Community Based Services

Question	Answer
Application/Proposal	
Can we start proposal, save it, exit out, and come back to it at a later time? Where is the save button within the electronic documents?	Yes, The Save Button at the bottom of the page.
For the electronic application in line of signing our name, do we print our name because this will be submitted via the portal?	Yes, you will sign the Certification Page in Blue Ink when you mail the hard copy or the RFP to DCS.
How long does it take to get a passwork?	Immediately, if not check for spam or if you entered email address incorrectly.
What is the email address for one-on-one support regarding specific questions not otherwisxe addressed?	DCS has legal limitations in answering questions regarding the RFP process. All questions/inquiries regarding the RFP should have been submitted in writing by the deadline listed in the RFP. Only answers posted on the Department of Child Services website http://www.in.gov/dcs/3151.htm will be considered official and valid by the State. Inquiries are not to be directed to any staff member of DCS. Such action may disqualify Respondent from further consideration for a contract resulting from this RFP. However for questions regarding technical issues with the online application please email referral@dcs.in.gov
Medicaid	
It appears to me that we are to bill Medicaid first for services provided the client has Medicaid. It is up to us to keep track of when they are out of units and bill DCS. Is this correct? It is my understanding that this used bto be this way. I believe I am clear on all the other parts of the application process. This will be a big change for uss so I want to insure my understanding is correct before I tell others that we must change our Medicaid billing process.	Yes, it is up to the Medicaid provider to keep track.
Where is the best place to find information about Medicaid Clinic Option in IN?	DCS Central Office will resend an email to contracted service providers in early January regarding how to become a contracted Medicaid provider.
If a provider becomes a Medicaid provider for clinic option and is paid by Medicaid at the “Mid-Level Practitioner” rate, will DCS make up the difference up to the amount of the “standard unit” rate per contract?	No

Is Indiana changing in 2011 any way so that non-CMHCs can bill for Homebased services for counseling/therapy instead of limiting clinic option to office based counseling therapy?	CMHC's are the only providers who can bill for Medicaid Rehab Option,.
Do CMHCs who have many of these contracts be required to reapply.	CMHCs will continue to operate under the CMHC contract/agreement. CMHCs have been provided with a list of services that are included in that contract. If the CMHC wishes to propose for a services not in the CMHC contract/agreement an application may be made under this RFP.
Who can be a Medicaid provider? How do I become a Medicaid provider?	DCS Central Office will resend an email to contracted service providers in early January regarding how to become a contracted Medicaid provider.
Will you be ruled out/not accepted if you are working on being accepted as a Medicaid provider?	Proposals are being accepted from both Medicaid and Non-Medicaid providers. DCS will continue to allow providers who are not Medicaid backed, so they can provide services to our clients who are not utilizing Medicaid. Additionally, there are some services not able to billed to Medicaid
When should Medicaid be billed-before or after state billing?	Medicaid should be billed before state billing if the service is covered by Medicaid.
How is the state tracking the CANS scores from DCS, to ensure the FCM's are scoring accurately? Many FCM's underscore CANS therefore the child is not referred for MRO services.	DCS is working closely with the FCMs to ensure that CANS is being used consistently and appropriately. When different agencies are scoring CANS for the same individual there will often be discrepancies in scores. When there is a difference, the FCM and the agency should be discussing the discrepancy. Often different agency focus or knowledge differences have led to the FCM or agency to a different score. Collaboration is the key for the CANS being effective. Sharing CANS between agencies is necessary for this collaboration to work.
General Questions	
Do you have a full document of your Current Practice Reform Model and if so can you send a copy to me?	An online version of the booklet "How are the Children in Indiana- A New Practice Model Indiana" is being converted at this time and will be posted to the DCS website. This booklet can be a used by providers as reference guide in explaining the practice model.
Counseling/therapy-In instances when youth are placed out of county, is it permissible to use video-conferencing to facilitate sessions with family members – DCS Billed	DCS may approve this on a case by case basis. Approval should be documented in writing on the referral.

Respite Care was not a service standard for the next cycle. Is it something that is going to be subcontracted out through Community Partners?	Respite as a prevention service may be subcontracted through the Community Partners for Child Safety contracts if the Regional Service Council identifies that service as a priority. Respite Care for foster homes will be arranged through the Regional Foster Care Specialists.
Is it possible to have uniform templates for testing/ Assessments	DCS will be developing required components for assessment reports.
For any of the support group services, can provider mix their own population into the group or does the support group have to consist of ONLY DCS referred clients? For example, can a bio family support group have DCS referred parents and bio parents that the provider agency is serving that have not been referred by DCS?	Yes you can mix the populations, but you can only bill for DCS families and you cannot bill unless you have a minimum of three DCS families. If the service is billed per group, any amount paid by non DCS families should be used to reduce the cost of the group.
If we as providers have previously provided services and therefore have completed background checks, will they need to be completed again for this new contract?	Providers will be expected to comply with the Criminal and Background Check section of the contract. Please refer to the sample contract for review or more information.
If we attach a budget with our actual costs for the service delivered, and the cost is higher than the proposed rate, will the Indiana Department of Child Services be willing to negotiate rate with non-profit?	Yes. Any rates higher than the standard rate are subject to negotiation.
On the Parenting Education module there is no fee schedule. Does that mean I should submit a budget?	Yes, you must submit a budget
If we submit a budget for a higher rate, and that rate is NOT approved – what then becomes of our RFP? Is it automatically ruled out for consideration? We would hope to have it still considered even if the higher rate is denied.	The higher rate will be negotiated
If a provider is not requesting a rate different from DCS identified rate, do we still need to submit a budget.	No is the answer for applications/propoosal for Community Based Services.
Please define hourly rate billing? Can we only bill for face to face or does this mean we can bill an hourly rate for travel, phone collateral, etc.?	Please refer to the service standard for the definition of the hourly rate. The definition varies by service standard.
Service Narrative Community-Based Services - are the pages to be single spaced, double spaced, a space and a half between sentences	No set formatting is required.

Our organization provides only one of the kinds of services approved by DCS/Probation (Emergency/crisis services). Is it possible to submit a proposal for only this service under Home-based family centered casework services or should this proposal be prepared under specialized services. Thank you for your consideration. I look forward to hearing the answer soon.	If your service is closely alligned with the Hombebased Family Centered Casework Services then please do the proposal as such. If not, then you may elect to complete the proposal under Specialized service.
It is my understanding that the Provider Narrative is to be three pages. Does this include the organizational chart or is that an additional page?	The Provider Narrative is all inclusive-three pages total.
Can you provide an estimate number of Medicaid eligible and non-Medicaid eligible clients that are anticipated by Region .	No
If writing 1 RFP for several regions, do you do a service narrative for each region, especially if services are provided in a different structure (using subcontractors vs. your own staff)?	While you do not need to attach a service narrative for each region, if the services are provided differently, you may attach a service narrative for each region.
If only submitting 1 RFP do you write several service descriptions for each service standard you are submitting (e.g. home based, fatherhood, drug and alcohol, etc…) How do you denote what region (s) if they differ based on what service standard you are doing per region (we may do fatherhood in 8 regions but home based in only 4)?	Yes. One will have to write a service narrative for each service standard. It is up to the service provider to denote in which region the services will be served.
What documentation is needed if you are requesting a higher rate?	This requires the submission of a budget and justification supporting the higher rate.
Referrals-Would it be possible for DCS to stipulate a reasonable time limit within which official referrals should be sent to providers after they commence services with verbal referrals? We would like to preserve our working relationships with our local DCS offices as much as possible. However, referral delays now have significant impact on the billing process.	If the FCM does not send an official referral to the agency, please follow up with the FCM's Supervisor.
Will the referrals from DCS and Probation state whether or not this referred client family is eligible for MCO services?	DCS referrals indicate whether or not the client has Medicaid. Please discuss with the FCM or Probation Officer if there are any questions about eligibility.
So if we are writing 1 RFP but requesting to serve multiple regions we still write only 1 RFP, correct?	Yes

Billable Units- Regarding court, is the maximum billing allowed one court session per day per worker regardless of the number of different court hearings a worker was requested to attend in a given day?	It is per case not per worker per case.
What role and how much influence does the regional service councils have in selecting of providers?	Recommendations by the Regional Service Councils will be considered in determining which Proposals will be accepted for contracts.
Who evaluates proposals?	The State will select a group of personnel to act as a Proposal Evaluation Team.
Credentials- Does the definition of “directly related human services field” remain the same as the last contract period with regard to degree types?	Yes
Can providers expect that DCS will honor the next contract (2011-1013) through the entire contract period? During the last contract (current) when DCS failed to honor the contracts and cut rates 10%, the providers who had initially in good faith agreed to contract at DCS’ proposed rates (vs. submitting a budget for higher rates) suffered greater losses by providing services for less. It is a concern that if providers accept DCS’ proposed rates for the new contracts, this will happen again.	DCS appreciates agencies who continued to provider services after the rate reductions. DCS does not anticipate any reductions during this contract cycle, however, it is impossible to predict what the economy may do.
If you have a current contract, do you need the criminal background checks “before” the new contract?	Background checks will be required only for those providers who are awarded a contract.
Does the owner of an agency have to posses a masters degree for the service standards that require a supervisor to posses a masters degree? (The agency currently employs workers that posses masters degrees).	No, but the supervisor must meet the minimum qualifications in the service standards.
Can one person bill court for two different clients on the same day?	Providers can only bill for one Court appearance per day per case.
Can two people from one agency bill court for the same client if they represent two different programs and are both requested to be there?	Yes, as long as they are providing different referred services. For example, one person could be providing the visitation service and one could be providing the counseling service. DCS will only pay for court appearances when DCS requests the provider to appear in court.

The rate for GROUP and QUALIFICATIONS OF WORKERS across the various service standards varies greatly. The rate that seems clearly out of line is the Substance Abuse Outpatient at $14.58. Would DCS be willing to reevaluate this and bring it up at least to the same rate as Sex Offender Treatment which requires the same Minimum Qualification level of the worker?	This rate is consistent with MRO.
In the **disallowed expenses** section it states: "Interest Expenses: Interest expense is not an allowable expense."**Q.-** Does this mean the interest the provider must pay back to the bank for monies borrowed to meet it's financial obligations *due to delay in payment from the DCS*, is not an expense that is allowed to be repaid by the provider?	At this time we are considering reasonable interest expense to be an allowable cost in determining rates.
If the rate for group services is $90/hour, does this mean that DCS can refer an unlimited number of people and we can still only bill $90/hour?	Yes, but it is dependent on the service whether or not the service can be effective given either too few or too many people attend. If either should happen, the provider and the local office director needs to discuss.
Provider Narrative: History of Quality Services This section should document that the agency/provider historically has had an acceptable working relationship with the local DCS or other community agencies, if there is no prior relationship with the DCS.**Q**.- Is this section not to be completed if the agency currently works with DCS? Or is it completed only if the agency is requesting to provide services for a county/region that it has not provided services prior to this proposal? Or is this to be included regardless of past relationships with DCS?	Yes. The agency needs to address the history of the working relationship with DCS and other community agencies.
Do we need to provide the projected number of clients the Provider/Agency intends to serve – if we are serving more than one county, for example Marion, Hamilton, Hancock, are we projecting the total number of clients for all three counties or do we need to break the projections down into each county?	SERVICE NARRATIVE: 2. SERVICE DEMOGRAPHICS Narrative defines the target population, the geographical service area, and provides the projected number of clients the Provider/Agency intends to serve
For the Service Narrative Section of the proposal: Does this section have a requirement as to the spacing between sentences, i.e. single spaced, double spaced, 1.5?	There is no recommended spacing between sections(it is recommended that you use font size 11pt. to 14pt. so that your documents are legible).

The Service Narrative Section of the proposal is divided into 4 sections. Do you use those four sections broken out in the narrative? I.e. 1. Program Name/Service Standard & Intake Referral Process – address what needs to be addressed here2) Service demographics – address what needs to be addressed in this section 3) Practice Model – address what needs to be addressed in this section 4) Program Evaluation and Reporting – address what needs to be addressed in this section?	1)Yes. Please refer to the RFP instructions section 2.3 Provider Narrative and Service Attachment E
Billable Units Face to Face Time with the Client - Includes crisis intervention and other goal directed interventions via telephone with the identified client family. Is texting considered phone contact if it meets the above criteria? Many families have no phone (audio) service but can still text and communicate that way with providers. My understanding is there are providers currently billing texting as face to face telephone time with clients, we are not, but thought this would be a good time to ask for clarification.	Texting is not billable.
Our contract expires July 01, providing services for Dcs with Anger Control, Domestic Violence, Drug testing, etc.I assume we need to reapply for a new contract to provide these services-if so do have to have them in by January 7th or is that for new providers not existing?	Yes, by January 7, 2011
Will the current contract be regional or statewide? If an agency is approved by one DCS region, can the agency provide that service in another DCS region if requested by a county office without Regional Service Council approval?	Yes, contracts will be statewide. The Regional Service Councils must approve the provision of services in their region.
Under which service standards can kinship care providers who do not have an IA or whose children are not CHINS receive services? Will there be a separate RFP for kinship services?	Families who need services, but do not have an open case with DCS or probation, may access services through Community Partners for Child Safety.
If we are a current provider for HB services and have an active contract until 7/1/11, but do not get a new contract will we need to end services with active families on 7/1/11?	Yes, the provider will have prior knowledge and should phase out the services and discontinue taking referral. The provider can work with FCM to make arrangements for the families that will need further services through another provider.
Will court interpreter services to DCS clients be covered?	Courts are responsible for interpreters for court proceedings, but not for communications outside of the court proceedings

Will teaching English as a second language be covered under this RFP?	No
Will Transportation services be covered?	The travel to the client's home is not billable, but in many of the standardized services, once the client is in the car the transportation becomes billable given this transportation is identified as goal-directed, face to face, and approved/specified as part of the client's intervention plan. Service provision is expect with the client during travel with proper documentation of that service services
Is transportation, not travel, billable at the face to face rate?	The travel to the client's home is not billable, but in many of the standardized services, once the client is in the car the transportation becomes billable given this transportation is identified as goal-directed, face to face, and approved/specified as part of the client's intervention plan. Service provision is expect with the client during travel with proper documentation of that service services
What role will the RCS have in approving and/or denying specialized services?	The role of the Regional Service Council does not change. Specialized Services will only be funded if money is available and the region wants the service.
It is my understanding that the Service Narrative is limited to five pages per service standard. Does that include the reference page or is the reference page additional?	Yes it is inclusive.
I have downloaded the requirements including the forms off of the DCS website/3151.htm. Is there anything else I should complete or download?	Please follow the directions in each RFP.
Caretakers Group: We haven't been able to find a standard and associated payment point suitable for our Caretakers group. Is there one that applies, that perhaps we have missed?	There is not enough information prov ided about this service to determine if it may fit under one of the standardized services. Please review the service standards to see if it may fit under one of them. If not, you may apply under Specialized Services.
As a sole proprietorship, I have been advised by the office of the secretary of state that I can not be registered there. I have registered with the Office of the Marion County Recorder, and Marion County is the only area in which I propose to provide services. Is it possible for my application to move forward if I check the box that says I have not registered with the Secretary of State?	Yes

If a rate higher than the one published in the RFP is being requested for a service that is provided in multiple regions, is the rate required to be the same in all regions for the service and is a budget required for all regions or is just one budget per service to be submitted?	For Community Based Services the rates have to be the same for all counties/regions proposed to be served
I presume that as a direct service provider myself, I will need to document that I have cleared the various criminal and background checks required for all current employees. Is this correct? Once I submit my requests for such checks, is it essential that I have received the responses from all agencies queried prior to the deadline for submitting this proposal on Jan. 7?	Yes, The background checks do not have to be completed by January 7th. The provider probably would not want to have the checks done until after they have been notified that they will be awarded a contract.
The Proposal Scoring Tool (Attachment L) does not appear to mention cost except if a proposed unit rate is higher than the standard rate. If an agency submits a bid to provide a service for significantly lower than the standard rate, would this be considered an advantage that would yield a higher score?	The score would not be affected, but it may be considered as part of the overall evaluation of the application/proposal. If technical proposals are close to equal, greater weight may be given to price and/or whether or not the respondent is also a Medicaid provider. Cost of services may also be considered when making referrals.
The first lines of the "Basic Information" section of the online Application refer to "Legal Applicant/Agency Name" and then "Doing Business As". I am a sole proprietor, operating (Doing Business As) an agency named "XXXX XXX." (I am registered in Marion County, where I operate, as "engaged in business under [the] name ... XXXXlXXX." This agency does not have a separate Employer ID number; taxes are paid by me as an individual small business owner. It seems clear that I should enter the agency name for "Doing Business As"; but should I use my name or the agency name for the first entry: "Legal Applicant/Agency Name"?	The Legal Name would be your given name, assuming that you will be using your social security number and not an EIN. The Doing Business As (d/b/a) would be XXXX XXX.
Am I correct in assuming that the Budget Justification Worksheet (Attachment F) is not required for proposals to provide services at or below the standard rates? Or is it necessary to justify the proposed rates by filling out the worksheet for all four listed Components (CTFM, Court, Group, Interpreter Services) of the Service Standard "Domestic Violence Batterers" in all applications?	You would not have to do a Budget Justification Worksheet if your rate is at or below the standard rate

Other than Homebuilders, what training, if any will DCS provide to new contractors? And is there a schedule of when the trainings would be available?	None
If the state decides to extend contracts 2 more years after 2013, will there still be an RFP process to let in new providers?	RFP's may be issued at any time when a region identifies an unmet need.
How were the rates determined?	The rates were determined by reviewing the median rate for each individual billing unit when it was available. Medicaid rates were also considered.
How can providers find out the gaps in services being offered in their regions?	They can attend the Regional Service Council meetings and also review the Biennial Regional Services Strategic Plans on the DCS website.
Is there any supplemental funding available for rural areas to help cover travel time? Providers have difficulty covering losses when travel time is extensive and clients no-show.	No.
For residential treatment provided in one county but assisting clients from other countries should all of these counties be listed in the application, even though the service is not provided in that county?	The RFP is not for Residential Treatment.
Could you please advise if a probation department can apply for the Truancy Termination Service Standard, and if so- can the probation officers be the actual providers. For example, can the probation officers be a training facilitator, family support worker, or supervisor?	Probation Departments are not eligible to apply under this RFP.
For criminal history checks- I realize you said yesterday that we are not to do this form for the grant, but the form does have a section in it for current staff. I would like to know definitely, should we ignore this form totally or fill out for the staff we currently have?	This form is to be used once a contract is in place.
Case conferencing and CFTM: Can we bill phone case conferences and CFTM on all service standards? Can we also bill regardless if the client is presents at the CC CFTM?	No to the question about billing for a phone case conference. If the CFTM or CC occurs, regardless if the client is present, then the time can be billed for the CFTM/CC for all applicable service standards.

The standard says the following "The provider of this service may be requested to testify in court. A Court Appearance is defined as appearing for a court hearing after receiving a request (either verbal or written) by DCS to appear in court, and can be billed per appearance….."Will DCS pay if the request for a court appearance is made by Probation, CASA, Prosecutor, Public Defender, private attorney or Judge?	No, DCS will pay for the court appearance if either DCS or Probation subpoenas the individual or requests their appearance.
Case conferencing and CFTM: Can we bill phone case conferences and CFTM on all service standards? Can we also bill regardless if the client is presents at the CC CFTM?	No to the question about billing for a phone case conference. If the CFTM or CC occurs, regardless if the client is present, then the time can be billed for the CFTM/CC for all applicable service standards.
For court appearances for employees that have left the agency. It is mentioned that we are to provide DCS with a forwarding address so they can contact the former employee directly. Isn't this a violation of confidentiality?	After receiving a subpoena for a person who is no longer employed by the agency, each agency should immediately notify DCS and provide contact information if available. If the former employee has requested confidentiality, the agency may follow its own agency protocols on forwarding addresses, and, in any case, should state who will be able to testify in the former employee's place and/or provide documentation with a business records affidavit.
Under Multiple standards: Client satisfactions surveys- if you serve less than 5 clients from one county, would we be required to have 1 survey completed since 20% would be less than 1?	The Service Standards indicate that the minimum number of surveys is 12. If you do not serve 12 clients, you should attempt to get completed surveys from all of your clients.
Specialized Services	
If my service is working with children of incarcerated parents do I use the specialized service standard or a different standard?	Not enough information is provided to determine if this service fits within any of the service standards. Please review the service standards. If it does not fit within any of them, you may apply under Specialized Services.
Specialized services How will the approval process be handled for specialized services? We would like to apply under specialized services for SAY (Sexually Abusive Youth) services, would that be considered specialized or part of the counseling service standard? If we apply under specialized services and DCS does not consider it 'specialized' will we have an opportunity to apply under another service standard or do we lose our opportunity for funding?	There is this one application/proposal opportunity through this RFP.

Is there a service standard for Specialized Services referred to at the Bidder's Conference?	No, Specialized Services are not standardized. Please be sure your service does not fit under a service standard before submitting it under Specialized Services.
It was stated that there was a specialty standard for those services that may be needed but had no RFP written for them. I did not see this standard anywhere. Where would this standard be found or are there guidelines for writing one?	See RFP for Community Based Services, Section 1.2 "Purpose of the RFP". There is no Service Standard for Specialized Services.
Concrete Funds	
Will concrete funds be a part of the home-based casework services standard? If so what will be the specific requirements to utilize such funds?	Under Homebuilders contract it is under the standardized rate. Under the Community Based Services contracts, all of the concrete funds have been removed. Service providers may still bill for concrete funds for specific needs if authorized by DCS. If the FCM needs a service provider to pay a client's rent or utility bill, an ICWIS referral will be created for global services and indicated on the referral form for the specific service requested.
What are the parameters for concrete funds? How can we guarantee payment? What approval is needed?	The parameters will be set out in a pre-approved referral which should be provided to the service provider by DCS prior to any funds being expended.
Reports	
Regarding the DCS templates for Monthly Report - Visitation, and Monthly Progress Report (both attachment K) Are the DCS templates to be used, or can providers use their own if the information is the same and formatted in the same order?	The provider may reproduce the template, but the formatting should be the same and the report should include the same information.
Must providers use DCS form or can we create our own based on the in for requested on the DCS form?	Please use the standardized reporting forms for the indicated information. If there is additional information please attach additional reports/documentation.
Monthly Progress Report Form: We already use a form that is similar to the monthly reporting form that is now required. It contains similar information, but is in a different format. Can we use our existing form, or must we use the new form?	No. The standard template form must be used. Additional information can be added to the form. The template should be placed on the providers letterhead.

Visitation Monthly Progress Report: We already use a supervised visitation form that is very similar to the form that is included in the RFP. We have been providing visitation documentation to the local DCS with this form for over 20 years. It contains nearly identical information that is being requested, but in a slightly different format. Are we able to continue to use our current form, or must we use the new form?	No. The standard template form must be used. Additional information can be added to the form. The template should be placed on the providers letterhead.
Can agreements with DCS for non-standardized report forms be reached? For instance the existing reports may be more extensive and meet everyone's needs can we continue its use with local DCS offices?	Please use the standardized reporting forms for the indicated information. If there is additional information please attach additional reports/documentation.
Are the standardized monthly progress reports just for supervised visitations or other services standards as well?	There are standardized supervised visitation reports as well as monthly progress reports. Please use the standardized reporting forms for the indicated information. If there is additional information please attach additional reports/documentation.
Must a provider use the Monthly Progress Report template provided (Attachment K) or can they create their own?	Please use the standardized reporting forms for the indicated information. If there is additional information please attach additional reports/documentation. Conference
Court	
When billing for court appearance, is there any formal documentation needed or will a verbal request from FCM and a Probation Officer is approved to bill?	Written documentation must be provided by DCS.
Under Multiple standards: Court time- Please clarify the maximum of one court appearance per day. Does this mean that if a caseworker goes to court for multiple cases/clients in one day, only one appearance can be billed? Or is it one court appearance per day per client/case?	One court appearance per day per referred family
Will agencies be able to bill for court appearance for closed cases? Currently, no billing is allowed after the case closes, but we often get subpoena's from DCS for past cases.	If DCS requests the provider to appear on a closed case, DCS will pay a court appearance.

Please clarify the information on the Court Appearances. It states “maximum of one court appearance per day” as billable. Does this mean per person per case? Or Per agency per case (since therapist, Case Manager and Homemaker could all be requested to attend)? Or per agency for all cases (which could be a problem as we often have cases scheduled for court the same day)?	In general per agency per case unless otherwise identified by the referral source.
Court appearance and multiple staff – can we bill the court rate for each person requested to attend?	Yes, with a maximum of one Court appearance, per staff member, per case, per day.
When we are subpoenaed by DCS to appear on closed cases will we be able to bill for that court appearances?	Yes
Court- 2 hours max?	No, the maximum allowed is one court appearance per day.
What are all of the services in which court can be billed under?	Please refer to the service standard for billable units.
Please clarify court billing procedures; specifically what does each mean as a unit of billing (hour or occurrence)? What if you went to court in order to answer a subpoena but are not called to testify can you still bill?	DCS or Probation will provide written documentation of the request to appear in court (an email will suffice)
Will providers need a subpoena to be able to bill for court appearance? If not what documentation will we need—will a verbal request from a FCM suffice?	DCS or Probation will provide written documentation of the request to appear in court (an email will suffice)
How should the providers document a “verbal request” to appear in court to assure we will be paid for this time? Are progress notes documenting the call acceptable?	DCS or Probation will provide written documentation of the request to appear in court (an email will suffice)
Addictions	

Regarding Random Drug Testing, I am understanding that the initial test is the instant test done on site, and the confirmation test is the lab test, but the rate shows as 'actual cost' for both. How do we take into consideration the personnel cost of testing, management of results, and result notification?	**From Service Standard:Initial Drug Screens** Services include all costs from the drug screen supplies needed to do the screen to the results notification (Includes but not limited to screening supplies, collection of specimen, lab costs,etc.) The vendor shall ensure that the chain of custody procedure is followed to maintain the integrity and security of the specimen from time of collection until receipt by the laboratory. **Confirmation of Positive Test (lab processing)** The confirmation test is for those initial drug screens with a "Positive" result. The unit rate will include all cost associated with confirming the status of the Initial Drug Screen and will include results notification. The vendor shall ensure that the chain of custody procedure is followed to maintain the integrity and security of the specimen from time of collection until receipt by the laboratory.
On the rates sheet, Substance Use Outpatient Treatment, the component of IOT rates is listed as $1.00. Does that mean we bill at our actual cost? Hence, just like with Drug Screens and Interpreter Services where we DO NOT have to submit a budget - I am then assuming we do not have to submit a budget for our IOT rate?	This is an error. The correct standard rate is $43.74 for 3 hour session, which is consistent with the MRO rates.
Do substance abuse facilities have to be State and DMH certified?	Yes, State Licensed and DMHA Certified
What are the ethical ramifications of a stakeholder (DCS) drug testing parents involved with DCS? If none please explain.	DCS collects oral swab samples and only after having been trained in oral swab sample collection and legal chain of custody procedures established by the vendor. The vendor trains DCS staff regarding oral swab collection and their vendor established legal chain of custody procedures. DCS forwards all samples to the relevant vendor for appropriate testing. Testing and documentation of results for the sample is conducted by the vendor, not DCS.
In regards to MCO/DCS billing for substance abuse assessments or outpatient treatment. Who determines if providers is to bill DCS or MCO?	Medicaid providers should consider whether or not the service being provided is eligible to be billed to Medicaid. For those services that are not reimbursed through Medicaid or for providers who are not Medicaid eligible, DCS may billed.

Is it possible the residential substance abuse services can be longer the 21 days if there is an identified need to do so?	The service standard calls for a minimum of 7 days and a maximum of 21 days. If there is an identified, documented need for continued residential care than a request, on a case by case basis, could be made to the DCS who is in charge of the case.
As a drug testing laboratory how do we provide services for: Substance use disorder assessment, Substance abuse out patient treatment, detox services, residential treatment, and diagnostic and evaluation services?	The agency does not have to provide every service standard listed under the service "addictions". For example, the drug testing lab could just apply for drug testing and supplies and/or drug testing under the addictions service.
For attachment F- this is for person hours, where is a budget for supplying drug test dollars?	The attachment has a place for consumable supplies and printing. It also has a space listed for other where you can justify the expenses for the drug testing.
In the Outpatient Substance Use Treatment service standard, page 187, item number 7, the initials IICP are used. What does that stand for?	Individual Integrated Case Plan
In the Outpatient Substance Use Treatment service standard, page 192, suddenly the term Intensive Outpatient Treatment is used in bold letters. This relates to question 4 above. There are inconsistent terms. Please clarify.	It is just a heading for the paragraph.
What are the credentials or training for "appropriately credentialed personnel who are trained and competent to complete Substance Use Assessments"?	To obtain the appropriate credentialing information log onto the State Professioanl Licensing Agency at www.pla.in.gov click on professions and then click on addiction counselors you will find the statue information that went into effect July 1, 2010 and the credentialing information.
The standard for Random testing asks for Positive results to be returned to FCM within 72 hours of collection. This can be done in most case. It further states "Negative results to be reported to the FCM within 24 hours of collection". Even negative results require a 48 turn around. Collection is made, ship to the lab, tested, and then reported back to the collection agency. If the collection is made on Friday, the results will not be returned until the following Tue week.	The provider should follow the service standard. The turn around time is from the time the lab receives the specimen
In the Outpatient Substance Use Treatment service standard, page 185, the initials IOT are used. What does that stand for? On page 187 it is used in connection to Intensive Outpatient Recovery (IOT) but should it not correctly be IOR then instead of IOT?	IOT stands for Intensive Outpatient Treatment. No, page 187 is correct and it should remain IOT.

Under the proposed services for Substance Abuse Outpatient Services there is listed a service listed called Family Counseling. We have not provided that service in the past. Is it now a requirement to do so? I do not see anyway to indicate if one does not do a service such as Family Counseling	The service provider does not have to provide Family Counseling. The service provider should indicate that in the service narrative.
There is not a standard for e-mobile drug screens. Is that to be absorbed in the Random Drug Screen Section or is it not an option in this cycle?	No. Mobile drug screens have been discontinued. If the service you provide fits under the Random Drug Testing standard, you may apply under that standard.
For Random Drug testing it states the referring worker may also indicate the required number of random screens. The standard states 24 screenings per referral in a six month period, the forgoing statement confuses that portion of the standard.	The Standard states that for each referral, no more than 24 screens will be allowed. If more than 24 screens will be necessary during a six month period, a second referral will be required. Therefore, if the referring worker wants the client to be tested twice per week for a six month time frame. A second referral will need to be completed at the end of 12 weeks. If the worker only wants random screens to occur once per week (or perhaps only wants the client tested a total of times during a three month time frame to rule out any suspicion of drug use), the one referral will be sufficient.
Outpatient Substance Use Treatment (p. 186) requires drug screens. Does the provider have to do the drug screens or can we refer the client to an approved lab for this service? Would there be a separate referral for drug screens – therefore, DCS would be paying for the drug screens separately or would the provider have to include the cost of drug screens into the treatment rate?	No there is not a separate referral for drug screens. You can refer out to a separate lab it must be billed under the same referral at cost.
Please define how substance abuse treatment should be handled through the counseling service standard.	Substance abuse counseling/treatment must be done under the service standard "Substance Abuse Treatment."
Adoption Services	
It was stated that a standard for adoption support groups would be released in a separate RFP. Can you tell us when that will be released?	DCS plans to release this RFP in January.
Can agencies other than LCPA's submit proposals for child preparation and family preparation under adoption?	Only LCPAs can approve home studies. Other agencies can provide Child Preparation services
Which service standards are pre-adoption services covered under?	If a child is placed in a pre-adoptive home, it is likely the child is already receiving services, but if not, any service standard can be put in place.

The standard states that the provider must make a recommendation as to the ability of the prospective foster/adoptive/kinship parent(s) to meet the needs of children in Indiana's custody as a result of neglect/abuse. The family assessment refers to "several home visits", how many is several home visits? Under Goals and Outcomes in Family Prep there is information regarding SNAP requesting additional work with the family be done. If SNAP approves additional work to be done, will those hours to cover the additional work be approved?12 hours does not cover what is requested in the standard particularly if presentation at SNAP is required by the staff person who did the home study. Can more than 12 hours be authorized? How many hours do you get if the home is already licensed and needs to be prepared for adoption/SNAP? If family hasn't done classes prior to initial referral, then meeting the 60 day deadline is not possible. Can DCS/SNAP work to have classes completed	The number of visits should be sufficient enough to complete the assesment. If DCS requests additional work beyond the 12 hours, the SNAP/FCM will authorize additional hours. If the home is already licensed 4 hours can be authorized. Yes DCS/SNAP can work to have classes completed prior to making referrals.
The homestudy is required to be done within 60 days. Are there concessions for the delays from the foster/adoptive families? If it is past the 60 days, should we obtain a new referral since the 60 day limit would have expired but not the 6 month limit on the referral?	If the resource family is delaying the home study, communication with the FCM or SNAP Specialist is paramount. A new referral is not needed until the end date has been met.
RFP states that the study should be sent to SNAP for approval within 30 days of completion of the study. Some months SNAP is already "full", so if this is the case, are we assured the provider would not be penalized for the 30 day time limit for gaining approval for the study?	The study should be sent within the time frame outlined in the service standard. The timeline for approval of the homestudy by SNAP is not the responsibility of the service provider.
For Foster Home Studies/Updates/Relicensing Studies, can mileage be billed separately or is it part of the rate? Mileage is mentioned at $.40 per mile, but we are unclear as to whether it's included in the rate or something we can bill separately.	No, it is part of the rate and should not be billed separately.
Family Prep –Is the 12 hour limit also expected to cover SNAP Team	Yes
Billable Rate States Hourly Rate up to 12 hours and then two paragraphs down States Hourly rate with "up to four hours for adoptive home study updates" in parenthesis. Can you please clarify the billable hours?	The 12 hours is for the home study and the 4 hours is for an update to an existing home study.
Child Prep – *How many kids (the other groups require at least 3 in attendance) need to be in attendance to bill the group rate?*	A minimum of three

Family Centered Services (Homebased)	
Our HBFCT program places 1 or 2 therapists with families that are larger or who are in severe chaos or crisis. Having the option for 2 therapists working with a family when necessary is a fundamental piece of our program. Will we still be able to go this when needed? Reference HBFCT FCCMII Service Delivery: 14) Each family receives comprehensive services through a single HCS/HBFCT acting within a team.	The standard allows for Team Back Up. If DCS requests 2 therapist, the approval should be documented on the referral form. For the most part, there should only be one therapist per family.
Can a mixed caseload occur i.e. Homemaker 12 per caseload and family centered casework 12 per case load?	A provider can have a mixed caseload at a maximum of 12 cases. The qualification of the worker has to be the highest qualification.
Under the Home Based Family Centered Casework and Homemaker Services it states that there is a maximum of 12 active caseloads for each HCS. Could the HCS have 12 active caseloads under one of these programs, and still carry an additional caseload under another one of the agency's non-intensive programs (non-DCS contracted program).	No, the maximum caseload is 12.
Home-based Therapy Minimum Qualifications Regarding the direct worker- What does the term 'related clinical experience' mean? For example, if an individual has 2 years of case management that occurred prior to completing his or her master's degree, does that qualify as related clinical experience?	No, the experience must be clinical in nature. Case management is not clinical work.
Home-based casework; home-based therapy Service Delivery Will there be a provider cost associated with a possible family functioning evaluating tool?	If a tool is chosen, DCS will determine how to best cover the cost of the tool.
When there is a home-based casework or therapy referral, and requested services include visitation, can these visits only be in the home? If office-based visits are requested, is a separate referral needed?	There is not a requirement for visits to be in the home however to be consistent with the practice model there should be a goal of having the visitation in the home. A new referral is not need, supervised visitation is a separate billable unit under the service standard.
Can you have more than one level open on a case, for example Home Based Family Centered Therapy and also Home Based Family Centered Casework?	Yes
Home-based casework; home-based therapy Service Delivery-#12Please define 'active families'. Does this mean open cases?	Yes with an active referral

Home-based casework; home-based therapy Service Delivery Will there be a provider cost associated with a possible family functioning evaluating tool?	If a tool is chosen, DCS will determine how to best cover the cost of the tool.
Regarding Home-Based Family Centered Casework Services and for Home-Based Family Centered Therapy: It states that the agency will make face to face contact with the client within 48 hours of referral. Is this meant to be business days or truly 48 hours? If the referral comes in on Friday afternoon, is the expectation that we meet with the client prior to Sunday evening?	Calendar days. If you receive a referral on Friday, it is the expectation that you would meet with the family on Sunday.
Does a Masters in Special Ed and Masters in College Teaching & Learning will qualify as a "directly-related human services field" for the Home-Based Family Centered Casework Services standard?	A Masters in Special Education may qualify with Child Welfare experience. The Masters in College Teaching in Learning would not qualify.
Have the standards for the home based services been updated/changed since their original release on 12/1/10? If so, which ones please?	The Home Based services released 12/01/10are for the next contracting cycle. The current Home Based services (2009-2011) have not been revised.
RFP states that DCS may choose to "select a standardized tool for evaluating family functioning". Which ones are being considered?	DCS has not yet determined what tool will be used
Resource Parent Services	

Foster Care Services has been serving rural county DCS agencies since 1977. We have been providing support to our 8 county's foster families (started out with 6 counties in '77) and have been providing preservice and ongoing training to foster parents since our inception. Since we can no longer contract to provide training, I plan to submit an RFP for Foster Family Support Services. I see in the Service Standards that resource parent education is part of the standard. Can we offer foster parents in-service training credit for attending our meetings? We will probably offer at least 6 meetings a year rotating our location to varying counties throughout the year. Each support group will have a training component and probably last two hours. We have always offered an advocacy component with a toll free number that foster parents can call when they need support and possibly intervention with the county that supervises placement. We have also always provided support to the counties when they are experiencing difficulty with a foster home	Foster Parent Support Services as defined currently, will be discontinued. These services are replaced by Support Groups for Resource Families and Resource Parent Support Services for families who have specific needs that are outside the scope of what the Regional Foster Care Specialist would provide. If the Support Group includes a training component, and the training has been approved by Staff Development, foster parents may get training hours for attending
It was mentioned at the bidder's conference that a service standard being issued in the current RFP would be brought into DCS at some point. Which service standard was that?	FAKT- Foster Adoption Kinship Training and Foster Home Studies/Updates/Relicensing Studies
Are the Parent Resource Funds (for foster parents) included in the regional funding dollars already allocated and if so how much so that the budget for services can be drafted to reflect this?	We are not sure what Parent Resource Funds are.
For Resource Parent Support Group: The only defined billable unit is for support group. Would you consider allowing childcare to also be a billable unit at cost? The size of the support group will be determined by the number of foster parents in the county so this would affect the number of children in attendance and thus the childcare cost. It could be hard to figure this into the support group rate unless we do a budget for each county we service under this standard. Would that be acceptable if you answer no to the first question?	Child Care (if provided) should be included in the rate for the support gorup. The costs of services often vary region by region, however, DCS expects the provider to propose one rate for the service. The costs for each region should be taken into account when figuring the rate.

For Resource Family Support Services: Will the Resource Family Support Worker receive an initial referral to begin working with/supporting families upon their licensing? Getting to know/meeting the foster parents would be important for building rapport with them prior to having to work with them on sensitive or specific issues.	Foster Parent Support Services as defined currently, will be discontinued. These services are replaced by Support Groups for Resource Families and Resource Parent Support Services for families who have specific needs that are outside the scope of what the Regional Foster Care Specialist would provide. Resource Families will not be referred for Resource Parent Support Services unless there is an identified need.
For Resource Family Support Services: Would regularly scheduled annual home visits and/or monthly phone calls to the foster families with the goal of supporting them through regular contact be allowable billable activities?	Foster Parent Support Services as defined currently, will be discontinued. These services are replaced by Support Groups for Resource Families and Resource Parent Support Services for families who have specific needs that are outside the scope of what the Regional Foster Care Specialist would provide. Resource Families will not be referred for Resource Parent Support Services unless there is an identified need. These services will focus on the identified need.
For Resource Family Support Services: Will the position be a 24/7 on call position for crisis/emergency? If so would back up need to be provided through the contracted agency when the worker isn't available?	Yes
For Resource Family Support Services: Will foster parents be able to receive training credit for the in-home training provided by the Resource Family Support Worker?	No
For Resource Family Support Services: Will DCS provide the social history/background information on a child to the Resource Family Support Worker when a referral is made for parent education related to a specific child?	Yes
For Resource Family Support Services: Will there be an assessment tool available for monitoring the progress of parenting skills?	No
For Resource Family Support Services: Can support include attending appointments (court, physician, etc.) with the foster parents?	If this is an identified need. DCS will document on the referral form specific goals/needs to be addressed with the family

For Resource Family Support Services: Under Goal #1, the outcomes are worded incorrectly/ not clearly: ~95% of all families that are referred will have face to face contact with the family within five (5) days of the referral (Shouldn't this be "will have face to face contact with the Resource Family Support Worker" and not with the family) ~95% of all families will have monthly written summary reports prepared and sent to the referring worker (This is worded as if the family is writing the report – Shouldn't it be the Resource Family Support Worker writing the report?)	yes, that is the intent of the goals.
For Foster Home Studies / Updates / Re-Licensing Studies: Case Record Documentation (Pg. 48) Under Case Record Documentation #2, #4, and #5 do not seem to apply to this service:2) Documentation of regular contact with the referred families/children (This is not an on-going service so regular (on-going) contact wouldn't occur – it would be limited contact.)4) Copy of DCS/Probation case plan, informal adjustment documentation, or documentation of requests for documents given to DCS/Probation. (This doesn't seem to be applicable to this service standard.) 5) A copy of treatment plan to include short/long term goals with measurable outcomes consistent with case plan/agreements in the CFTM. Goals to be updated with each new referral. (This doesn't seem to be applicable to this service standard.)	This is an error. The service standard will be corrected.
For Resource Family Support Services: Would this be anticipated as a full-time position for Region 4? For Allen County alone?	DCS will refer Resource Families who have a specific need for support services that exceeds the support provided by the Regional Foster Care Specialists. It is difficult to predict the level of need.
For Resource Family Support Services: Can foster parents self-refer if they have a need for assistance?	No

Foster Home Studies: We are interested in Foster Parent Studies and this is a specific service that local counties have wished us to apply for. For foster parent studies, it lists an hourly rate of $45.90. Hopefully that means a base rate before travel, report writing, mileage, etc. have been added in? Otherwise even if we spent the maximum 8 hours with a family face to face (which would not necessarily be typical), the reimbursement would be only $367.20, which is much lower than the rate many years ago. Could you clarify if this is just referring to a base rate of sorts? Also, can you clarify the difference between Foster Home Updates and Foster Home Relicensing?	Billable Unit from Standard: Hourly rate (up to 8 hours for foster home studies and 4 hours for updates and relicensing studies; additional hours must be approved by the referring DCS): Includes face to face contact with the identified clients during which services as defined in the service standard are performed. Collateral contacts, travel time, mileage not to exceed the State rate of $.40, scheduling of appointments, and report writing are included in this billable unit. There may be a request to update the home study by itself or as part of the relicensing process.
Resource Family Support Services the standard does not allow for court time billing. Is this correct?	It is not anticipated that DCS will request the Resource Family Support Worker to attend court.
For the Services Standards for Support Group Services for Resource Families, and Resource Family Support Services there is no Adherence to DCS Practice Model section. Can you provide that information?	An online version of the booklet "How are the Children in Indiana- A New Practice Model Indiana" is being converted at this time and will be posted to the DCS website. This booklet can be a used by providers as reference guide in explaining the practice model.
Since it is DCS' intent to phase out private providers for Foster Home Studies, relicensing and updates, can you give a specific date for the phase out to enable providers to plan staffing, etc.?	There is no target date yet. It will likely vary by region.
What is the difference between Resource support groups and foster Family Support full time position?	Resource support groups include only support groups.
Please clarify which resource parent service standards are being phased out?	The foster adoption kinship training and foster home studies/updates/relicenses
What is a Resource Family?	Resource family homes are categorized as those who care for : 1) Related children; 2) Non-related children, or 3) Both related and non-related children.
What happened to the FAKT service standard?	The FAKT services have been brought to DCS Central Office under the direction of MB Lippold in the Staff Development Unit. New staff will be hired in the spring.

Will resource family support services be phased out or just the home studies/updates/ relicensing studies?	The foster home studies/updates/relicenses will be phased out. It is DCS' intent to contract for resource family support services as defined in the service standard for foster and kinship families who need such services.
When will home studies/updates/ relicensing studies be phased out? After 6/30/13 or during the contract?	These services will likely be phased out during the contract period.
Are there going to be foster parent support services?	Foster Parent Support Services as defined currently, will be discontinued. These services are replaced by Support Groups for Resource Families and Resource Parent Support Services for families who have specific needs that are outside the scope of what the Regional Foster Care Specialist would provide.
Does the Support Group Services for Resource Families replace the Foster Parent Support Services? If so do the foster parents get any training hours for attending?	Foster Parent Support Services as defined currently, will be discontinued. These services are replaced by Support Groups for Resource Families and Resource Parent Support Services for families who have specific needs that are outside the scope of what the Regional Foster Care Specialist would provide. If the Support Group includes a training component, and the training has been approved by Staff Development, foster parents may get training hours for attending.
Is there a waiver process for Direct Worker requirements? These can effectively be done by experienced Bachelor's level workers who are knowledgeable about family functioning, community resources and home evaluation procedures.	No waivers will be allowed.
OTHER SERVICES	
Care Network and Cross Systems of Care	
Cross Systems of Care- Will providers be able to provide this service by county or will one provider be required to serve the entire region	Applicant can apply to provide services in whatever county they want to provide services within a region.

For Cross system care coordination: what current role does this function replace? How does this activity not overlap fundamentally with what community partners role is?	Cross system care coordination is not taking the place of another service. It is intended to work with families who are involved with DCS currently but are also involved with other agencies such as mental health, probation, or another service. Community Partners focuses on prevention services. Community Partners can not be involved if a family has an open DCS case. Therefore their services do not overlap. However, some of the services could be the same in design and ultimately will help prevent further abuse or neglect
Service Standards for Care network and Cross System Care Coordination look similar to the DAWN project. Is this a service that is able to be provided by an LCPA? How much of the direct service would be provided by the coordinating agency? Can we propose the service areas we can provide and coordinate others?	Yes, an LCPA can provide this service. The provider must at a minimum provide care coordination services and the supervision of those care coordinators and/or care network facilitator as outlined in the service standard.
Counseling	
As it relates to monthly reports, for counseling services is a treatment plan okay?	A treatment plan should be included in addition to monthly progress report form, it does not replace the monthly report.
p.79 V. Minimum Qualifications Clinical Interview and Assessment Reimbursed by DCS: Our interpretation is that a non-licensed Master's Level Clinician working under the supervision of a HSPP can do a bio-psychosocial assessment – is that correct?	Yes
Can you clarify the DCS funding under the counseling service standard? "Those services not deemed medically necessary for the Medicaid eligible client, including services to other referred members of the family that are not related to the behavior health care needs of the eligible client, will be billed to DCS per face-to-face hour as outlined below." Can a provider complete services on Probation and DCS parents and bill to DCS?	A Medicaid provider should bill Medicaid for Medicaid eligible services. Those services not billable to Medicaid can be billed to DCS if the service fits the service standard. DCS can be billed for services to referred clients who are not Medicaid eligible and for those proivders who are unable to bill Medicaid.
Diagnostic & Evaluation	
1. Upon completion of the Clinical Interview and Assessment does the FCM/Probation Officer need to complete another referral for psychological testing if recommend in the clinical interview and assessment?	Yes as indicated in the Diagnostic and Evaluation Service Standard

How are "psychological tests" defined and what measures are included? Do inventories (such as the BASC, CBCL, etc.) fall under the stated testing requirements, as listed in the D&E standards?	These tools would be considered psychological testing under the Diagnostic Evaluation service standard. Any needed testing would be identified in the clinical interview.
For D&E will the local offices be trained in advance what psychological testing is used for, and the proper process?	All FCMs and supervisors receive ongoing training throughout the year at DCS. There are several training modalities planned to best ensure FCMs and Supervisors are clear on each of the service standards.
If a client has already had an intake assessment, would we have to do another clinical assessment under D&E so medication can be prescribed or psych testing completed?	If a thorough report was sent to FCM's noting these recommendations, then another clinical interview will not be needed.
What evaluation measures are considered "tests" are inventoried such as the BASC, CBCL, ect.?	These tools would be considered psychological testing under the Diagnostic Evaluation service standard. Any needed testing would be identified in the clinical interview.
Who determines that further psych testing is approved when requested by the psychologist? How long will it take to be approved? Where do we send the request for further psych testing?	The psychologist should request from the FCM that further psychological testing be completed. The psychologist should document what specific questions would be answered by the psychological testing. The FCM in conjunction with other DCS staff will determine if it is approved. This approval should be given within a relatively short time frame.
How are "psychological tests" defined and what measures are included? Do inventories (such as the BASC, CBCL, etc.) fall under the stated testing requirements, as listed in the D&E standards?	These tools would be considered psychological testing under the Diagnostic Evaluation service standard. Any needed testing would be identified in the clinical interview.
Domestic Violence	
Domestic Violence Survivor and Child Intervention Services the same as Domestic Violence Victim and Child?	Yes
Regarding Domestic Violence Survivor and Child Intervention Services, who is permitted to do the Assessment and Safety Plans? Can a qualified direct care worker complete these, or must they be done by the counselor?	The direct care worker can complete these as long as the assessment is not clinical in nature. If so, it should be completed by an appropriately credentialed counselor.
Regarding Domestic Violence Survivor and Child Intervention Services, is there a required curriculum, or is it at the discretion of the provider as long as adhering to the list given in the service standards?	There is not a required curriculum, but there are content requirements listed in the service standard.

Regarding Domestic Violence Survivor and Child Intervention Services, what are the qualifications to facilitate the group?	The direct worker can facilitate the group unless the work is clinical in nature. In which case the counselor should facilitate.
Regarding the Domestic Abuse service standards, the standards indicate that DCS will contract for this service only with BIP-approved programs, IF there is one available. If one is not available, the service standard indicates that DCS may contract with other providers who must abide by the qualifications on the service standards. The qualifications listed in the service standard are exactly those of a BIP program, which is contradictory. Please clarify.	With regard to Batters' services, DCS will contract only with certified programs per state statute.
BIP is a 26 week program. IA's are often time closed prior to this. Is it advisable permissible to offer the 26 sessions on a bi-weekly 13 week calendar?	If a 13 week program is certified, DCS would consider contracting for it.
ICDAV standards for BIP programs permit substance abuse treatment to occur simultaneously with the BIP classes. The DCS standards seem to indicate this is not allowed? Can you clarify?	Substance abuse treatment can occur simultaneously just not as a part of the Batterer program. Substance abuse treatment would need to be provided by a contracted service provider for that program if DCS is to pay.
The Standard Rate listed for one hour of group is $90 (per Attachment B). The ICADV standards included state that each weekly session must be "at least 1.5 hours." Does this mean that the total fee (Standard Rate) for each weekly session is $135?	The $90 is a per hour rate, so yes 1 ½ hours would be $135.
Domestic Violence If a provider applies for the Domestic Violence service standard, are they required to serve the entire region?	No, the provider may choose what counties they want to provide services to within the online application.
Domestic Violence Minimum Qualifications Counselor- Why does this require 3 years of related clinical experience when many other standards now say 2 years? Should this have been changed also or is really 3 years?	3 years
Domestic Violence Child Services- #1What is meant by "24 hours after initiation of services, upon receipt of DCS/Probation referral"? Wouldn't that be the same thing, as services are not initiated until a referral is received?	Yes

Domestic Violence Batterers Intervention Services Goals & Outcomes -Fidelity Measures- #1How will this be measured? Also sometimes the cooperation may be one-sided and if you are the side being cooperative, you may have no control regarding how cooperative the other side may be.	This goal is to encourage and measure collaborative relationships among agencies. Good relationships are critical to providing the best continuum of services to clients. This may be measured by a survey or by agency report.
Domestic Violence Batterers Intervention Services Goals & Outcome- Fidelity Measures- #9 The word "protect" is used along with warn, but what is meant by protect? Of course informing or verbally warning the victims, partners, etc. makes sense, and also calling the authorities, but how far beyond that is a provider required to go to protect?	The provider would be expected to only warn. This change will be made to the service standards.
Father Engagement Program	
For the Fatherhood" service standard, how can worker be housed at DCS when they actually work for multiple counties in a region. And as such how is this addressed in the proposal	The home office for the field worker will be housed in a local DCS office.
I am interesting in starting a father engagement program, in my region. If DCS funds the program- would my program need to be modeled or based on the pilot in Marion Co. If so what is the father engagement program that was piloted in Marion Co.?	The program will have to comply with the service standards. The program will need to provide services to improve safety, stability, well being, and permanency for children. The Provider will coordinate programming utilizing DCS approved curricula. Programming will included a combination of services and information that provide: information regarding the CHINS process, financial responsibility, increase parenting skills, substance use, anger management, community resources, etc
What is the new fatherhood engagement program pilot?	Fatherhood Engagement Pilot Program is a pilot currently being implemented in 3 DCS regions. It is designed to engage and "bring fathers back into the picture" whose children are involved with DCS. The program is geared toward providing fathers with assistance and support in order for them to attempt to effectuate permanency for their children
How can I find out more about the father engagement program, will there be a conference or training on this?	Training will be provided in the near future.
Father Engagement-Is this service restricted to fathers who live locally? If not what is the expectation for engaging fathers who are out of County/state?	The provider is required to attempt to locate fathers that are out of county or state.

Parent Education	
Can parent education be proposed as individual services or must it be as a group	It can be delivered individually in the home or in a group setting.
Can a domestic violence shelter apply for parent education services if there is no “home” for a home-based assessment? Can the mother be assessed at the shelter/	Yes
Regarding Parent Education: Regarding the in-home parenting assessment that is now required for Parent Education; is there a standard assessment that all providers are to use, or are we required to develop our own?	No. There is not a standard assessment. Please see the Service Description included in the Parent Education service standard for a guide regarding the details that should be included in your provider created assessment form.
Our current parent education model, that we have used for a number of years, includes concurrent classes for parents and their children; as well as a structured parent/child instruction time where modeling and coaching occurs. Given that this hands-on approach improves the effectiveness of the service and is even more intensive than the requirements of the new proposed standards; as well as the increased cost that three in-home assessments for each client will levy, is it possible to waive one or more of the required in-home assessments?	No
p. 114: What is the procedure to get written approval from DCS Central Office for a parent education program that is not on the list? Does the program have to be evidence-based? Do you have to have approval prior to applying?	Written request for approval should be submitted to Lisa Rich, Yes it must be evidence base and approval must be received before use. You may request approval at the time of the proposal submission.
For Parent Education, would the in-home assessments be billed under the face-to-face rate?	Yes
Regarding Parenting Education, why are Nurturing group and Step group listed as having their own rates, but the other curriculums are grouped together? Is it correct that the Face to Face rate is the 1:1 rate (when the parenting instructor sees the client outside of the group on a 1:1 basis, such as for the in-home assessments?	DCS will be tracking costs for these two curricula separately. The face-to-face rate is to be used outside of the group setting for service to a family. It would also be used for the in-home assessments.
Since Home Based Family Centered Casework, Parent Aide, and Home Based Family Centered Therapy all have supervised visits listed in the service standards, can supervised visits be billed under these levels? For example, a supervised visit billed at the Parent Aide rate under this service standard. If so can you give an example.	Yes, the time spent actually supervising the visit should be billed at the supervised visitation rate under the appropriate service standard.

How do we get an alternative parent education program approved?	The provider must have written approval from DCS, Central Office, Programs and Services.
Is parenting class provided under the per diem of a residential placements facilities?	Parenting classes are not provided under the residential provider's contract.
Can parent education be proposed as individual services or must it be as a group	It can be delivered individually in the home or in a group setting.
Can a domestic violence shelter apply for parent education services if there is no “home” for a home-based assessment? Can the mother be assessed at the shelter/	Yes
Regarding Parent Education: Regarding the in-home parenting assessment that is now required for Parent Education; is there a standard assessment that all providers are to use, or are we required to develop our own?	No. There is not a standard assessment. Please see the Service Description included in the Parent Education service standard for a guide regarding the details that should be included in your provider created assessment form.
Our current parent education model, that we have used for a number of years, includes concurrent classes for parents and their children; as well as a structured parent/child instruction time where modeling and coaching occurs. Given that this hands-on approach improves the effectiveness of the service and is even more intensive than the requirements of the new proposed standards; as well as the increased cost that three in-home assessments for each client will levy, is it possible to waive one or more of the required in-home assessments?	No
p. 114: What is the procedure to get written approval from DCS Central Office for a parent education program that is not on the list? Does the program have to be evidence-based? Do you have to have approval prior to applying?	Written request for approval should be submitted to Lisa Rich, Yes it must be evidence base and approval must be received before use. You may request approval at the time of the proposal submission.
For Parent Education, would the in-home assessments be billed under the face-to-face rate?	Yes
Regarding Parenting Education, why are Nurturing group and Step group listed as having their own rates, but the other curriculums are grouped together? Is it correct that the Face to Face rate is the 1:1 rate (when the parenting instructor sees the client outside of the group on a 1:1 basis, such as for the in-home assessments?	DCS will be tracking costs for these two curricula separately. The face-to-face rate is to be used outside of the group setting for service to a family. It would also be used for the in-home assessments.

Since Home Based Family Centered Casework, Parent Aide, and Home Based Family Centered Therapy all have supervised visits listed in the service standards, can supervised visits be billed under these levels? For example, a supervised visit billed at the Parent Aide rate under this service standard. If so can you give an example.	Yes, the time spent actually supervising the visit should be billed at the supervised visitation rate under the appropriate service standard.
Parenting Family Functioning Assessment	
Is there currently a list of DCS approved family functioning evaluation tools? If, so what are they, or where can the list be located?	Yes, it is located under the service standard listed as testing and interviews required.
For Parent/Family Assessment Service, would the Family Assessment Form (FAF) be an acceptable tool?	Yes the Family Assessment form is an acceptable tool, but not the only requirement.
Is there a waiver process for Direct Worker requirements? These can effectively be done by experienced Bachelor's level workers who are knowledgeable about family functioning, community resources and home evaluation procedures.	No waivers will be allowed.
Quality Assurance for Children in Residential Placement	
When billing face to face time with a client and collateral contacts for the service standard Quality Assurance for children in restrictive placement, but below this statement under the reminder- it states not included…..collateral contacts> but only collateral contacts maybe listed on the referral?	The service standard will be corrected. Collateral Contacts are billable under this service standard.
Quality Assurance for Children in Residential Placement: Would it be the role of the provider to make recommendations only with DCS maintaining authority on the placement? What is the conflict of interest protocol for providers wanting to do this service standard who are also residential providers? In other words, can a QA provider make a recommendation to refer a child to their own residential services?	Yes, DCS or Probation will maintain placement authority (with approval from the court). It would be a conflict of interest for a residential provider to apply for this service.
Sex Offender Treatment	
Are sex offender risk assessments considered D&E, Special services or SOT?	Sex Offender Risk Assessments (Emergency and non-emergency) are considered Sex Offender Treatment services under the Sex Offender Treatment Service Standard.

For sex offender treatment: Can you give any estimate of the numbers of youth by region who would be referred for this services? We are able to provide this service which includes a group component, but to be viable we would need to have a minimum of eight youth in each group. Do you expect services to be available for both males and females or just males? What age groups do you believe to be in need of this services?	We are unable to provide an estimate number of referrals for the service. We do expect services to be available for both genders for youth under age of 18.
Can polygraph services under SAT be incorporated into these assessments?	Polygraph services can be conducted under the SOT standard treatment if appropriate.
Do risk evaluations have to be done in 2 part referrals if testing is included? Currently, some counties request intellectual assessments be included with each evaluation?	Sex Offender Risk Assessments (Emergency and non-emergency) are considered Sex Offender Treatment services under the Sex Offender Treatment Service Standard. Please refer to page 129 of the service standards for more information about the assessments covered under Sex Offender Treatment. Any additional psychological testing should be conducted under the Diagnostic & Evaluation service standard.
In SOT standard- minimum qualifications indicate that service providers must be trained and licensed and then says under DCS that the minimum qualifications is maters degree in behavioral health science. Which is required?	For DCS billing you must have a Master's degree in Behavioral Helath Science. To be billed under MRO you need to be a licensed professional, except for a licensed addiction counselor, or a QBHP (Qualified Behavioral Helath Professional). To be billed under MCO you need to be a medical doctor, doctor of osteopath, licensed psychologist, or a physician or HSPP, LCSW, LMFT, LMHC, or MSW, MMFT, MMHC or an advanced practice nurse.
Under what standard do the comprehensive sex offender risk evaluations fall: "D&E", "Special Service", or "SOT" (risk and needs assessment)? Can the SOT polygraphs be incorporated into the Risk Assessment process upon request? Do the risk evaluations have to be done in 2-parts (requiring 2 separate referrals) if testing measures are included?	Sex Offender Risk Assessments (Emergency and non-emergency) are considered Sex Offender Treatment services under the Sex Offender Treatment Service Standard. Please refer to page 129 of the service standards for more information about the assessments covered under Sex Offender Treatment. Any additional psychological testing should be conducted under the Diagnostic & Evaluation service standard.
Transition from Restrictivie Placement	

The service standard for Transition From Restrictive Placement in Paragraph three of first page (page # 137 overall) states that services will be HOME BASED. However, on page 141 in the same TRP service standard, under VI. Billable Unit Medicaid it states that "It is expected that the majority of the individual, family, and group counseling provided under this standard will be based in the clinic setting". Please clarify this conflicting information.	There are many ways and different evidence based services within this one standard. Some of the services are homebased and some are clinic based. In the billing section it explains that we expect that the majority of the individual family and group counseling will be in a clinic setting.
Presently the referrals for TRP are from Probation, not DCS. We are a CMHC that works with the residential provider receiving those referrals. Should they, independently of us, submit a proposal for TRP so that they can continue to receive the Probation referrals directly?	That depends on your structure. The residential provider could submit a proposal independently as could the CMHC. The residential provider should be certain that services provided under their per diem are not billed under this contract.
Tutoring/Literacy	
My question pertains to the number of people DCS defines as a group under tutoring.	The service standard states that a group can consist of 2-4 children of like abilities.
Regarding Tutoring/Literacy Classes, given Region 1's proximity to Illinois, are there any restrictions on museums/educational sites in Chicago?	The restriction are based on the needs of the child and the Service Standard. From the Service Standard: "Services shall be provided in a manner that is age and developmentally appropriate, and consistent with the child's academic ability and learning style, interpersonal characteristics and special needs." These activities would need to be approved by DCS. There are DCS policies related to out of state travel for wards.
Regarding Tutoring/Literacy Classes, is the service limited to children, or can appropriate groups for adults be included within this standard (literacy groups for adults, English as a second language, etc)?	Target Population from Service Standard Services must be restricted to the following eligibility categories: ~5) Children who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status. ~Children who have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS. ~All adopted children.
Visitation	
Is supervised visitation the same/different from visitation facilitation?	It is the same.
If billing visitation separate from casework or therapy, do we bill at the visitation or casework rate?	The provider will have to look at the rate for the particular service standard and bill appropriately for the component of that standard.

How do you bill separately for visitation, under homemaker services?	The provider will have to look at the rate for the particular service standard and bill appropriately for the component of that standard for which they have the referral. .
Why are there several different rates for supervised visitation?	Because there are different components of the service standards.
The direct worker for the Visit Facilitation service standard qualifications include a HS diploma with 5 year of experience providing visitation supervision or a Bachelor degree. Is the 5 years experience of working with children or at a childcare facility?	5 years experience with visitation supervision
For Visitation, can a provider bill face-to-face time for travel if the provider is providing transportation for the child or DCS defined family member and providing service standards (i.e. prepping child or parent for visit, reviewing information for visit)?	Face-to-face time can be billed for time transporting children or clients to the visitation. Travel time to pick up the client is not directly billable.
Are monitored visits to be billed using only the face to face time spent with the client or can you set a minimum amount of billing time? (e.g. set a minimum of 2 hours of billing time for a 4 hour monitored visit)	if the question is, will DCS pay for a visit that is shortened or does not occur, the answer is no. The cost of no shows should be built into your proposed rate. If you transport children to a visit, then the time spent with the children preparing them for the visit would be billable.
When there is a home-based casework or therapy referral, and requested services include visitation, can these visits only be in the home? If office-based visits are requested, is a separate referral needed?	There is not a requirement for visits to be in the home however to be consistent with the practice model there should be a goal of having the visitation in the home. A new referral is not need, supervised visitation is a separate billable unit under the service standard.
Is transportation for visitation required as a part of the service standards, or just allowed?	It is not required.
In the Visitation Service Standard, it mentions video and audio monitoring of visits. Will DCS allow one-time equipment start-up costs for this service?	No
Please clarify the changes made to supervise visitation billing.	Supervised Visitation provided under other service standards is now separately billable.
Are there guidelines for activity based visits, for example, bowling, to determine who pays user fees?	Activities such as bowling are not billable units under the visitation service standard
Probation	
If a child in Day treatment serves a 24hour or weekend in detention are they automatically a failed placement? Can they return? Does the referral source have to re-refer?	No, if in detention for just 24 hours or a weekend it is not considered a removal. Yes, they can return to day treatment. No, a re-referral is not necessary.
Can a service standard for Day Treatment be submitted under special programs?	**NOTE:** Day Treatment(non-clinical) is now entitled Day Reporting. Please follow the standard under Day Reporting.

If there is program arranged recreational or community activity occurs during program hours do staff have to be present to count the time? Ex: youth group or school sport?	Yes
If a child is sick or it is a holiday and they are not there for 20 hours for the week can we bill for the hours served?	No. The service standard clearly states 20 hours.
What are the minimum qualifications for line staff in day reporting?	**Direct Worker:** Program Coordinator must hold a Bachelor's degree in criminal justice, sociology, psychology, social work or related field. **Supervision:** Program Supervisor must hold a Master's degree in criminal justice, social work, psychology, Social Work or related field.
Can a provider contract for Day Reporting only, or must we provide both?	Yes, a provider can apply to provide any portion of the service standard and would need to clearly indicate those services to be provided in the application
Does transportation to and from programming count toward the 20 hours of face to face contact if Day Reporting staff is providing the transportation and are interacting with the youth?	The travel to the client is not to be counted toward the 20 hours, however once the client is in the vehicle the transportation counts toward the hours, given this transportation is identified as goal-directed, face to face, and approved/specified as part of the client's intervention plan. During the travel discussions with the client are expected.
If Day Reporting is offered 5 hours per day, 5 days per week, and a child misses class on two days due to illness, holiday, vacation, incarceration, etc. are we permitted to bill for the 3 days of service even though we did not provide the 20 hours face to face for the week?	No, the 20 hours of face to face is the minimum to meet the service standard requirements.
Is an AVERAGE of 20 hours of face to face per week sufficient for billing purposes?	No, the 20 hours is a minimum requirement and not an average.
Since Day Reporting in paid at a daily rate, is there a minimum amount of time that the child must be in programming to charge for the day? For example, if a kid comes in for the first hour or two and then goes home due to illness, can we still bill for the day?	The Day Reporting Service Standard gives daily flexibility for missed time so long as the 20 hour minimum is achieved for the week.
Under the minimum qualification for "Direct Worker" it only speaks to the Program Coordinator; are full-time and/or part-time direct care staff required to be degreed?	Any staff member holding the position of Program Coordinator shall meet the minimum qualifications.

As a requirement of Day Reporting, “100% of children will be given opportunities to participate in employment, community, and recreational activities during their involvement in the program”; if participation occurs outside the presence of a day reporting staff member, but during programming hours, does the time count toward the 20 hours? For example, if we helped a kid get on his high school basketball team as his recreational activity, can we count time spent away from programming for practice/games (i.e. arrives from programming at 3, leaves for practice at 5, returns at 7 for remainder of program until 9)?	No, the minimum 20 hours must be face-to-face.
Does any length of stay in secure detention while in the day reporting program count as a failed statistic? What if the child returns to the program and successfully completes the program?	The service standard sets a goal of 75% of youth will not return to secure detention while in the program. Any length of time would count.
On the Truancy/Termination Training Modules is there a specific curriculum that needs to be used?	No
Truancy Termination- Is there a DCS approved Model for the Family Development Plan, intake, or assessment tool?	No
Will the Probation Referrals begin including the number of units of service authorized since the new monthly report form has a place for us to report that?	Currently Probation is not using the Referral form that authorizes amounts of service.
Define face to face supervision for day reporting relative to billing?	See Day Reporting/Day Treatment Service Standard, Service Description Section and Billing Units If you are asking what can be considered part of the minimum of 20 hours of face to face, the definition of face to face contact with the identified client during which services as in the applicable Service Standard are performed.
Under the Day Treatment standard, can MRO be accessed in addition to the per diem?	If Medicaid pays for the service, the provider should not bill DCS for that time. If the provider accesses Medicaid, it should reduce the per diem cost to DCS. This should be shown in the budget and explained in the service narrative. If the provider does reduce the cost by billing some time to Medicaid, the time billed to Medicaid will count toward the required 20 hours of service per week.