven years (or more)?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four b) Please refer to Addendum Four</p>

<p>37.</p>	<p><b>PART C, Section # Instructions to Prospective Contractors, Paragraph # 2.5.2.1.1, Page # 39</b></p> <p><b>Language that prompted the question:</b> Prospective Contractor must provide</p>
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	<p>a detailed budget in accordance with the rate established in this RFSQ. The budget shall be segregated into direct and indirect costs and profit for the Prospective Contractor.</p> <p>a) Section 4 of Budget Exhibit B-1 requires other Revenue/Expenditures, such as EPSDT. At what case rate should the LA DMH EPSDT revenue be included? Per the EPSDT allocation of \$2,520 presented at the 09/13/2013 Wraparound Approach Services meeting, or another case rate allocation.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Each tentatively selected Prospective Contractor, DMH Contract, will have a specified maximum total allocation (maximum contract sum) with an average monthly cost of \$2,520 per Wraparound enrolled child youth</p>

<p>38.</p>	<p><b>PART C, Section # Required Services, Paragraph # 2.5.1.1, Page # 32</b></p> <p><b>Language that prompted the question:</b> Under Bullet Point #4: The transmittal letter must bear the signatures of the two (2) individuals authorized to sign on behalf of the Prospective Contractor (name, title, and signature) and bind the applicant in a Contract. Both persons signing this form shall be recognized as the Prospective Contractor’s contact for any communication between the County and the Prospective Contractor.</p> <p>a) Are there any other documents/forms requiring two signatures in addition to the Transmittal Letter. Some forms have places for two or more signatures – is that optional or required? I.E. Form #15, Exhibit C, Last Page of SOQ.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to part D – Statement of Qualifications submission packet pages 44-87 which indicates necessary signatures. If the forms have places two or more signatures than those signatures are required.</p>

<p>39.</p>	<p><b>PART C, Section # 2.0, 2.2.2, Paragraph # 11, Page # 31</b></p> <p><b>Language that prompted the question:</b> “Each section must be specifically labeled with tab inserts and in the order indicated in subsection 2.5 below.”</p> <p>a) In addition to section tabs, can we use smaller tabs or dividers to separate forms within each of the sections?</p>
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	<p><b><u>RESPONSE:</u></b></p> <p>a) Please follow instructions in Part C: Page 31, Section 2.0, Sub-section 2.2.2, Paragraph 11</p>
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<p>40.</p>	<p><b>PART C, Section # 2.0, 2.5.1.5, Paragraph # Last, Page # 33</b></p> <p><b>Language that prompted the question:</b> “Certified copies of Prospective Contractor’s two most recent Statement of Information forms, one of which was renewed within the last two years, the second of which must have been renewed within the last four years.”</p> <p>a) Our most recent Statement of Information was renewed in 2011 and we are due to renew in December 2013 so we may not be able to get a certified copy of the most recently renewed form by the time we submit the RFSQ. Should we submit our 2009 and 2011 certified copies only or should we also submit a copy of the 2013 renewal form with a copy of our letter requesting a certified copy?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Along with an electronic copy of the confirmation of receipt from The California Secretary of State for the 2013 renewal with the actual Certified Copy due from qualified prospective contractors tentatively recommended for award prior to final Contract execution and issuance of a Start Work Notice.</p>

<p>41.</p>	<p><b>PART C, Section # 2.0, 2.5.1.12.3, Paragraph # Last, Page # 35</b></p> <p><b>Language that prompted the question:</b> “This should include flow charts, with decision points, and copies of collaboration agreements detailing all aspects of Wraparound, including plans that address language barriers, staff diversity, employee recruitment and retention plans, coaching and training modalities, and parent partner run support groups.”</p> <p>What is meant by “all aspects of Wraparound”....</p> <p>a) Is it all aspects of managing the Wraparound program? b) Is it all aspects of providing the services?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes b) Yes</p>

<p>42.</p>	<p><b>PART C, Section # 2.5.1.12.3, Paragraph # 1, Page # 35</b></p> <p><b>Language that prompted the question:</b> “Prospective Contractor must provide its detailed plan demonstrating how it is positioned to effectively arrange services in the SPA it plans to serve. Prospective Contractor must demonstrate its relationships with community agencies and provide supporting documentation of its Wraparound Approach Services plan. This should include flow charts with decision points, and copies of collaboration agreements detailing all aspects of Wraparound, including plans that address language barriers, staff diversity, employee recruitment and retention plans, coaching and training modalities and parent partner run support group. Documentation should detail the Proposer’s utilization of the Shared Core Practice Model and the Five Protective Factors and detail proposer’s quality assurance plan with reporting out and continuous process improvement implementation plans.”</p> <p>a) Please clarify what is required in this section. The current language is extremely unclear. For example, the RFSQ requests that flow charts be included with decision points, but does not clarify what is to be demonstrated through the flow charts. The County should be specific as to what they want delineated in flow chart form. In addition, this section is asking for information detailing how we are effectively positioned in our SPA to provide services and our relationship with other agencies, but then jumps to addressing Human Resource and staffing issues and then to quality assurance issues.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The entire DMH, DCFS and Probation Wraparound Approach Services program provided by Prospective Contractors.</p>

**PART D – STATEMENT OF QUALIFICATIONS SUBMISSION PACKET**

<p>43.</p>	<p><b>PART D, Section # Form 2/Exhibit F-3, Paragraph # N/A, Page # 57</b></p> <p><b>Language that prompted the question:</b> Wraparound Approach Services, Service Delivery Sites: “Short-Doyle Medi-cal certified Facilities as included in this contract.”</p> <p>a) What documentation is needed to show evidence of application to become Short-Doyle Medi-cal certified for new applicants?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to RFSQ, Part A Overview, Section 7.0 Minimum</p>

Qualifications, Paragraph 7.1.2.

44.

**PART D, Section # Form 4, Paragraph # 10b, Page # 69**

**Language that prompted the question:** “This should include flow charts with decision points and copies of collaboration agreements.”

- a) As per the previous question regarding Section 2.5.1.12.3, please clarify the information being requested in flow chart form.

**RESPONSE:**

- a) The entire DMH, DCFS, and Probation Wraparound Approach Services program provided by prospective contractors.

45.

**PART D, Section # Exhibit A-18 and (Form 4, Paragraph # 18), Page # 67-70**

**Language that prompted the question:** Trauma Based Training Plan and Curriculum A-18. Describe in detail, your organization trauma based training plan, and include your trauma-based training curriculum that will ensure all your Wraparound staff fully incorporate and provide a trauma based approach to Wraparound services delivery. (Minimum 7-8 pages).

- a) It seems that the RSFQ requests the Trauma informed training plan two times in two separate places: once on Exhibit A-18, page 67, and again as part of Form 4, #18, on page 70 where an additional 7-8 pages are requested. Is it really necessary to include in BOTH places?

**RESPONSE:**

- a) No, the Trauma Based Training and Curriculum submitted with the SOQ will become Exhibit A-18 of the Statement of Work for the tentatively selected contractors.

46.

**PART D, Section # Form 4, Paragraph # “Note”, Page # 70**

**Language that prompted the question:** Note: insert a copy of your proposed quality assurance plan behind your answers in response to this Form 4.

- a) What are the requirements (what should be included) for this QA plan? (i.e., should it be built around Performance Targets that start on page 201)?

	<p>b) If there are none, can current providers include their current QA plan?  c) Is this QA plan different or form or connected to the 6.2.4 Evaluation Plan on page 216?  d) Does it count towards the 35 page limit?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Form 4, Question 16, - How will your agency develop policies and procedures, update policies and procedures and ensure that staff is aware/understands your agency's policies and procedures and that they are consistent with SOW?  b) Prospective Contractor should submit their Quality Assurance Plan for the new contract.  c) This is a decision to be made by each Prospective Contractor on how to prepare their submission.  d) See Addendum Four, RFSQ Part D Statement of Qualifications Submission Packet, Form 4 - Prospective Contractor's Knowledge and Skills Questionnaire.</p>

<p>47.</p>	<p><b>PART D, Section # Form 12, Paragraph # N/A, Page # 79</b></p> <p><b>Language that prompted the question:</b> Prospective Contractors List of References: This form request proposer to: "List five (5) references where the same or similar scope of services were provided in order to meet the Minimum Qualifications stated in this solicitation."</p> <p>a) If the proposer has only contracted to provide a similar scope of services with LA County, then it seems a conflict of interest to attempt to secure a reference from a County employee or department. If the agency holds contracts for the same or similar scope of services with governmental entities in other counties or states; would these be considered acceptable references?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) References from five governmental entities in other counties or states with the same or similar scope of services are acceptable, including the County of Los Angeles.</p>

<p>48.</p>	<p><b>PART D, Section # Form 4, Paragraph # 10b, Page # 69</b></p> <p><b>Language that prompted the question:</b> "Reference the location in the proposal of your detailed operational flow chart, and the outlines of the applicable operational policy guidance."</p>
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	<p>a) Please be more specific as to what you are asking for in the “detailed operational flow chart” and clarify what you want in regards to “outlines of the applicable operations policy guidance.”</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four.</p>

<p>49.</p>	<p><b>PART D, Section # , Paragraph # , Page # 65</b></p> <p><b>Language that prompted the question:</b> “This should include flow charts with decision points and copies of collaboration agreements.”</p> <p>a) As per the previous question regarding Section 2.5.1.12.3, please clarify the information being requested in flow chart form.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The flow chart of your organization’s Wraparound Approach Services program.</p>

**PART E – SELECTION PROCESS AND EVALUATION CRITERIA**

<p>50.</p>	<p><b>PART E, Section # 4.0, Paragraph # 4.2, Page # 109</b></p> <p><b>Language that prompted the question:</b> PART THREE: SOQ EVALUATION. One or more Prospective Contracts who have been determined responsive and responsible and who receive the highest scores will be recommended for contract award, depending on the needs of the County.</p> <p>a) Can the county provide any sense of how many contractors it believes it will select to operate the 300 teams?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The intent is to contract for as needed Wraparound Approach Services contractors.</p>

<p>51.</p>	<p><b>PART E, Section # 4.0, Paragraph # 4.2, Page # 109</b></p> <p><b>Language that prompted the question:</b> “One or more Prospective Contractors who have been determined responsive and responsible and who receive the highest scores will be recommended for contract award,</p>
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	<p>depending on the needs of the County.”</p> <p>a) Please clarify if the County is treating this Request as a Request for Service Qualifications or a Request for Proposal. It states it is an RFSQ, but the statement that those contractors who receive the highest scores will be recommended for contract indicates that it is more in line with an RFP.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Wraparound Approach Services CMS 12-055 is a scored Request for Statement of Qualifications (RFSQ). In compliance with County of Los Angeles Board Policy #5.054 Evaluation Methodology for Proposals. This applies to competitive solicitations (e.g., RFPs and RFSQs) where proposals are evaluated and scored by a panel based on several factors, such as qualifications, experience, work plan, and price. As approved by California Department of Social Services Contracts Bureau.</p>

<p>52.</p>	<p><b>PART E, Section # 4.0, Paragraph # 4.2.5.1, Page # 110</b></p> <p><b>Language that prompted the question:</b> “SOQ will be scored based on the information provided in response to Form 4, Prospective Contractor’s Knowledge and Skill – Questionnaire, found in Part D, SOQ Submission Packet, Section A; and Prospective Contractor’s Qualifications, which is designed to determine the prospective contractor’s knowledge of the regulations, processes, and policies necessary to provide the services specified herein.”</p> <p>a) How will the County discern that the content of a proposer’s response for Form 4 represents a genuine knowledge and experience to provide Wraparound versus content that was simply well-written, perhaps by a third party (contracted) grant writer?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to RFSQ, Part A Overview, Section 7.0 Minimum Qualifications and Part E Selection Process and Evaluation Criteria.</p>

**PART F – PROTEST POLICY TRANSMITTAL FORMS**

NONE

**PART G – SAMPLE MASTER CONTRACT**

<b>53.</b>	<p><b>PART G, Section # 5.0, Paragraph # 5.0, Page # 133</b></p> <p><b>Language that prompted the question:</b> INVOICES &amp; PAYMENTS: (This section is subject to change with the new web-based Wraparound system)</p> <p>a) What is the “web based Wraparound system?” When will this be implemented? What are the requirements for use? Will it be compatible with current electronic records systems? Please specify as much as possible.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to SOQ, Part G Sample Contract, Section 5.0 Invoices and Payments and SOQ, Part H Statement of Work, Part A Introduction, Section 3.0 Service Delivery Site(s)/Administrative Tasks, Sub-section 3.8</p>

Number	Question and Response
<b>54.</b>	<p><b>PART G, Section # 3.0, Paragraph # 3.1, Page # 127</b></p> <p><b>Language that prompted the question:</b> The Maximum Annual Contract Sum is \$XXXXXX for each contract period.</p> <p>a) What is the total amount of funds that will be distributed in Service Planning Area 6?</p> <p>b) What is the maximum contract amount (if any) for each contract that will be distributed in Service Planning Area 6?</p> <p>c) What is the minimum contract amount (if any) for each contract that will be distributed in Service Planning Area 6?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) This information is unavailable at this time.</p> <p>b) This information is unavailable at this time.</p> <p>c) The contract amount minimum will be no less than the cost to fund three child and family teams.</p>

<b>55.</b>	<p><b>PART G, Section # 5.0, Paragraph # 5.1.1, Page # 133</b></p> <p><b>Language that prompted the question:</b> Invoices - For each child placed by COUNTY for whom services have been provided, CONTRACTOR shall invoice COUNTY monthly in arrears as of the last day of the month during</p>
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	<p>which services are rendered, using the format provided by COUNTY in Exhibit B-3. The billing shall indicate the services for which reimbursement.</p> <p>a) For invoicing purposes, Exhibit B-3, under what circumstances would the “adjusted Amount” column of the invoice come into play?</p> <p>b) Does this adjustment need to be budgeted for as an adjustment to revenue?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) When a correction needs to be made to the amount approved for payment due to an invoicing error.</p> <p>b) Correct. DCFS payments to the Contractors are considered to be their revenue.</p> <p>c) Any adjustments are made based on error in the invoices submitted and approved by the Wraparound Approach Services manager.</p>

<p>56.</p>	<p><b>PART G, Section # 5.0, Paragraph # 5.2.2, Page # 136</b></p> <p><b>Language that prompted the question:</b> In the event the child’s absence will exceed thirty (30) days, the Child and Family Plan of Care will be reviewed by the Child and Family Team and a recommendation made to the ISC regarding continuing or discontinuing services.</p> <p>a) If the child is suspended for more than 30 days and ISC asks Five Acres to continue to keep the case open.</p> <p>b) Will Five Acres be compensated the case rate?</p> <p>c) If yes, what are the services expectations (frequency of contact and documentations) that are required of Five Acres Wraparound team to ensure we receive full payment?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) There are no Suspensions. Please refer to Addendum Four, RFSQ Part A Overview, Section 10 Payment Structure, Sub-section 10.2.</p> <p>b) Yes</p> <p>c) Same as required in the Plan of Care and Crisis Plan.</p>

<p>57.</p>	<p><b>PART G, Section # 5.0, Paragraph # 5.3.1.3, Page # 138</b></p> <p><b>Language that prompted the question:</b> If the informal hearing is requested, COUNTY will conduct an informal hearing in accordance with the procedures set forth in MPP 45-306.1 through .2, inclusive. CONTRACTOR, if forgoing an informal hearing, must request the State fair hearing within ninety (90) Days from the date COUNTY mailed the State Form Notice of</p>
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	<p>Action 1261.</p> <p>a) At the August 1<sup>st</sup> DCFS Wraparound contract meeting, DCFS stated that the general notices provisions in the contract state that all notices will be sent to the contractor via first class mail and email. This is not accurate, as Section 7.2 of PART I of the Sample Master Contract states that only “notifications from COUNTY enclosing an amendment or new or revised policy, procedure, protocol, or exhibit to this Contract shall be sent by first class and electronic mail.” Section 7.1 of PART I of the Sample Master Contract states that all other notices will be sent by first class mail only. Can DCFS add language clarifying that the State Form Notice of Action 1261 will be sent to the contractor via first class mail and email, as previously agreed upon during ACHSA discussions with DCFS related to the FFA and Group Home contract amendments?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) See Addendum Four, RFSQ, Part G Sample Master Contract, Part I Unique Terms and Conditions, Section 7.0 Notices, Sub-section 7.1.</p>

<p>58.</p>	<p><b>PART G, Section # 6.0, Paragraph # 6.6, Page # 141</b></p> <p><b>Language that prompted the question:</b> “Funds remaining in the agency’s funding pool at the conclusion of a contract period, at the termination of the Agreement by either the COUNTY or the CONTRACTOR, shall be returned to the COUNTY to fund COUNTY child welfare services.”</p> <p>a) Are the funds referred to in this section in the agency’s funding pool the sum total of any revenues secured through the receivables from the DCFS Case Rate that the agency holds in account above and beyond those expended on the program’s budgeted expenses?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four, RFSQ, Part G Sample Master Contract, Section 6.0 Use of Funds.</p>

<p>59.</p>	<p><b>PART G, Section # 6.0, Paragraph # 6.1, Page # 147</b></p> <p><b>Language that prompted the question:</b> “For the safety and welfare of the children to be served under this Contract, CONTRACTOR shall, as permitted by law, ensure that its staff, employees, independent contractors, volunteers or subcontractors who may come in contact with children in the course of their work, undergo and pass a background investigation to the satisfaction of COUNTY as a condition of beginning and continuing to work</p>
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under this contract. Such background investigation must be obtained through fingerprints submitted to the California Department of Justice to include State, local, and federal-level review, which may include, but shall not be limited to criminal conviction information.”

- a) What specific form of documentation is required by the County as evidence that a background investigation has been conducted and will satisfy the County’s agent when reviewed?

**Also ref., Page 191, Wraparound Statement of Work, 2.1.1:**

- b) In the certain prior reviews, agents of the County have only accepted a copy of a letter issued by the CDSS, Community Care Licensing division that was secured by having the prospective staff live-scanned in association with one of the agency’s CCL licensed facilities. However, since the Wraparound personnel do not work in association with the licensed facility, CCL considers this process of securing criminal record clearance in this manner out of compliance with their policy and procedure.
- c) What other forms of documentation of a clear or acceptable criminal record history will the County accept if the above mentioned CCL letter from CDSS cannot be secured?
- d) What forms of documentation of a clear or acceptable criminal record history will the County accept if a provider does not have a CCL licensed facility with which to associate its Wraparound personnel?

**Also ref. Page 417, Exhibit O, Confidentiality of Criminal Record Information (CORI), as the rights apply to agency personnel in addition to clients:**

- e) Agency’s that have secured a license by the State Department of Justice to allow specific individuals within their organization (such as the Human Resources Director) to secured and view the actual criminal record file found in the Department of Justice files, are permitted to retain a copy of that record, but are not permitted to release or show that document to any other individual within or outside the agency, save those permitted under the license issued by the DOJ to that agency. These records cannot be shown, in printed or electronic form, to County agents seeking to verify the criminal record clearance of each staff.
- f) Given this, the questions listed above are reiterated.

**RESPONSE:**

- a) Please refer to RFSQ, Exhibit C
- b) Please refer to RFSQ, Exhibit C
- c) Please refer to RFSQ, Exhibit C

- d) Please refer to RFSQ, Exhibit C
- e) Please refer to RFSQ, Exhibit C
- f) Please refer to RFSQ, Exhibit C

60.

**PART G, Section # 18.0, Paragraph # 8.0, Page # 157**

**Language that prompted the question:** Should CONTRACTOR require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, CONTRACTOR shall give **first consideration** for such employment openings to qualified permanent County employees who are targeted for layoff or qualified former COUNTY employees who are on a reemployment list during the life of the Contract.

- a) What does “first consideration” for hiring a County employee look like? Is it submission of an application for an interview or something else?

**RESPONSE:**

- a) First Consideration for hiring is providing a County Employee the opportunity to submit an application for an interview.

61.

**PART G, Section # 12.0, Paragraph # 12.3, Page # 153**

**Language that prompted the question:** CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by CONTRACTOR, its officers, employees, agents, or subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures, as determined by COUNTY in its sole judgment. Any legal defense pursuant to CONTRACTOR’s indemnification obligations under this section 12.0 shall be conducted by CONTRACTOR and performed by counsel selected by CONTRACTOR and approved by COUNTY. Notwithstanding the preceding sentence, COUNTY shall have the right to participate in any such defense at its sole cost and expense, except that in the event CONTRACTOR fails to provide COUNTY with a full and adequate defense, as determined by COUNTY in its sole judgment, COUNTY shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from CONTRACTOR for all such costs and expenses incurred by COUNTY in doing so. CONTRACTOR shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of COUNTY without COUNTY’s prior

	<p>written approval.</p> <p>a) A determination of whether or not the contractor has failed to comply should not be made by the County in its sole discretion, but rather by an impartial arbiter. Can DCFS modify the first sentence of the proposed language as follows: “CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by CONTRACTOR, its officers, employees, agents, or subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures, <del>as determined by COUNTY in its sole judgment.</del>”?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) This is ISD Boiler Plate Indemnification language approved by Los Angeles County CEO Risk Management.</p>

**PART H – STATEMENT OF WORK**

<p>62.</p>	<p><b>PART H, Section # 1.0, Paragraph # 1.1.7, Page # 186</b></p> <p><b>Language that prompted the question:</b> Clinician (also know as Rendering Provider) shall be defined as CONTRACTOR’s employees who are eligible to complete assessments and do therapy with children/youth enrolled in Wraparound; brings technical knowledge and expertise, serves as bridge between the strength based, needs driven, family-centered wraparound process and the Medi-Cal planning and billing process to the CFT.</p> <p>a) For budget reporting purposes on Exhibit B-2, Section A. Payroll costs. This FTE would be the portion not covered by DMH EPSDT funding. Only for that percentage of caseload of clients who are not eligible for Medi-Cal services. This would also include all other clinician support staff: Clinical Director, Case Manager, TBS Coach, etc. Or is it defined differently for RFSQ Budget Reporting purposes?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please include both the Medi-Cal and non Medi-Cal eligible costs.</p>

<p>63.</p>	<p><b>PART H, Section # 1.0, Paragraph # 1.1.27, Page # 189</b></p>
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**Language that prompted the question:** “Parent Partner shall be defined herein. A Parent Partner must have been the parent or primary caregiver (Primary caregiver is defined as a parent (not foster parent) who has 24/7 legal responsibility for the child/youth) of a child/youth who received services as the same intensity level of Wraparound. At the time of hire, Parent Partners must not have an open probation case, or have had an open DCFS case for at least one year. A Parent Partner can have a child who receives or received services from the State Regional Center of DMH.”

- a) Many of the most successful and impactful Parent Partners have not been the parent of a child/youth who received services “at the same intensity level of Wraparound.” Can the County either remove that line (in quotes above), or have the definition of that intensity of services received be more broadly accepted.

**RESPONSE:**

The actual language in the RFSQ reads as follows: At the time of hire, Parent Partners must not have an open Probation case or have had an open DCFS case for at least one year.

- a) Prospective Contractor’s Wraparound Approach Services Quality Assurance Plan should include how Prospective Contractor’s Organization plans to address this instance. Please refer to RFSQ, Part C Instructions to Prospective Contractors, Form 4

64.

**PART H, Section # 1.1.27, Paragraph # 1, Page # 189**

**Language that prompted the question:** Parent Partner shall be defined herein. A Parent Partner must have been the parent or primary caregiver (Primary caregiver is defined as a parent (not foster parent) who has 24/7 legal responsibility for the child/youth) of a child/youth who received services as the same intensity level of Wraparound. At the time of hire, Parent Partners must not have an open probation case, or have had an open DCFS case for at least one year. A Parent Partner can have a child who receives or received services from the State Regional Center of DMH.

- a) Consistent with DCFS’ statements at the August 1<sup>st</sup> Wraparound contract meeting, can DCFS remove the language requiring the Parent Partner to have a child/youth who has received services as the same intensity level of Wraparound?
- b) We do not understand the purpose of requiring that the Parent Partner has not had an open case with DCFS or Probation in the past 12 months. What is the County’s justification for this?

**RESPONSE:**

- a) Please refer to Addendum Four
- b) Please refer to Addendum Four

**PART H, Section # 1.0, Paragraph # 1.1.34, Page # 190**

**Language that prompted the question:** Self-referrals shall be defined as youth currently receiving non-Wraparound services (outpatient therapy, non-public school, etc.) through CONTRACTOR, who meets Wraparound criteria and could benefit from more intensive services, and is therefore self-referred by CONTRACTOR to the CONTRACTOR's Wraparound program.

65.

- a) Is there a limit to the number of self-referrals?
- b) Does Five Acres have to have a service provider relationship in order for it to be considered a self-referral?
- c) If Five Acres has established a working relationship with other providers that do not have Wraparound services and they refer the case to us, is that considered a self-referral?
- d) If Five Acres is providing services to a client and our team identifies another child in the same home who qualifies for Wraparound, is this considered a self-referral?

**RESPONSE:**

- a) No
- b) A copy of the revised Self-Referral policy will be provided to the tentatively selected prospective Contractors prior to execution of the new Wraparound Approach Service contracts.
- c) No
- d) Yes

**PART H, Section # 2.0, Paragraph # 2.1.6.4, Page # 192**

**Language that prompted the question:** Wraparound Supervisor(s): CONTRACTOR shall ensure all Wraparound Facilitator and Child and Family Specialist Supervisors have a Bachelor of Science or Bachelor of Arts Degree in Human Services, Social Work or Psychology, or at least three (3) years experience in Wraparound or intensive community-based services. CONTRACTOR shall ensure all Wraparound Parent Partner Supervisors have prior experience as Parent Partners.

66.

- a) Can DCFS delete the following proposed language: "CONTRACTOR shall ensure all Wraparound Parent Partner Supervisors have prior experience as Parent Partners."?

	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four, RFSQ, Part H SOW, Section 2.0 Staffing, Paragraph 2.1.6.4.</p>
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<p>67.</p>	<p><b>PART H, Section # 2.0, Paragraph # 2.1.6.4, Page # 192</b></p> <p><b>Language that prompted the question:</b> Contractor shall ensure that all Wraparound Parent Partner Supervisors have prior experience as a Parent Partner.</p> <p>a) Because this is a new requirement, will existing Supervisors that do not meet this specific criteria because they were hired prior to this RFSQ release, be grandfathered in and able to maintain their current position.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Refer to Programs (Part A, SOW, Page 192, Section 2.0 – Staffing, Sub-section 2.1, Paragraph 2.1.6, Sub-paragraph 2.1.6.4)</p>

<p>68.</p>	<p><b>PART H, Section # 2.0, Paragraph # 2.1.6.4, Page # 192</b></p> <p><b>Language that prompted the question:</b> “Wraparound Supervisor(s): CONTRACTOR shall ensure all Wraparound Facilitator and Child and Family Specialist Supervisors have a Bachelor of Science or Bachelor of Arts Degree in Human Services, Social Work or Psychology, or at least three (3) years experience in Wraparound or intensive community-based services. CONTRACTOR shall ensure all Wraparound Parent Partner Supervisors have prior experience as Parent Partners.”</p> <p>a) While PP experience may help inform a person who supervises those in the position, is a false assumption that a former PP also possesses the requisite skill sets and capacities for managing personnel. Can this section regarding Parent Partner Supervisor requirement be modified to recommend, but not mandate that a PP Supervisor have experience as a PP?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four RFSQ, Part H SOW, Section 2.0 Staffing, Paragraph 2.1.6.4.</p>

<b>69.</b>	<p><b>PART H, Section 2.0, Paragraph # 2.1.6.6.1, Page # 193</b></p> <p><b>Language that prompted the question:</b> “CONTRACTOR’s Clinicians must participate in CFT meetings. Participation may be via telephone,” and 2.1.6.6.1.1 “If the contracted Clinician is unable to participate via telephone, CONTRACTOR shall document incorporation of the Clinician’s input in the CFT minutes.”</p> <p>a) How does a provider manage a lack of participation by a clinician who under employ by another agency?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>The actual language in the RFSQ reads as follows: At the time of hire, Parent Partners must not have an open Probation case or have had an open DCFS case for at least one year.</p> <p>a) Prospective Contractor’s Wraparound Approach Services Quality Assurance Plan should include how Prospective Contractor’s Organization plans to address this instance. Please refer to RFSQ, Part C Instructions to Prospective Contractors, Form 4</p>

<b>70.</b>	<p><b>PART H, Section # 2.0, Paragraph # 2.1.6.6.3, Page # 193</b></p> <p><b>Language that prompted the question:</b> The treating clinician shall provide Trauma responsive mental health services and trauma related, clinical guidance to the CFT when necessary.</p> <p>a) How do we ensure that therapists are doing trauma work if client and family are receiving therapy from an agency that is different from the one providing Wraparound services?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Prospective Contractor’s Wraparound Approach Services Quality Assurance Plan should include how Prospective Contractor’s Organization plans to address this instance. Please refer to RFSQ, Part C Instructions to Prospective Contractors, Form 4</p>

<b>71.</b>	<p><b>PART H, Section # 2.0, Paragraph # 2.1.6.9, Page # 194</b></p> <p><b>Language that prompted the question:</b>  (1) Parent Partner(s): CONTRACTOR shall verify Parent Partner qualifications as defined herein, and in section 1.1.27. A Parent Partner</p>
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must complete forty (40) hours of training and training experience. At the time of hire, Parent Partners must not have an open probation case, or have had an open DCFS case for at least one year.

(2) CONTRACTOR shall assign a Parent Partner to every Wraparound child at a maximum ratio of one (1) full-time Parent Partner for every ten (10) active Wraparound families (1:10). CONTRACTOR may assign Parent Partners to work with clients in geographically adjacent SPAs only. The Parent Partner is to work closely with the Wraparound child's parent/caregiver in order to represent their best interests and shall participate as a member of the CFT. For a Wraparound child/youth in out-of-home placement, CONTRACTOR shall assign a Parent Partner to work with both the out-of-home caregiver *and* parent/current caregiver.

(3) CONTRACTOR shall assign a Facilitator, a Parent Partner, and a Child and Family Specialist (CFS) to each Wraparound child/Family. If a parent/caregiver declines assignment of a Parent Partner, or CFS the parent/caregiver shall write "Assignment of Parent Partner or CFS declined at this time on the signature page of the POC, and sign and date the POC on the Parent Partner or CFS signature line. CONTRACTOR shall document in the CFT Minutes (Exhibit A-5) the reason(s) given by the child/Family for declining Parent Partner services. CONTRACTOR shall periodically readdress/reassess the parent's/caregiver's need/desire for assignment of a Parent Partner, or CFS. If the parent/caregiver declines assignment of a Parent Partner, or CFS, that child/Family shall not be counted as part of the Parent Partner maximum ratio.

(4) A Parent Partner must complete forty (40) hours of training experience.

- a) Can DCFS specify that the 40 hours of required training for Parent Partners consist of 24 hours of training prior to working with Wraparound children/families and 16 hours of training within the first 6 months of employment?
- b) We still do not understand the purpose of requiring that the Parent Partner has not had an open case with DCFS or Probation in the past 12 months. What is the County's justification for this?
- c) Many factors are considered when determining the number of families a Parent Partner may appropriately serve. The characteristics of the cases and the Wraparound phase of families are considerations in determining an appropriate Parent Partner caseload. For example, a Parent Partner may be able to handle more than 10 families if the needs of such families are less demanding and require fewer contacts and less crisis response, or if a number of such families are in the transition phase of Wraparound. Accordingly, can DCFS modify the language in the first sentence of the second paragraph as follows: "CONTRACTOR shall assign a Parent Partner to every Wraparound child at an maximum average ratio of one (1) full-time Parent Partner for every ten (10) active Wraparound families (1:10)."?
- d) Does the statement above mean that Parent Partners are required to

	<p>have an additional 40 hours of training (equaling 80 in that first year and 56 every year after), or do they just need to complete 40 total hours of training each year? Additionally what does “training experience” mean?</p>
	<p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"> <li>a) Please refer to Addendum Four</li> <li>b) Please refer to Addendum Four</li> <li>c) This is a Casey Family Program recommendation.</li> <li>d) Please refer to Addendum Four</li> </ul>

<p>72.</p>	<p><b>PART H, Section # 2.0, Paragraph # 2.1.6.9, Page # 194</b></p> <p><b>Language that prompted the question:</b> "A Parent Partner must complete forty (40) hours of training and training experience."</p> <ul style="list-style-type: none"> <li>a) What is the scope of the subject matter for the required 40 hours of training parent partner?</li> </ul>
	<p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"> <li>a) Please refer to Addendum Four</li> </ul>

<p>73.</p>	<p><b>PART H, Section # 2.0, Paragraph # 2.1.7, Page # 196</b></p> <p><b>Language that prompted the question:</b> Single Fixed Point of Responsibility (SFPR), (end of first paragraph): “The child and Family will continue to have the Freedom of Choice of qualified providers for medically necessary services.” (and bullet point #3): “Ensure that the child and Family have been informed of his/her Freedom of Choice.”</p>
	<p><b><u>RESPONSE:</u></b></p> <p>There is no question to answer</p>

<p>74.</p>	<p><b>PART H, Section # 3.0, Paragraph # 3.2, Page # 197</b></p> <p><b>Language that prompted the question:</b> Contractor shall maintain a Wraparound service delivery site in each SPA they have contracted with the County to Serve.</p>
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	<p>a) Can contractor provide services to a participant when they move to an area that contractor does not have a service delivery site?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes, provided they receive the same level of care as if they had a service delivery site in the SPA.</p>

<p>75.</p>	<p><b>PART H, Section # 3.0, Paragraph # 3.8.1.1, Page # 198</b></p> <p><b>Language that prompted the question:</b> Computer system: capable of providing (1) High speed internet Access, (DSL or better), Internet Explorer (Version 7 or 8 or better), and Adobe Reader; and establishing linkages with the automated Wraparound Approach Services Information Technology System.</p> <p>a) What is the “Wraparound Approach Services Information Technology System?”</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The Wraparound Services Information Technology System will allow Wraparound agencies to:</p> <p>Enter enrollment information and update status on Wraparound cases assigned to them</p> <p>Upload documents with the appropriate signatures</p> <p>Generate reports</p>

<p>76.</p>	<p><b>PART H, Section # 4.0, Paragraph # 4.1, Page # 198</b></p> <p><b>Language that prompted the question:</b> Target Demographics: “All are diagnosable under the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) or the International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) equivalents.”</p> <p>a) Though rare, some Wrap children/youth have demonstrated resilience such that they may meet criteria for enrollment and present needs in other life domains, but not be suffering with an included diagnosis. This also includes the fact that substance abuse is not, of itself, an included diagnosis. What if a child/youth presents in manner that they do not meet medical necessity due to an insufficient presentation of symptoms so as to meet medical necessity?</p>
	<p><b><u>RESPONSE:</u></b></p>

a) A child can be determined eligible for Wraparound but not meet the medical necessity. The agency may refer the child for a mental health assessment upon enrollment as needed.

**PART H, Section # 4.0, Paragraph # 4.2, Page # 198-199**

**Language that prompted the question:** Eligibility for Wraparound

77.

a) This list differs in scope and content from that noted in the RFSQ, Part A, Section 3. That prior list of eligibility criteria is more inclusive than this section in the SOW. Which list takes precedence?

**RESPONSE:**

a) Please refer to Addendum Four, RFSQ, PART A – OVERVIEW, Section 3.0 REQUIRED SERVICES, Paragraph 3.4.3

**PART H, Section # County's Performance Measure Summaries, Paragraph # N/A, Page # 201, 213, 218**

**Language that prompted the question:** COUNTY'S PERFORMANCE MEASURE SUMMARY/GOALS REGARDING SAFETY, PERMANENCY, AND WELL-BEING/SELF-SUFFICIENCY

78.

a) As previously agreed upon by DCFS, DMH, and Probation during discussions related to the Wraparound redesign, can any modifications to the current Wraparound performance measures be agreed upon by a joint "Wraparound Performance Measures Task Group" which includes providers and County representatives? **[Comment:** The FFA and Group Home Performance Measures Task Groups collaboratively developed performance measures and standards for out-of-home care providers, operational definitions for the measures, and agency self-reports which included codes to explain the reasons why agencies may not have met performance standards. Wraparound providers have expressed concerns regarding a number of the proposed revised measures that they feel are unreasonable. As an example, the new proposed measure of "100% of Wraparound parents participate in the Parent ran support groups" does not account for family voice and choice.]

b) As previously agreed upon by DCFS, DMH, and Probation during discussions related to the Wraparound redesign, can performance measures involving client outcomes six months or more post-graduation (such as the fourth safety measure, third permanency measure, and second well-being measure) be collected by DCFS for

	<p>individual agencies, but reported only on a system-wide aggregate basis? [<b>Comment:</b> This is consistent with what DCFS agreed to do and was doing on the FFA and group home performance measures.]</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four b) Please refer to Addendum Four</p>

<p>79.</p>	<p><b>PART H, Section # 5.0, Paragraph # County's Performance Measure Summary/Goals Regarding Safety, Page # 201</b></p> <p><b>Language that prompted the question:</b> Performance Measures Summary/Goals Regarding Safety, County's Outcome Indicators. Measurement of improvement in Wraparound enrolled on the CANS from the one completed within 30 days of Wraparound enrollment, and at 6 month intervals, and the improved.*"</p> <p>a) The last part of the sentence "...and the improved." is awkward and unclear. What does this mean? b) What happened to the use of the CAFAS to measure functional improvement? That measure has been used as the standard instrument for this data longer than the CANS. c) If the County is going to add a new performance measure related to the functional improvement of the children/youth enrolled (one which this prospective proposer objects to), then can it be the CAFAS as the longer standing instrument?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) See Addendum Four, RFSQ, Part H SOW, County's Performance Measure Summary/Goals Regarding Safety b) See Addendum Four, RFSQ, Part H SOW, County's Performance Measure Summary/Goals Regarding Safety, CANS has been eliminated and removed. c) See Addendum Four, RFSQ, Part H SOW, County's Performance Measure Summary/Goals Regarding Safety, CANS has been eliminated and removed</p>

<p>80.</p>	<p><b>PART H, Section # 5.0, Paragraph # County's Performance Measure Summary/Goals Regarding Safety, Page # 201</b></p> <p><b>Language that prompted the question:</b> Performance Measures Summary/Goals Regarding Safety, Performance Target #3: "100% of the children/youth enrolled in Wraparound the findings from the</p>
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	<p>CANS incorporated into their POC and addressed at the CFT meetings.”</p> <p>a) Aside from the grammatical error (missing words above between “Wraparound” and “the findings” is assumed to be “will have”), this new outcome goal is in apparent conflict with the Family Voice and Choice principle of Wraparound training. The POC is developed with the family through the CFT planning process, and is not to have content pre-determined by an outside or third party source, even from content found within the CANS that may help guide the team. Can this newly added performance outcome (not used in prior contracts) be removed?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) See Addendum Four, RFSQ, Part H SOW, County’s Performance Measure Summary/Goals Regarding Safety, CANS has been eliminated and removed.</p>

<p>81.</p>	<p><b>PART H, Section # 5.0, Paragraph # County’s Performance Measure Summary/Goals Regarding Safety, Page # 202</b></p> <p><b>Language that prompted the question:</b> County’s Performance Measures Summary/Goals Regarding Safety (cont.), Timely completion and submittal of SIRs Performance Target. (Also, ref. Page 215, Section 6.2.2.1). 100% of SIRs will be completed and submitted timely. SIRs must be completed and submitted on the same day if the incident occurs before 5:00 pm, and by 9:00 am the following day if they occur after 5:00 pm.”</p> <p>a) Can this be modified to allow more reasonable time for the production, review, and internal approval of SIRs by the provider agency? This timeline is more strict than that for the submission of a written Child Abuse Report to CAR.</p> <p>b) Can the target (if it is to remain a performance target rather than a SOW expectation), be modified to indicate that an attempt to verbally report the incident to the County worker assigned to the child’s/youth’s case be notified as soon as possible (same business day and/or by 9:00am the next day if after hours?</p> <p>c) Can the expectation for the written SIR to be submitted by the provider agency within 1 business day of the incident?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>While the exhibits and reporting time frames are similar, Group Home uses the Community Care Licensing Division (CCLD) Facility License number and not all Wraparound enrolled children/youth are associated/placed in a CCLD licensed facility. (This is the same answer for questions 92, 93, and</p>

**PART H, Section # 5.0, Paragraph # 5.1.6, Page # 205**

**Language that prompted the question:** The CONTRACTOR shall accept Wraparound cases on an emergency basis from the COUNTY. The acceptance of an emergency referral does not impact their rotation. Once the COUNTY identifies and determines a youth for an immediate need for Wraparound, the CONTRACTOR shall be responsible for contacting the family the same day and making face to face contact within three calendar (3) days of acceptance and holding the initial CFT within five (5) calendar days.”

82.

- a) Can the first sentence in this section be amended to read, “The CONTRACTOR may be asked to accept Wraparound cases on an emergency basis from the COUNTY.”?
- b) Could it be amended to indicate that such “emergency” referrals would only come during regular business hours, Monday-Friday?
- c) This expectation appears to be a new and unique feature of this RFSQ’s SOW, and presents a challenging and unfunded mandate for providers—particularly given this RFSQ’s currently proposed rate structure.

**RESPONSE:**

- a) Please refer to Addendum Four, RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire.
- b) Please refer to Addendum Four, RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire.
- c) Please refer to Addendum Four, RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire.

**PART H, Section # 5.0, Paragraph # 5.3.1.1, Page # 206**

**Language that prompted the question:** “The policy shall reflect the values and principles of the Los Angeles County Shared Core Practice Model attached as Exhibit A-3, and a copy of the Los Angeles County Shared Core Practice Model shall be posted in CONTRACTOR’s waiting room and other common areas where it is accessible to staff and Wraparound Families.”

83.

- a) Given a fair number of Wraparound families never darken the door of the agency during the course of their involvement with Wraparound (CFTs almost always occur in the home and community), can this

	<p>need to post a copy of the Core Practice model in reception be made optional?</p> <p>b) By contrast, posting a copy of the model in the staff area is not a problem—that can help with awareness and retention.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) No</p> <p>b) N/A (Not a question)</p>

<p>84.</p>	<p><b>PART H, Section # 5.0, Paragraph # 5.3.1.2, Page # 206</b></p> <p><b>Language that prompted the question:</b> “CONTRACTOR shall ensure all families receive the “Family Guide to Wraparound” attached as Exhibit A-9 and the Wrap Line informational handout attached as Exhibit A-10 during the engagement process.”</p> <p>a) The RFSQ only provides a copy of the English language version of the guide. Since this is being made a mandate, will the County provide contractors with versions of this guide in other primary languages? (The NWI site does have a Spanish language version: <a href="http://www.nwi.pdx.edu/pdf/SpanishWraparoundGuide09-2010.pdf">http://www.nwi.pdx.edu/pdf/SpanishWraparoundGuide09-2010.pdf</a> , but the guide in other languages (e.g., Korean, Vietnamese, Braille, etc.) has not been published by NWI.</p> <p>b) It is suggested that the guide is made available as a resource, but not a mandate to “ensure” each family is given.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The Family Team member should explain the guide in the family’s preferred language.</p>

<p>85.</p>	<p><b>PART H, Section # 5.0, Paragraph # 5.3.3, Page # 206</b></p> <p><b>Language that prompted the question:</b> CONTRACTOR shall engage the Family and their team members in a strengths conversation with in the first thirty (30) days in the Wraparound process. CONTRACTOR shall ensure that the Wraparound Program Manager oversees the CFT and POC process to verify that the Family’s strengths are: (1) indentified; (2) updated regularly; (3) communicated to the CFT; (4) utilized in...</p> <p>a) Can a Wraparound Supervisor, and not necessarily the Program Manager, oversee the CFT and POC process to verify the Family’s strength?</p>
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	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four</p>
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<p>86.</p>	<p><b>PART H, Section # 5.0, Paragraph # 5.4.2.1.5, Page # 207</b></p> <p><b>Language that prompted the question:</b> “Documentation must be included in the POC and in the Safety Plan.”</p> <p>a) Aside from the standard content required on the POC document produced by the CFT, does this “assessment” have to be noted in any particular or unique manner?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Follow the instructions and the guidelines in the document.</p>

<p>87.</p>	<p><b>PART H, Section # 5.0, Paragraph # 5.5.1.3, Page # 209</b></p> <p><b>Language that prompted the question:</b> Contractor shall transmit CFT minutes to the case carrying CSW and DPO of record within 72 business hours of the CFT meeting.</p> <p>a) How will DCFS ensure the contractor is provided with the correct contact information for the case carrying CSW and or DPO, as sometimes cases are transferred, and the contractor is not notified of the changes?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The current CSW/DPO assignments can be verified with the ISC.</p>

<p>88.</p>	<p><b>PART H, Section # 5.0, Paragraph # 5.5.2, Page # 209</b></p> <p><b>Language that prompted the question:</b> CONTRACTOR shall ensure that families have a high level of decision-making power in all aspects of planning, delivery, and evaluation of services and supports, and that at least fifty percent (50%) of the CFT are families and their designees. CONTRACTOR shall allow sufficient time to develop such a ratio, and shall document in the POC, Exhibit A-9, or in the CFT Minutes, Exhibit A-5, the discovery process and any attempt to obtain a fifty percent (50%) ratio of informal supports. If an informal support declines to a member of the CFT, but agrees to participate as a resource or strategy in the POC and/or Family</p>
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	<p>Safety and Crisis Plan, Exhibit A-9, their agreement shall be documented in the POC and/or Family Safety and Crisis Plan.</p> <p>a) As previously agreed to in similar language during discussions related to the Wraparound redesign, can DCFS modify the proposed language in the first two sentences as follows: “CONTRACTOR shall ensure that families have a high level of decision-making power in all aspects of planning, delivery, and evaluation of services and supports, and <del>that shall make every attempt to have</del> at least fifty percent (50%) of the CFT <del>are consist of</del> families and their designees. CONTRACTOR shall <del>allow sufficient time to develop such a ratio, and shall</del> document in the POC, Exhibit A-9, or in the CFT Minutes, Exhibit A-5, the discovery process and <del>any</del> <u>all</u> attempts to obtain a fifty percent (50%) ratio of informal supports.”?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to Addendum Four, RFSQ, Section H SOW, Section 5.0 Safety, Paragraph 5.5.2.</p>

<p>89.</p>	<p><b>PART H, Section # 5.0, Paragraph # 5.5.6, Page # 209</b></p> <p><b>Language that prompted the question:</b> If the Child/Youth is placed in out-of-home care for more than ninety (90) consecutive days, CONTRACTOR shall present the case to the ISC for review.</p> <p>a) If the Child/Youth is placed in out-of-home care for more than 90 consecutive days and it is determined that Five Acres can keep the case, does Five Acres continue to get paid for the client and what is the service expectation?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes, payment will continue and service expectations should follow the Plan of Care and CFT Meeting minutes.</p>

<p>90.</p>	<p><b>PART # H, Section # 5.0, Paragraph # 5.6.13, Page # 212</b></p> <p><b>Language that prompted the question:</b> “CONTRACTOR’s Quality Assurance Plan shall include its observation of its CFT meetings for each Facilitator and include its findings in its monthly and quarterly reports.”</p> <p>a) To what “monthly” and “quarterly” reports is this section referring?</p>
	<p><b><u>RESPONSE:</u></b></p>

a) Please refer to RFSQ, Part H SOW, Section 6.0 Permanency, Sub-section 6.2 Data Collection and Reports.

**PART H, Section # 6.0, Paragraph # 6.2.1.1, Page # 214-215**

**Language that prompted the question:** Child and Adolescent Functional Assessment Scales (CAFAS), Exhibit A-13. CONTRACTOR must complete the eight (8) section assessment upon child's/youth's enrollment in Wraparound and at the time of child's/youth's graduation, disenrollment or suspension from Wraparound.

91.

a) Do we need to complete the CAFAS every six months or only at the time of enrollment, graduation, disenrollment, or suspension from Wraparound?

**RESPONSE:**

a) There is no need to complete the CAFAS every six months. These are completed at enrollment, graduation etc.

**PART H, Section # 6.0, Paragraph # 6.2.2.1, Page # 215**

**Language that prompted the question:** Special Incident Reports as defined in Section 3.1.30 of this SOW, on the same day, if they occur before 5:00 P.M and by 9:00 A.M. the following day, if they occur after 5:00 P.M.

92.

a) Is the Wraparound SIR Submission process in alignment with the Residential/Group Home SIR/I-tracking process?  
b) If not, why?

**RESPONSE:**

While the exhibits and reporting time frames are similar, Group Home uses the Community Care Licensing Division (CCLD) Facility License number and not all Wraparound enrolled children/youth are associated/placed in a CCLD licensed facility. (This is the same answer for questions 81, 93, and 103)

**PART H, Section # 6.0, Paragraph # 6.2.2, Page # 215**

93.

**Language that prompted the question:** CONTRACTOR shall send the following additional reports to COUNTY's Program Manager.  
6.2.2.1 Special Incident Reports as defined in Section 3.1.30 of this SOW,

	<p>on the same day, if they occur before 5:00 P.M., and by 9:00 A.M. the following day, if they occur after 5:00 P.M. CONTRACTOR shall submit SIRs for any DCFS child/youth via the DCFS ITRACK system. If the ITRACK system is not functioning, CONTRACTOR shall submit written SIRs (Exhibit A-16) by fax to staff identified by COUNTY within the timeframes specified herein.</p> <p>a) When a staff is in the field supporting a youth and family during a crisis situation, it is not reasonable to expect the staff to return to the office to complete and send an SIR before 5:00 p.m. or by 9:00 a.m. the next morning, especially if the staff is handling a crisis late at night. Accordingly, can DCFS modify the proposed language as follows: “Special Incident Reports as defined in Section 3.1.30 of this SOW, <del>on the same day, if they occur before 5:00 P.M. and by 9:00 A.M. the following day, if they occur after 5:00 P.M.</del> <u>within 24 hours or the next business day if the incident occurs over the weekend.</u>”?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>While the exhibits and reporting time frames are similar, Group Home uses the Community Care Licensing Division (CCLD) Facility License number and not all Wraparound enrolled children/youth are associated/placed in a CCLD licensed facility. (This is the same answer for questions 91, 93, and 103)</p>

<p>94.</p>	<p><b>PART H, Section # 6.0, Paragraph # 6.2.2.4, Page # 216</b></p> <p><b>Language that prompted the question:</b> Client and provider profiling and tracking systems which include client characteristics, demographics, and all of the components of the POC by the 25<sup>th</sup> day of January, April, July, and October.</p> <p>a) What are the current “profiling and tracking systems” available?  b) Is there a template for these reports that is supposed to be used by all providers?  c) Additionally, further explanation of the statement “all of the components of the POC” needs to be clarified. What information from the POC is to be captured specifically?  d) How is that information supposed to be reported? Again please provide a template or guidance as to how this is to be done.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) How does the Prospective Contractor’s organization propose to address this requirement?  b) How does the Prospective Contractor’s organization propose to</p>

	<p>address this requirement?</p> <p>c) Please refer to RFSQ, Part H, Exhibit A-10 – Family Wraparound Plan Wraparound and RBS/Community</p> <p>d) Please refer to RFSQ, Part H, Exhibit A-10 – Family Wraparound Plan Wraparound and RBS/Community</p>
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95.	<p><b>PART H, Section # 6.0, Paragraph # 6.2.4, Page # 216</b></p> <p><b>Language that prompted the question:</b> CONTRACTOR shall have a plan for evaluating and interpreting their data that includes families served and other key stakeholders to develop an evaluation plan to improve performance across time. This evaluation plan is to be submitted annually to COUNTY’s Program Manager by August 15<sup>th</sup> of each calendar year.</p> <p>a) What “data” is to be included in this plan? Will a template be provided that specifies what content should consist of? How this information is to be tracked?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) This is a scored RFSQ, please refer to Form 4.</p>

96.	<p><b>PART H, Section # 6.0, Paragraph # , 6.2.5.1, Page # 217</b></p> <p><b>Language that prompted the question:</b> “CONTRACTOR shall track fiscal reports, service delivery reports, outcome reports, and the Family and child measurements/scales required by the State Wraparound Standards and submit annual accumulated trends that show performance over a period of at least three (3) years to COUNTY's Program Manager.”</p> <p>a) What is the format of this “3 year” report? Will the County provide that?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>This will be provided after SOQ submission and prior to Contract execution to Qualified Prospective Contractors.</p>

97.	<p><b>PART H, Section # 7.0, Paragraph # County’s Performance Measure Summary/Goals Regarding Well-Being/Self-Sufficiency, Page # 219</b></p> <p><b>Language that prompted the question:</b> COUNTY’S PERFORMANCE MEASURE SUMMARY/GOALS REGARDING WELL-BEING/SELF-SUFFICIENCY:</p>
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	<p>“80% of Wraparound families surveyed at enrollment and at the 90 day follow-up are satisfied with the availability and delivery of the Wraparound Approach Services their family received.”</p> <p>a) How will the provider secure this data if the surveys are conducted by a DMH Parent Advocate?  b) What questions or instrument will the DMH Parent Advocates use to conduct this assessment?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) To be determined prior to contract execution.  b) To be determined prior to contract execution.</p>

<p>98.</p>	<p><b>PART H, Section # 7.0, Paragraph # 7.3, Page # 221</b></p> <p><b>Language that prompted the question:</b> Program Training Components: CONTRACTOR shall utilize parents, children, extended Family members, and Community providers, and public agencies in planning, implementing, and evaluation all training programs and content. CONTRACTOR shall administer participant evaluations at the end of each training session and use the findings from these evaluations for continuous improvement.</p> <p>a) This sounds like families are participants in all agency trainings. Is this true? Clarify expectations?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) The intent is to involve families in training planning and evaluation of training and it is not expected that families are to participate in all training.</p>

<p>99.</p>	<p><b>PART H, Section # 7.0, Paragraph # 7.3, Page # 221</b></p> <p><b>Language that prompted the question:</b> "The training plan and course documents should identify planned trainers and provide a bio and detail of their qualifications and experience."</p> <p>a) Is there a minimum qualification for Wraparound Trainers?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Please refer to RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire and RFSQ, Part H SOW, Section 7.0 Well-Being/Self-</p>

100.	<p><b>PART H, Section # 7.0, Paragraph # 7.3, Page # 221</b></p> <p><b>Language that prompted the question:</b> “At the end of each year, CONTRACTOR shall submit a training report confirming the training provided during the prior year with details on the criteria by CONTRACTOR to implement changes to their annual training plan and curriculum.”</p> <p>a) What is the format of this report? b) To whom is the report given?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Please refer to RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire and RFSQ, Part H SOW, Section 7.0 Well-Being/Self-Sufficiency, Paragraph 7.3.3. b) Please refer to RFSQ, Part H SOW, Section 7.0 Well-Being/Self-Sufficiency, Paragraph 7.3.1.</p>

101.	<p><b>PART H, Section # 7.0, Paragraph # 7.5, Page # 223</b></p> <p><b>Language that prompted the question:</b> (3) Utilizes parents who have successfully participated in Wraparound as advocates and trainers for other families in the program; and (4) invites providers experienced in delivery of Wraparound to participate as trainers.</p> <p>a) Can existing Parent Partners be used to facilitate the Parent Training and Education groups or does it have to be non-employee, former parents/caregivers who received Wrap? Additionally can this Training and Education group happen concurrently with the Parent Partner run support groups or do they need to be separate activities/operations?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Refer to Programs (Part A, SOW, Page 223, Section 7.0 – Well Being/Self-Sufficiency, Sub-section, Paragraph 7.5)</p>

102.	<p><b>PART H, Section # Exhibit A-6, Paragraph # Settings (Bottom), Page # N/A</b></p> <p><b>Language that prompted the question:</b> Settings: ICC may be provided to children living and receiving services in the community (including in TFC) as well as to children who are currently in a hospital, group home or other congregate or institutional placement as part of discharge planning.</p>
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	<p>a) Is this a correct statement?  b) Are there any limitations to this?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Yes (See Exhibit A-6, Intensive Care Coordination - Settings)  b) Please refer to the State of California’s DHCS and CDSS Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services and Therapeutic Foster Care for Katie A. Subclass Members.</p>

<p>103.</p>	<p><b>PART H, Section # Exhibit A-15, Paragraph # N/A, Page # N/A</b></p> <p><b>Language that prompted the question:</b> Written Critical (Special) Incident Reports are defined in section 3.1.9 of the SOW shall be reported on the same day, if the incident occurs before 5:00 P.M., and by 9:00A.M. the following day, if they occur after 5:00P.M. (SOW 8.2.2.1).</p> <p>a) When a staff is in the field supporting a youth and family during a crisis situation, it is not reasonable to expect the staff to return to the office to complete and send an SIR before 5:00 p.m. or by 9:00 a.m. the next morning, especially if the staff is handling a crisis late at night. Can DCFS modify the proposed language as follows: “Special Incident Reports as defined in Section 3.1.30 of this SOW, <del>on the same day, if they occur before 5:00 P.M. and by 9:00 A.M. the following day, if they occur after 5:00 P.M.</del> <u>within 24 hours or the next business day if the incident occurs over the weekend.</u>”?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>While the exhibits and reporting time frames are similar, Group Home uses the Community Care Licensing Division (CCLD) Facility License number and not all Wraparound enrolled children/youth are associated/placed in a CCLD licensed facility. (This is the same answer for questions 81, 92, and 93)</p>

<p>104.</p>	<p><b>PART H, Section # Exhibits A-17 and A-18, Paragraph # N/A, Page # N/A</b></p> <p><b>Language that prompted the question:</b></p> <p>There is NO Exhibit A-17 (SOQ Submission) and NO Exhibit A-18 (Trauma-Based Training Plan and Curriculum) in what was distributed on 9/20/13. When will these be distributed?</p>
	<p><b><u>RESPONSE:</u></b></p>

	No, the Trauma Based Training and Curriculum submitted with the SOQ will become Exhibit A-18 of the Statement of Work for the tentatively selected contractors.
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105.	<p><b>PART H, Section # Exhibit A-18, Paragraph # N/A, Page # N/A</b></p> <p><b>Language that prompted the question:</b></p> <p>For Exhibit A-18 and the requirement to have a Trauma-Based Curriculum: if Trauma-Focused CBT or other Trauma EBPs are part of the curriculum and services, will those services be expected to be sequenced as delivered by the CFS? If so, how? (We need Exhibit A-18 to be able to accurately respond to our training curriculum).</p>
	<p><b><u>RESPONSE:</u></b></p> <p>No, the Trauma Based Training and Curriculum submitted with the SOQ will become Exhibit A-18 of the Statement of Work for the tentatively selected contractors.</p>

**PART I – EXHIBITS TO SAMPLE CONTRACT**

106.	<p><b>PART I, Section # I.S.C, Paragraph # C, Page # 124</b></p> <p><b>Language that prompted the question:</b> Contractor – Sole proprietor, partnership or corporation.</p> <p>a) Does partnership in this interest still allow for organizations to have a jointly signed contract?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) If this refers to RFSQ Part G, Sample Master Contract, Part I Unique Terms and Conditions, Section 1.0 Applicable Documents and Defined Terms, Sub-section 1.5, Paragraph C, the answer is No. Each Organization must be tentatively selected for award recommendation and if approved must sign its own contract.</p>

**PART J - APPENDICES**

None

# WRAPAROUND PROPOSER'S CONFERENCE QUESTIONS & ANSWERS

<p><b>107.</b></p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p> <p>a) The Medi-Cal Certification letter comes from DMH, we don't get it from the State. Is DMH going to facilitate that?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Qualified prospective Contractors must submit a copy of their organization's Consolidated Medi-Cal Re-Certification Approval Letter(s) issued by the County of Los Angeles Department of Mental Health, Program Support Bureau/Program Review. All qualified prospective Contractors should already have this letter in their organization's records. No County of Los Angeles employee should be contacted to request a duplicate. Please refer to RFSQ, Part A Overview, Section 7.0 Minimum Qualifications, Paragraph 7.2.1.</p>
<p><b>108.</b></p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Procedures.</p> <p>a) Is it possible to use the DPH Lakids proposal filler forms?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>No, the questionnaire is tailored for this solicitation. It is OK to reproduce non-fillable Wraparound RFSQ forms and Exhibits for ease of completion.</p>
<p><b>109.</b></p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> DBA</p> <p>a) Does the Board Resolution have to come from the Board of the parent organization? Or can it come from the local community Board that's been authorized to submit Board applications?</p> <p>b) Does the Board Resolution require two authorized signers and does it have to be by name, title, or both?</p> <p>c) Does the Resolution have to identify the solicitation? Or can it be a Blanket Resolution to submit applications and proposals?</p>

**RESPONSE:**

- a) The name of the entity that needs to provide the Board Resolution is the same name that appears on your organization's certified Statement of Information, Internal Revenue Service Tax ID, and the Franchise Tax Board Exempt Status.
- b) The Board Resolution is required to have two (2) signers. They can be identified by name or title. The signers will be asked to show ID and provide a business card when they submit a signature.
- c) If your organization has a Blanket Resolution for certain individuals to submit contract signatures, it needs to identify their dollar amount limits. Otherwise, it needs to name the specific solicitation.

**PART , Section # , Paragraph # , Page #**

**Language that prompted the question: RFSQ**

**110.**

- a) The RFSQ process will determine who you will select as qualified vendors...Right? Thereafter, will there be a bidding process for specific services?

**RESPONSE:**

- a) The RFSQ is going to award Master Contracts for Wraparound Approach Services. One organization can submit for as many SPA's as they wish. We will have subsequent openings on the RFSQ.

**PART , Section # , Paragraph # , Page #**

**Language that prompted the question: RFSQ**

**111.**

- a) Does any provider simply qualify by meeting the qualifications of the RFSQ?
- b) Normally the RFP has the scoring and the RFSQ, like when they did MAT, any provider that qualified and meet all the qualifications from the RFSQ was on the list and the County then made a selection among those providers so it sounds like a hybrid almost. Why is this?
- c) Is there another type of RFSQ?

**RESPONSE:**

- a) It's a scored RFSQ so the award decisions are going to be made after we see what the scores are for identified qualified submitters. Because there is an evaluation criteria in the RFSQ this is a scored

	<p>RFSQ.</p> <p>b) We are following the County's Informed Averaging Evaluation policy for the RFSQ.</p> <p>c) Yes, a non-scored RFSQ</p>
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112.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question: RFSQ</p> <p>A ratio required for facilitators in terms of number of cases there are and for parent partners, was there one as well for CFS (child &amp; Family Specialist)?</p>
	<p><u>RESPONSE:</u></p> <p>Please refer to Addendum Four.</p>

113.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>On the statement of information it says we need to submit one (1) from the last two (2) years and one (1) within the last 4 years. We have one (1) from 2012 and we also have one (1) from 2009. It's now 2013 so the one we have from 2009 is from earlier in the year does it go by the 4 year time frame or the month or the year?</p>
	<p><u>RESPONSE:</u></p> <p>We want the two (2) most recent.</p>

114.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question: Form 4 and its relationship to some other items:</p>
	<p>a) Form 4 asks for a specific training plan and just prior to that, on page 67, you also ask for a training plan. Since Form 4 has a 35 page limit, I'm not clear if I'm using up my 35 pages on the training plan.</p> <p>b) At the end of the instructions to Form 4, it asks to insert a copy of your proposed Quality Assurance plan behind your answers in</p>

	<p>response to Form 4. Does the 35 pages include the proposed Quality Assurance plan?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Some training plans from Form 4 will become Exhibits in the Statement of Work for the tentatively selected organizations.  b) That will be in addition to the 35 page plan and that would be your organization’s Quality Assurance plan.</p>

<p>115.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Form 4</p> <p>Is the 35 page limit double spaced or single space?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>There is no requirement for use of single or double spacing. Please refer to RFSQ, Part C Instructions to Prospective Contractors, Section 2.0 Preparation and Format of SOQ and RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire.</p>

<p>116.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Part D</p> <p>Page 65, Prospective Contractor’s Qualifications, requests a detailed plan demonstrating the service plan. The request doesn’t have a page limit or recommendation with it.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Please refer to RFSQ, Part C Instructions to Prospective Contractors, Section 2.0 Preparation and Format of SOQ and RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire.</p>

<p>117.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Budget Form</p>
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	<p>DMH funding is not included in the Revenue section of this budget but there are lines for DMH funding positions in the expense section. Shouldn't these show when we completed the budget for DMH rather than this budget?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Please include the full Wraparound Approach Services program budget for both contracts.</p>

<p>118.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Section 4 Budget forms:</p> <p>What level of detail needs to be provided for the expenses? Theatrically we would follow the same expense items as in the previous section but the form is not structured that way. Is it OK to just have one (1) line item for salaries or do we need to break it down? If it needs to be broken down then would you consider restructuring the form?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>The form is not a prescribed format, it's a sample. We are not telling you it has to be in the same format. We would like to see the detail and have it broken down.</p>

<p>119.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Payment structure, Page 12</p> <p>If Wraparound rate is \$1,600.00 for Medi-Cal eligible and \$4,000.00 for non-eligible, for what period of time of services is this rate. We have Wraparound in Orange County and the contract is cost reimbursement because the clients stay in the program from 6 months to 2 ½ years so if we are paid for annual services of \$1,600.00 for 2 ½ years that seems to be a very low payment?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>The \$1,680.00 rate is for the duration of the Wraparound services, each month, per enrolled youth that are Medical eligible. The \$4,184.00 rate is for the duration of the Wraparound Approach Services, each month, per enrolled youth that are Medi-Cal non-eligible.</p>

<b>120.</b>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question: RFSQ</b></p> <p>In the RFSQ there is obviously more expected in terms of Medical utilization billing per client. If the need for the giving client is appropriate, responsible, and necessary, will there be any limit or cap placed on how much on average can be utilized for the client?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>You will be awarded a certain number of slots that will have that funding attached to it. The slots will then be annualized and given an amount of money for each child that's an annual amount and then the total based on the slots, you'll get a total EPSDT allocation of that total. You will have to stay within that maximum amount and the expectation is that the services will vary somewhat from child to child but you will have to stay within EPSDT.</p>

<b>121.</b>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p> <p>How much will that be per case?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>The total amount of \$4,200 per month including case rate and EPSDT. \$1,680.00 is the Wraparound Medi-Cal ESPDT eligible case rate and the balance will be Medi-Cal.</p>

<b>122.</b>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question: Case rate</b></p>
	<p>a) You specifically mentioned that it will not be adjusted for psychiatric hospitalization and for juvenile commitment but you actually stay silent on Group Homes and Foster Homes. I am assuming that those will not be deducted from the \$1680.00 as well?</p> <p>b) Is there a reason that language was not included in the RFSQ?</p>

	<p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"> <li>a) Correct</li> <li>b) Out-of-Home placement costs will not be deducted from the Wraparound case rate.</li> </ul>
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<p>123.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Number of Proposals</p> <ul style="list-style-type: none"> <li>a) You have 57 client contractors, if somebody wants to win 57 do you have to submit 57 proposals?</li> <li>b) Since there are specific questions related to the specific SPA you are in, how do you collaborate?</li> </ul>
	<p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"> <li>a) No, each non-profit organization submits one (1) Statement of Qualifications, one (1) original and your copies as stated in the RFSQ. If you are submitting for all the SPAs then you only submit that one and then you submit your proposed service delivery sites where you tell us the areas in the documents you submit that you would want to submit for. So if your submitting to cover 8 areas you would not have to do 8 submissions. That's one of the reasons we choose the RFSQ models instead of the RFP model so that you could have a master contract to provide Wrap services in more then one (1) services planning area.</li> <li>b) If you submit for 8 SPAs you would have to submit 8 Service Delivery Sites in one (1) Statement of Qualifications.</li> </ul>

<p>124.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p> <p>You asked for a Organizational Chart, which you do all the time. But this time you ask for resumes for every single position. So you really want a resume for every position in Wraparound and would that also include positions like clinicians and TBS that work with Wraparound but are not Wraparound?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Yes</p>

<b>125.</b>	<p style="color: red;">PART , Section # , Paragraph # , Page #</p> <p style="color: red;">Language that prompted the question: Revenue forms</p> <p>We are a very large hospital, do you want revenue for our entire entity or just the services/programs related to the Wraparound services or other services we provide?</p>
	<p style="color: red;"><u>RESPONSE:</u></p> <p>The County wants to see revenue for the entity they are contracting with.</p>

<b>126.</b>	<p style="color: red;">PART , Section # , Paragraph # , Page #</p> <p style="color: red;">Language that prompted the question:</p> <p>Wraparound minimum requirements and it does specifically indicate that the prospective contractor must have a copy of their current contract with LA County DMH. Are you only accepting applications from those providers that do have current contracts with LA County DMH?</p>
	<p style="color: red;"><u>RESPONSE:</u></p> <p>To be determined in a subsequent addendum to be release on or about November 8, 2013.</p>

<b>127.</b>	<p style="color: red;">PART , Section # , Paragraph # , Page #</p> <p style="color: red;">Language that prompted the question:</p> <p>Are we permitted to submit a collaborative proposal with a lead agency sub-contractor structure? If so, what documents do you need from the sub-contractor?</p>
	<p style="color: red;"><u>RESPONSE:</u></p> <p>No, each entity that is submitting to be recommitted for award must have their own 501(c)3, their own tax ID #, and their own agreement with the L.A. County Department Mental Health.</p>

<b>128.</b>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Form 4</p> <p>Planned Parent Café and Parent Partner Institute training. Do you have specific requirements specific vendors that you require in that process?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Please refer to RFSQ, Part D Statement of Qualifications Submission Packet, Form 4 – Prospective Contractor’s Knowledge and Skills Questionnaire and RFSQ, Part H Statement of Work.</p>

<b>129.</b>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Capacity</p> <p>a) Is it the County’s plan to expand Wraparound to 4,200 slots?  b) So given the lack of the case rate dollars does that means DMH is actually providing more overall EPST dollars to this contract?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>a) Currently, as stated in the Overview part of the RFSQ, we are going to begin with the award recommendation for 3,000 slots that we have budgeted for. The reasons for building in the annual supplemental submission periods is if we are afforded an opportunity to grow that from 3,000 to 4,200.</p> <p>b) Not exactly. We are meeting with the Katie A panel and the Plaintiff attorneys and we are going to be reviewing the Katie A. Strategic plan that was approved by the Board back in 2008, which included this idea of a Wraparound expansion to 4,200 slots. The current solicitation is looking for 3,000 slots which is about 700 more than we currently have filled. We targeted 4200 slots in the strategic plan, but we have never got the momentum together to approach that figure. Given realignment we now have dollars to support expansion to 3000 slots and that pretty much taps us out in terms of County dollars available for Wraparound.</p>

<b>130.</b>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p>
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	Is the budget for 3,000 slots how you came up with the budget for the case rate?
	<p><b><u>RESPONSE:</u></b></p> <p>The Case Rate was determined by our assessment of what services can be billed to Medi-Cal.</p>

131.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>Can we bill PEI dollars for Wraparound services provided?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>No, you will be billing EPSDT dollars attached to your Wraparound contract.</p>

132.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>Could you please explain the submission deadline for Request for Solicitation Review.</p>
	<p><b><u>RESPONSE:</u></b></p> <p>The Solicitation Requirement Review submittal deadline is at 5:00 P.M. on Friday, October 4, 2013. They can be submitted electronically or hand delivered.</p>

133.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p>
	<ol style="list-style-type: none"> <li>a) How will you determine how many slots are awarded for each contract?</li> <li>b) Solicitation review: Will the answer to these questions come out before that deadline?</li> <li>c) If we don't have the answers regarding the questions in the language of the RFSQ how can we put in a solicitation review to say we think the language is not clear and could make it difficult</li> </ol>

	<p>to pick the best provider?</p> <p><b><u>RESPONSE:</u></b></p> <ul style="list-style-type: none"> <li>a) We are currently looking at our areas of need. Please refer to RFSQ Part A, Section 3.0 Required Services, Sub-section 3.5.2 for the number of clients identified by subclass.</li> <li>b) They will be available on 10-22-2013.</li> <li>c) You are more than welcome to submit your questions with your solicitation requirements review.</li> </ul>
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<p>134.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b> Office Space</p> <p>Are the providers expected to have current existing working offices that are fully staffed that the Wraparound will be added to or are the providers able to start a new location for this program?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>You're eligible to submit what you are going to do. However, sites must be operational prior to commencement of contract and issuance of a Start Work Notice.</p>

<p>135.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p> <p>You were asking about the current DMH contract. That is about 200 pages long and 5 amendments. Do you want it all?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Yes, double sided.</p>

<p>136.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p> <p>Do you know the estimated percentage between Medi-Cal and Non-Medi-Cal eligible children?</p>
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	<p><b><u>RESPONSE:</u></b></p> <p>0.083% with an estimate of approximately 200-250 youth per year are not Medi-Cal Eligible.</p>
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<p>137.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>Do you have to be a 501(c)3 organization to submit an SOQ?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>To be determined in a subsequent addendum to be release on or about November 8, 2013.</p>

<p>138.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>Can we submit the SOQ double sided?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>No, the SOQ must be submitted single sided with the exception of those documents which state in their specific submittal instructions that they can be submitted as double sided.</p>

<p>139.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>If we have an office in an area we are proposing to serve, but do not have staff at that office at this time, can we submit the job descriptions for those positions instead of resumes?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Yes; however, the resumes must be submitted prior to commencement of</p>

	Contract and prior to issuance of a Start Work Notice.
140.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question: Statement of Information</p> <p>The certified copies. Does it need to be the red and purple inked copy? Or can it be a copy of that?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>We need the red and purple copy. If your organization is one of those that is in the period of submitting your renewal and you don't have a current copy, if you do your renewal electronically you get a email back and attach it as a place holder for the current one.</p>
141.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>You are not asking for the negotiation packet of our DMH contract, you only want the finished contract?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>We want the executed contract not the negotiation packet.</p>
142.	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>Do you want an original copy of the DMH contract plus additional copies?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>We want an original copy of your DMH contract. No additional copies of your DMH contract are required.</p>
143.	PART , Section # , Paragraph # , Page #

	<p>Language that prompted the question:</p> <p>Do you need the DMH contract in page number order as part of the RFSQ?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Your DMH contract does not have to be sequentially numbered in your SOQ.</p>

<p>144.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>How is the Wraparound program in the RFSQ significantly different from the current Wraparound program today to justify the lower rate?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Consistent with the State's Katie A. lawsuit settlement agreement and the County's historical trend toward improved identification and service for youth with mental health needs, the new Wraparound contract solicitation and Wraparound redesign is an effort to more sharply focus Wraparound service delivery on better meeting the mental health needs of youth who could be described as Katie A. subclass members.</p>

<p>145.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>Are Letters of Agreement or MOUs required for each SPA if you want to apply for several SPAs?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>Prospective Contractors must submit one (1) original and four (4) copies of the SOQ identifying all of the SPAs they are planning to provide services for.</p>

<p>146.</p>	<p>PART , Section # , Paragraph # , Page #</p> <p>Language that prompted the question:</p> <p>If the program has greater Mental Health focus. How are the target</p>
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	<p>measures that we need to provide, report, and collect more Mental Health focused than before?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>New mental health focused target measures are included in the statement of work, including:</p> <ul style="list-style-type: none"> <li>• 95% of all children/youth receiving Wraparound services, for whom therapy/counseling has been identified as a strategy on the family's POC, will be enrolled in therapy/counseling within 30 days of the strategy's acceptance by the Wraparound team; and</li> <li>• 90% of the Wraparound families are receiving needed and necessary ongoing Mental Health services.</li> </ul> <p>Additionally, the Departments believe that mental health focused services relate directly to achieving other performance targets specified in the SOW, including those pertaining to reunification, placement stability, re-arrest and levels of Probation supervision, and grade level functioning.</p>

<p>147.</p>	<p><b>PART , Section # , Paragraph # , Page #</b></p> <p><b>Language that prompted the question:</b></p> <p>Why is this not a DMH contract?</p>
	<p><b><u>RESPONSE:</u></b></p> <p>This is a joint contract with three (3) County Departments, DMH, DCFS and Probation that serve the target demographics.</p>

## **Wraparound Approach Services**

### **Request for Statement of Qualifications (RFSQ) # CMS 12-055**

#### **Responses to Questions from Prospective Contractors Conference**

**October 22, 2013**

- 1) When providers are preparing a client for enrollment there are a lot of activities that are done prior to the face-to-face assessment. Are these reimbursable?**

Yes, some activities may be reimbursable. Providers can capture and claim some activities prior to the face-to-face assessment occurring if the activities are used to gather assessment information and are documented to Medi-Cal standards. This will require using the date of the first Medi-Cal reimbursable service as the episode open date once you have a face-to-face contact with the client. QA Bulletin 09-07 explains this process in detail. For example, if you speak with the CSW to gather assessment information prior to having a face-to-face contact with the client, you can use that CSW contact as the episode open date once you have established a face-to-face contact with the client that has occurred within the same calendar month. This process allows providers to be able to claim for some services that occur prior to the actual face-to-face contact with the client.

Scheduling appointments or calling to obtain records is clerical and not reimbursable. However, once the records are obtained, if you are reviewing records and can clearly show how this review informs your assessment, then it may be claimable.

- 2) Is there a more general QA bulletin that describes opening the episode back to when the provider first provided a service?**

This bulletin, 09-07, is for all programs. There is a note in the bulletin for some programs that can open without a face-to-face ever occurring but the rest of the bulletin is general in nature and for all providers.

- 3) Will this way of backdating pass the State audit?**

There is no backdating of services involved in this process. The process, as described, has passed audit when clearly and appropriately documented.

**4) Is COS part of Wraparound? The preliminary activities (e.g., talking to CSW, reviewing records) can be COS but can they also be billable through regular services?**

COS is not part of the financing model for Wraparound. Activities preliminary to the face-to-face assessment may be claimable as direct services under the process described above. Providers have to hold the progress note(s) until they have determined that a face-to-face contact with the client has actually occurred, and that this contact has occurred within the same calendar month as the preliminary activity to be claimed.

**5) Is it true that nothing can start before we get consent for services?**

This is a legal question and providers need to check with their legal counsel. Our County Council has said it is fine to provide some assessment information gathering services prior to getting a signed consent for services.

**6) Can you elaborate on what is considered the calendar month? Sometimes we see clients at the end of the month so we may not be able to have the face-to-face within the calendar month as it may go into the next month. Will the services that are provided the month before the first face-to-face contact still be reimbursable and if not, can this be up for discussion?**

As it stands right now, the services have to occur within the same calendar month as the face-to-face assessment (e.g. January). QA will take another look at this rule.

**7) Is the backdating for all Wraparound team members (e.g., Parent Partners, Facilitators, etc.)?**

There is no backdating involved in the process described. The process describes a way to determine if and when an episode may be opened. The process is applicable to all Wraparound team members who are eligible to claim for direct services. To be reimbursable, Providers need to show how the preliminary services were used to inform the assessment process. If you are providing some other type of service, such as treatment, prior to an assessment being completed, someone reviewing your chart might wonder why you are providing treatment before you have fully assessed the needs of the client. The

rationale behind waiting to open an episode until you have established a face-to-face contact is that we do not want a client entered into the Integrated System (IS) with a diagnosis without a face-to-face assessment having been completed.

**8) What are some examples of assessment activities?**

Preliminary assessment activities might include speaking with the CSW to gather information pertinent to the assessment or reviewing records. Providers need to document how each of the activities informs the assessment. Please note that a progress note that indicates a direct service claim was made for reviewing records must clearly state that the purpose of that review was to obtain information that will be included within the assessment. By its very nature, this type of activity is at higher risk for disallowance and therefore the documentation must be very clear.

**9) In the CFT Meetings, what is reimbursable?**

If the services and discussion is not relating back to the mental health of the child, it is not reimbursable. We are all mental health providers so we want to direct all the services to the mental health needs of the child. When contemplating whether or not a service is reimbursable, providers should always ask themselves how the service is related to the mental health needs of the child. Providers should use their clinical staff to support their paraprofessional staff in ensuring the requirements of the clinical loop are met (i.e. always relating service interventions back to the client's assessment results and treatment plan objectives). Merely stating what was said in a CFT is not reimbursable. The clinical mental health value of attending the CFT, for example how it will inform the client's mental health treatment, needs to be expressly stated.

**10) What risk level will I have if providers are billing work with the mother?**

As a rule, the further you get away from a direct service to the child, the higher the risk of disallowance on audit. Staff should have a clear clinical formulation of what the mental health needs of the client are and view every contact with the family in this context. Only if you can tie the service back to the mental health needs of the client will it be reimbursable. For example, providing the child's mother referrals or suggestions on where to look for a job, in the context of improving her ability to address her child's mental health needs, is lower risk than going out and finding her a job. Staff must decide if providing mother with job referrals is related to the child's mental health needs. To be clear though, never

misrepresent the actual nature of any services provided in any documentation simply in an attempt to conform to the requirements of EPSDT billing. Staff always retain the choice and the responsibility of which services to provide and when to claim for those services.

- 11) Will we be able to open a separate chart for parents of children in Wraparound if they have their own mental health issues and will this include psychiatry services?**

Yes, they would have to have Medi-Cal and could receive psychiatry services. However, this option is not for parents with persistent and severe mental illness because in those cases, they should be seen in adult programs.

- 12) If we see an adult parent and open a separate chart for them, is this part of the \$2520 for Wraparound?**

No, this is separate. The Affordable Care Act funding is not part of the Wraparound rate. These are services for adult caregivers whose mental health issues are impacting the child's mental health.

- 13) In FSP we can open a separate chart for adult caregivers. Are we talking about the same thing occurring in Wraparound?**

No, this is different. In FSP, we are using Family Support Services which are services provided to adult caregivers so that they can care for the child. Family Support Services are claimed under MHSA. The Affordable Care Act is separate funding which allows mental health services to be provided to adult caregivers of children in Wraparound beyond simply collateral services.

- 14) This is a New Wraparound model. RFSQ is written in a way that is consistent with how we have always done Wraparound. This is a mental health focus but a DCFS contract. How are we going to do what we have always done in Wraparound for DCFS but now bill it to EPSDT?**

Everyone should be going into the CFT meeting with a mental health perspective. All activities in the CFT should be billable as long as you are looking at how what you are doing or saying in the meeting impacts the child's mental health. In addition, the CFT should be driven by the mental health needs of the child and staff should help keep the CFT on that track (if at all possible).

**15) Is there planning in the works for technical assistance around billing and treating in this new way?**

Yes, at the monthly roundtables the Wraparound team will provide specific training related to ICC and IHBS. There will be learning labs in each service area, beginning in Service Area 1. There will be opportunities for service area direct service staff to be trained on billing and documentation. There will be additional Parent Partner trainings, as well.

**16) If there are multiple staff members at a CFT, how much time can each staff member bill?**

Each staff member can bill up to the total length of the meeting plus documentation and travel time. For example, if it is a two hour meeting, each staff can bill up to two hours plus documentation and travel time. However, there must be documentation of how the staff's participation in the meeting will result in the child's mental health needs being better addressed.

**17) Can we document celebrating successes with families?**

Yes, if you are able to relate this activity back to the mental health needs of the child. Every opportunity you have for a face-to-face contact with the child is an opportunity to provide a mental health service. You want to be sure to discuss how the treatment went, how the client might handle crises in the future, and review goals.

**18) What about other services like agenda writing and charting? Are these billable?**

No, this is factored into your administrative overhead costs. These are activities that are part of the mental health program. Creating agendas, charting, scheduling, and general preparation are not Medi-Cal reimbursable activities but rather covered under your administrative costs.

**19) The Plan of Care (POC) document is very time consuming. The time it takes to complete this is not billable. Will this be revisited?**

In the past, we said completing the POC was not reimbursable because it is a duplication of what should be in the CCCP. The QA department will revisit the

POC process to see if there is a way to make it more directly related to the mental health needs of the child and therefore potentially reimbursable.

**20) It sounds like we are talking about helping the child get better versus helping to remit illness. Medi-Cal is about remitting illness. What is our risk factor if the plan of care is not clearly connected back to remission of the illness but rather to other service factors that DCFS brings to the table?**

As long as you can relate the service back to the mental health needs of the child (as documented in the Assessment) then it may be Medi-Cal reimbursable. Remember, we are mental health providers and should be providing mental health services. All services and interactions should be viewed from a mental health lens and supervisors should be assisting paraprofessional staff in viewing interactions through that lens. The decision to provide a service should be based on the mental health objectives noted in the child's treatment plan at the outset, rather than providing the service and then trying to determine if that service fits mental health objectives after the fact.

**21) Can Parent Partners bill for facilitating the Parent Support Groups?**

Yes, in some instances. If a staff member facilitates the support group in order to assist participants in understanding how their life styles as parents impact their children's mental health issues, then this could be claimed as a collateral group. However, once the staff facilitator steps away and the group begins to run itself, there is no longer a staff intervention being provided and therefore the group is no longer claimable.

**22) Is translation billable?**

Translation, in and of itself, is not claimable to Medi-Cal. However, staff should remember that every face-to face contact they have with the child represents a potential opportunity to provide a mental health service. This is optimal use of staff time and makes clinical sense as well as increasing the opportunities for claiming. A staff member providing translation services may be able to claim for a clinical service that they are providing in conjunction with the other clinician while they are also acting as a translator for that clinician. In many cases, two clinicians working together in this way may represent the most effective approach in the treatment of a client.

**23) Under what circumstances can a child be in Wraparound but not be EPSDT eligible?**

There are some Wraparound children that will not be EPSDT eligible. As we move forward, it is not quite the same as it was in the past. We have slots for children with EPSDT. Some children in Wraparound do not have Medi-Cal, for example Probation children and some others; however, the majority of kids coming from Probation that are in Wraparound are EPSDT eligible.

**24) If the child is not Medi-cal eligible, does 4184 come into effect?**

Yes.

**25) Will placement dollars be removed from 4184 if a child is in a group home?**

No, placement dollars will not be deducted from the rate.

**26) How do the lockouts work?**

Lockouts are situations in which Medi-Cal is not reimbursable (such as most services when a client is in an inpatient setting). There may be ways in which a locked-out Medi-Cal service may be reimbursed by a different funding source but the applicability of this approach needs to be determined for each specific situation. For example, in many cases where Medi-Cal is matched by MHSA funds, if Medi-Cal is locked-out, then MHSA may pay the full cost of the service.

**27) Is there an update on the average billing per month per child? Is the \$2520 going to be raised now that there are additional things we can bill for?**

That's going to be the average cost as it stands right now.

**28) Is there going to be assistance on how to document and bill ICC and H0032?**

Yes, there is currently a QA bulletin being reviewed by County Council regarding Plan Development under Mental Health Services, Targeted Case Management (ICC) and Medication Support Services. H0032 is for a plan development activity under Mental Health Services. Our understanding is that direct plan development activities with the client and/or family are mental health services (H0032). The State has identified CFT meetings as plan development activities under Targeted

Case Management since CFT meetings are for the purpose of planning and coordinating services by other service providers. LA County DMH is working to provide greater direction on this topic once we have discussed it with County Counsel. For now, ICC should be claimed for CFT meetings. H0032 should be claimed for meeting directly with the client and/or family about their mental health treatment.

**29) Can the deadline for submission be extended beyond January 7, 2014?**

We will take this into consideration.

**30) Flex funds currently access to be reimbursed by multi-county pull. Will the threshold be lower for the reimbursement rate because the case rate has been reduced?**

Not sure. We'll look into that.

**31) When will the new codes come out?**

The ICC and IHBS codes have already been put out via a QA Bulletin in July 2013. Another QA Bulletin went out last week (it was primarily about nurses doing assessments) which noted that the revised Guide to Procedure Codes for ICC and IHBS services has been posted on-line. Remember, providers may need to make changes to their electronic billing system in order to bill these codes.

**32) Providers can now bill more to EPSDT than we originally could but for the case rate portion that has been reduced, more is required that is not going to be billable. Even if you could claim more to EPSDT, there is more required related to RFSQ that is not billable. Is this still being discussed?**

DCFS is going to take a closer look at the additional requirements that providers are talking about.

**33) At the cultural level at CFT meetings, should we move toward the same filter for everyone, viewing the case from a mental health perspective?**

On the DCFS side, our expectation is to begin to meet the needs of kids and families through the child and family team process. We want and expect CSWs to come and be a part of the CFT team but it will take us time to get there.

# Points to Remember: Documentation and Claiming for Wraparound

October 22, 2013

Quality Assurance Division

Program Support Bureau

Bradley Bryant, PhD District Chief

Jennifer Hallman, LCSW, MPA



# Medical Necessity

- An **“Included” DSM Diagnosis**
- **Impairment** as a result of the “included” DSM Diagnosis
  - A significant impairment in an important area of life functioning
  - A probability of significant deterioration in an important area of life functioning
  - A probability a person under 21 years of age will not progress developmentally as individually appropriate
- **Intervention is:**
  - The focus of the proposed intervention is to address the impairment
  - The proposed intervention is expected to do one of the following:
    - Significantly diminish the impairment
    - Prevent significant deterioration
    - Allow the child to progress developmentally
  - The condition would not be responsive to physical health care based treatment



# The Clinical Loop

- That sequence of documentation on which Medical Necessity requirements converge is:
  - The Assessment
  - The Client Care Plan
  - The Progress Note



# The Clinical Loop

- Step One - Completion of a Mental Health Assessment including:
  - Symptoms/Behaviors leading to an Included Diagnosis
  - Impairments in Life Functioning, Needs, and Strengths
- Step Two - Carry this information forward into the Client Care Coordination Plan (CCCP) and document:
  - Goals/Objectives linked to the identified Symptoms/Behaviors or Impairments
  - Interventions to effect the identified objective
- Step Three - Carry these goals/objectives forward into the Progress Note which documents:
  - Goal-based interventions provided to client



# Direction of Services

- By the California Code of Regulations, all services must be “under the direction of” an AMHD
  - The person providing direction is not required to be physically present to exercise direction
    - May be done in consultation with other treating staff
  - Peers or other non-clinical staff may be providing services but the AMHD **MUST** ensure services fit into the Clinical Loop
    - Must ensure a bridge between clinical and non-clinical staff to ensure links to mental health are present in the Assessment and CCCP



# Definitions

- **Authorized Mental Health Discipline (AMHD):** Eligible disciplines who must sign off on Client Care Plans in the DMH System of Care.
  - Licensed MD/DO
  - Certified NP (Nurse Practitioner)
  - Registered CNS (Clinic Nurse Specialist)
  - Registered Nurse
  - Licensed or waived PhD or PsyD
  - LCSW or Registered MSW (Associate Clinical Social Worker – ASW) or out-of-state Licensed-Ready Waivered MSW
  - Licensed MFT or Registered MFT (MFT Intern) or Out-of-State Licensed-Ready Waivered MFT
  - And students of these disciplines with co-signature



# To Claim to Medi-Cal:

- Every claimed services must meet the test of medical necessity by being related to the Clinical Loop
  - Translation: Be a needed service for the client to improve/maintain symptoms, behaviors, impairments

DMH Policy #104.8



# To Claim to Medi-Cal:

- Why was the service provided?
  - Look at the Assessment and CCCP...
- Does it make sense that a mental health worker needed to provide the service?
- What intervention or benefit towards the mental health need was provided?
- Does the service provided match to a current Mental Health goal?



# Resources

- Clinical Record Bulletins
- QA Documentation Trainings:
  - CCCP Training Module
  - Assessment Powerpoint
  - Wraparound CFT Training Module (for claiming for team meetings)
- Clinical Forms
- DMH Policies and Procedures
  - 104.05 Closing Service Episodes
  - 104.08 Clinical Record Guidelines
  - 104.09 Clinical Documentation for All Payer Sources
  - 202.31 Roles and Responsibilities in the Care of Clients (former SFPR Policy)



# Resources

- QA Resources can be found on-line at: <http://dmh.lacounty.gov>
  - Under: “For Providers”
- For QA Manuals and training documents:
  - Click on: “Provider Manuals and Directories”
  - [http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/prov\\_manuals](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals)
- For Clinical Forms:
  - Click on: “Clinical Forms”
  - [http://dmh.lacounty.gov/wps/portal/dmh/clinical\\_tools/clinical\\_forms](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms)
- For Administrative Forms:
  - Click on: “Administrative Forms”
  - [http://dmh.lacounty.gov/wps/portal/dmh/admin\\_tools/admin\\_forms](http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms)
- IS Forms and Manuals (IS Codes Manual) can be found on-line at: <http://lacdmh.lacounty.gov/hipaa/index.html>
  - Under: Contract Providers



**QUESTIONS?**



# Contacts

## Quality Assurance Division, Program Support Bureau

- [QA@dmh.lacounty.gov](mailto:QA@dmh.lacounty.gov)
  - Deputy Director: Dennis Murata
  - District Chief: Bradley Bryant, PhD
  - Interim Clinical Records Director: Donnakay Davis
  - Program Head: Christina Warren, BSN, RN
  - Training Team:
    - Susan Cozolino, Psy.D
    - Lori W. Dobbs, Psy.D
    - Jennifer Hallman, LCSW/MPA
    - Marilou Joguilon, RN
    - Robin Washington, LCSW



WRAPAROUND ACTIVITIES	DMH QA COMMENTS
1) Preparing for Enrollment (e.g., scheduling, discussion with CSWs prior to enrollment, referral meeting - coordination of activities prior to assessment, meeting with DCFS prior to assessment, obtaining records, and assisting families with crisis situations prior to assessment)	Can claim some of this to COS. Can claim some once episode is opened in the same calendar month. Discussion with CSW should be about mental needs of the child and pre-assessment information gathering. Reviewing records for mental health information could be billable if it impacts assessment and/or treatment. Crisis situations related to mental health are claimable. Only the "scheduling" and clerical activities associated with obtaining records would be non-billable and are part of administrative costs.
2) CFT Meetings	
a) Discussions of social service activities <u>not</u> related to mental health	Staff should always be thinking in terms of mental health; there should be very little that staff do discussing social service activities that is not claimable. AMHD should be directing services to help paraprofessional staff be thinking in terms of mental health. For example, if discussing the need of the mother to get a job, mental health should be thinking in terms of if and how this impacts the child's mental health (does mother have less time to spend with the child 'cause she is searching for work? will her job interviews conflict with child's appointments? etc).
b) Celebrating success	Staff should be encouraged to discuss what worked in tx and what didn't, how to handle crisis in the future, etc. Celebrating success should be about reinforcing the treatment plan/goals and praising/reviewing the hard work done to reach goals.
3) Preparing for CFT Meetings	
a) Agendas and minutes	Administrative cost/Clerical is not claimable to Medi-Cal
b) Scheduling	Administrative cost/Clerical is not claimable to Medi-Cal
c) Charting preparation	Administrative cost/Clerical is not claimable to Medi-Cal
d) Food preparation	Non-billable
e) <a href="#">Accessing/coordinating resources assigned in previous CFT meetings[1]</a>	Staff should always be thinking in terms of mental health; coordinating and monitoring referalls is a TCM activity. See Discussion of Social Services above.
4) Developing Plan of Care (education / legal / employment / recreational / cultural/spiritual / housing/living environment <u>unrelated</u> to mental health goals)	Staff should always be thinking in terms of mental health. Anything unrelated is not billable. AMHD/Supervisors need to assist paraprofessional staff to think and view other areas in terms of the client's mental health. Example: how can the family's spiritual beliefs be a strength in terms of reaching their goals? Perhaps connecting the family with their church would be a useful support to provide help with the child's behaviors.
5) Parent Support Group Activities, e.g. participation in groups addressing general non-child specific issues; food preparation; getting people there and back; and providing child care)	Defined this way, it is not claimable. However, staff could facilitate the first few sessions focusing on psychoeducation about how their behaviors impact their child's mental health and how helping themselves will then, in turn, help the child. The facilitators could then pass the group on to the parents to lead.
6) Translation	
a) Having staff person in room to translate or paying for translator	All face to face activities present opportunity for intervention and for staff to team together to provide interventions. Instead of simply translating word for word, staff could provide rehab or psychoeducation.
b) Translating documents	All face to face activities present opportunity for intervention. Does the document need to be explained in addition to being translated?
7) Outcome Measures	Without fully knowing what is meant by outcome measures, this is difficult to comment on.

a) Completing outcome measures	Administrative cost
b) Coordinating data collection	If working with families/others on outcomes and where client's treatment is at, it could be billable
c) Analyzing data	Administrative cost
d) Reporting data	Administrative cost
<b>8) DCFS Meetings and Monthly Reports</b>	Depending on whats discussed could be COS or administrative cost; the hope is that all the meetings are attended for mental health purpose/focus
a) Preparation for ISC Plan of Care approvals	Administrative costs/COS
<u>b) ISC meetings[2]</u>	Administrative costs/COS
c) LWA meetings	Administrative costs/COS
d) LION meetings	Administrative costs/COS
e) Parent advocacy meetings	Administrative costs/COS
f) DCFS monthly and quarterly reports	Administrative costs/COS
<b>9) Training</b>	Administrative costs
<b>10) DCFS Flex Fund Type Services (e.g., housing and respite) (estimated at 5%)</b>	Administrative costs
<b>11) Lockouts (e.g., clients in psychiatric hospitals, juvenile hall, jail, day treatment programs) (estimated at 3%)</b>	Could be full cost MHA

## DMH QA BULLETIN LINK

Link to the QA Bulletins DHM referenced during the Second Prospective Contractor's Conference held on October 22, 2013.

: [http://dmh.lacounty.gov/wps/portal/dmh!/ut/p/c4/04\\_SB8K8xLLM9MSSzPy8xBz9CP0os3hXAwMDd3-3YCN3YzdHA09XF-MQvwATw2ATQ\\_2CbEdFAOsDIhY!/?1dmy&page=dept.lac.dmh.home.admin\\_tools.admin\\_detail.hidden&urile=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/quality+assurance+bulletins](http://dmh.lacounty.gov/wps/portal/dmh!/ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP0os3hXAwMDd3-3YCN3YzdHA09XF-MQvwATw2ATQ_2CbEdFAOsDIhY!/?1dmy&page=dept.lac.dmh.home.admin_tools.admin_detail.hidden&urile=wcm%3apath%3a/dmh+content/dmh+site/home/administrative+tools/administrative+tools+detail/quality+assurance+bulletins)

QA Bulletins No. 11-08 and No. 09-07 were specifically mentioned.

**Wraparound Approach Services Semi-Annual Expenditure Report**  
 (For Los Angeles County DCFS and Probation Children Only)

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_

Report Period: \_\_\_\_\_  
 Number of L.A. County Children: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Number of Group Homes Operated: \_\_\_\_\_  
 Number of L.A. County Child Care Days in Period: \_\_\_\_\_  
 RCL: \_\_\_\_\_

**REVENUE AND EXPENDITURE SUMMARY**

REVENUE GROUP	Total Revenue	Offsets	Reasonableness Adjustments	Final Revenues
<b>1. AFDC FOSTER CARE REVENUES:</b>				
1a. Federal AFDC payments:				
1b. Non-federal AFDC payments:				
<b>2. EPSDT REVENUE</b>				
<b>3. MENTAL HEALTH SERVICES ACT (MHSA) REVENUE</b>				
<b>4. OTHER REVENUE:</b>				
4a. Grants				
4b. Loans				
4c. Other Revenue				
<b>TOTAL</b>				
			<b>Total for 6 Months</b>	<b>Year-To-Date</b>
<b>A. Total AFDC-FC Revenues (L.A. Co. Children Only)</b>			\$	\$

**B. Allowable Contract Expenditures** (Allowable Expenditures for the care and services provided to County of Los Angeles children and youth enrolled in Wraparound Approach Services in accordance with requirements contained in Sections \_\_\_\_ of the Agreement. Expenditures should be reported within the 15 cost categories listed below. Except for the requirements of allocation of costs which is described in Sections \_\_\_\_ 3. Contractor shall use the SR 3 Instructions in Exhibit \_\_ to complete this report.)

1. Child Care & Supervision		
2. Social Work Activity		
3. Food		
4. Building Rent and Leases		
5. Self-Dealing Transactions Affiliated Leases		
6. Building & Equipment		
7. Utilities		
8. Vehicles & Travel		
9. Child-Related		
10. Chief Executive Officer Salary		
11. Chief Financial Officer Salary		
12. Wraparound Approach Services Program Manager/Director Salary		
13. Clinical Supervisor's Salary		
14. All Other Administrative Salaries		
15. Financial Audit Costs		
16. Administration (Minus Admin. Salaries and Financial Audit Costs)		
<b>Total Allowable Contract Expenditures</b>	\$	\$

**C. Total un-Expended AFDC-FC Funds from Current Agreement** (Total AFDC-FC Revenues received from COUNTY less Total Allowable Contract Expenditures) [See Agreement, Section \_\_\_\_]

	\$	\$
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**D. Total unexpended AFDC-FC Funds Received through the expiration date of the most recently completed contract term.**

		\$
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**E. Total Accumulated Unexpended AFDC-FC Funds**  
 (Add un-Expended funds from current Agreement and unexpended funds from previous COUNTY Wraparound contract (if applicable))

		\$
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I hereby certify to the best of my knowledge, under penalty of perjury, that the above report is true and correct, that the amounts reported are traceable to Agency accounting records, and that all AFDC-FC monies received for the purposes of this program were spent in accordance with the contract program requirements, the agreement and all applicable Federal, State and County laws and regulations. Falsification of any amount disclosed herein shall constitute a false claim pursuant to California Government Code Section 12650 et seq.

**Chief Financial Officer/Controller's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_