

State of Arkansas Department of Human Services

Attachment B  
Written Questions

Instructions				
This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.				
<b>Instructions:</b> Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.				

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers
Example	page 3, section 1.2, A	A Term Contract will be awarded to a single vendor.	Will there be only one vendor selected to provide these services?	
1	Page 11 of 21, 2.2 B	Must be accredited	If the contractor is currently scheduled to complete accreditation before June 1, 2019 will that be acceptable as being accredited.	See Addendum #1 to the RFQ
2	Attachment G	Information for Evaluation	this refers to Therapeutic Foster Care are these the correct check list items?	See answer to question #1
3	Page 2 of 21, 1.2 A	start date for contract is 6/1/19	Is that correct that the contract will start 6/1/2019?	No. See Addendum #2.
4	page 5 of 21	\$165.31 per day	what ancillary services may be paid for using the youth's Medicaid or other insurance coverage for example may physician services, medications, psychological testing, therapy services, and dental services be paid for by Medicaid/insurance?	Reimbursement of ancillary and/or medical services will be determined by Medicaid and the PASSE's.
5	Attachment G	This says it is for Therapeutic Foster Care	Is there a different check list for Qualified Residential Treatment Services?	See answer to Question #1
6	Bid Solicitation Document, page 1	No Dept Contact Info	Submitted these questions to the person listed on the website, if not correct will you forward to the right person?	See answer to Question #1
7	Bid Solicitation Document, page 1, section 1.2 A.	This says anticipated contract start date is 6/1/2019	This is 1 month prior to beginning of State fiscal Year.....is this correct? If so will you start another contract on 7/1/2019?	See answer to Question #3.

8	Bid Solicitation Document, page 3, section 1.7 C.	Regarding Redacted Copy	If no propriety info is included then this does not need to mentioned or be addressed, correct?	Correct.
9	Bid Solicitation Document, page 3, section 1.7 A. and Page 4 1.8 B,	Both of these provide an order for the Response	Where is the information to be included that is to be evaluated? - Attachment G says do not complete and response packet does not have a section labled Information to be Evaluated. Also the Attachment G provided is for Therapeutice Foster Care. So what is the format for the information to be evaluated? I see that it is the last item in the response packet but not clear otherwise...	1. See Section 1.7 "Response Documents" in the RFQ. 2. See Answer to Question 1. 3. See Section 1.7 "Response Documents" in the RFQ.
10	Bid Solicitation Document, page 11, section 2	Again this section states at the top "Do not provide responses to items in this section unless specifically and expressly required."	Where does it tells us what is "specifically and expressly required"? Is this in Section 2.2 & 2.3?	See Section 2.2 "Qualified Residential Treatment Program (QRTP) Minimum Qualifications.
11	Bid Solicitation Document, page 11, section 2.2	Licensing Nursing & Clinicial Staff requirment	Do the nursing & clinical staff have to be in place currently or by the time of the contract effective date?	See Addendum #2.
12	Scope of work page 11 of 21 2.2	list of type of youth to be served	The list does not include youth how are adjudicated or diagnosed as a sex offender in the list of type of youth to be served. Are these youth included in the population of youth who will be referred to the QRTP.	Yes. However, youth who display sexually reactive behaviors will be assigned to specialized QRTP providers.
13	Attachment G	Requirement- Child Welfare License	If the program accepts youth who are in need ot sex offender treatment is DCFS requiring the program to be licesned to provide sex offender treatment?	Yes.
14	Performance Indicator sheets	Delivery of Services- 30 day assessment	Is the QRTP contractor responsible for completion of the 30 day assessment or is this a 3rd party assessment? Is this to be done within 30 days AFTER admission or is it to be completed PRIOR to admission?	1. The QRTP assessment will be completed by an Independent Assessor. 2. The assessment can take place prior to placement or after placement is made.

15	Performance Indicator sheets	Delivery of Treatment #7	states that youth in Q RTP must be kept separate at all times from youth in ES if programs are operated together. Can you clarify this. For example: Q RTP clients and ES clients may attend the same public school and be transported together to school. Is this allowed? Q RTP and ES clients may eat in the same area is this allowed? Exactly how separate must these youth be?	Programs must be treated as separate entities and children/youth must be kept separate for all services and activities administered by the Q RTP provider. Provider does not have control of school bus transportation.
16	Performance Indicator sheets	Providing for health needs #2	states provider must transport to and from appointments occurring outside the local area. Is there any limit on the distance providers must transport? If youth needs to travel across the state 100+ miles for specialty treatment is the provider responsible for providing this transportation ?	DCFS will be responsible for transportation to appointments outside the local area or appointments scheduled prior to the child's placement.
17	page 5, §1.12(B)	Do not attach any additional information to the Proposed Subcontractors Form.	Will DCFS require a copy of the contractual agreement between a vendor and its subcontractor(s)?	No, contractors must provide names of any sub-contractors.
18	page 2, §1.2(A)	The anticipated starting date for the contract is 6/1/2019.	How will existing contracts that expire 6/30/2019 and overlap the start date of 6/1/2019 be handled?	See answer to Question #3.
19	page 11, §2.2(B)	Must be accredited...Vendor must submit a Certificate of Accreditation.	Will applications be accepted from vendors that are currently in the process of becoming but not yet accredited?	See answer to Question #1
20	page 11, §2.3(D)	For verification purposes the Vendor must submit license of each of their registered, or licensed, nursing personnel.	For vendors, that intend to use a behavioral health agency as a subcontractor to provide clinical services, can a copy of the subcontractor agency's licensure be submitted as opposed to individual personnel licensure?	Yes.
21	page 11, §2.3(A); Attachment D: Financial Terms of the Contract	Vendor shall provide trauma-informed treatment..., including clinical needs as appropriate.; All services rendered under this contract must be billed as set out herein. No services may be billed to a Medicaid Provider or to any other contract.	For vendors, that intend to use a behavioral health agency as a subcontractor to provide clinical services, will the behavioral health subcontractor be permitted to bill Medicaid separately for its therapeutic clinical services?	Yes. All medical and clinical services must be approved by the PASSE or Medicaid which pays for said services.

22	Service Criteria B.(2)	Vendor must provide discharge planning and family-based after care support for at least six (6) months.	Will there be compensation to the vendor for after care services?	All compensation is included in the daily rate.
23	pg. 11, section 2.3, B.	Vendor must provide services to youth who have a history if and/or current patterns if emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and FINS cases. These youth often have a history of chronic patterns of aggressiveness, delinquency, self-injurious behaviors, non-compliance and depression.	Medicaid does not allow behavioral services on youth with a primary Conduct Disorder diagnosis. Will providers be required to accept youth that only have a conduct disorder diagnosis?	Yes and reimbursement of services is determined by the PASSE.
24	pg. 11, section 2.3, B.	Vendor must provide services to youth who have a history if and/or current patterns if emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and FINS cases. These youth often have a history of chronic patterns of aggressiveness, delinquency, self-injurious behaviors, non-compliance and depression.	Will providers be required to accept youth with a developmental or autism diagnosis?	No.

25	pg. 11, section 2.3, B	Vendor must provide services to youth who have a history if and/or current patterns if emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and FINS cases. These youth often have a history of chronic patterns of aggressiveness, delinquency, self-injurious behaviors, non-compliance and depression.	Will providers be expected to modify the home environment to be a lock-down facility?	No
	pg. 11, section 2.3, B.	Vendor must provide services to youth who have a history if and/or current patterns if emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and FINS cases. These youth often have a history of chronic patterns of aggressiveness, delinquency, self-injurious behaviors, non-compliance and depression.	Will there be the ability for a provider to deny a youth admission, if it is determined their current behavior may be a danger or disturptive to the other youth currently in the home?	Yes. Contractors are not expected to accept a youth who is an immediate danger to himself or others; however, contractors are expected to accept youth with emotional or behavioral disturbances.
26	pg. 11, section 2.3, B	Vendor must provide services to youth who have a history if and/or current patterns if emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and FINS cases. These youth often have a history of chronic patterns of aggressiveness, delinquency, self-injurious behaviors, non-compliance and depression.	Will the Reasonable and Prudent Standards apply to the youth in a QTRP setting?	Yes

27	pg. 12, section 2.3, D (5)	Program Deliverable E: Ensure the child's educational needs are met in compliance with state laws and regulations, and Department of Education guidelines.	If a youth is not able to attend public school, what will be the expectation of the providers to meet a youth's educational needs.	Q RTP providers must work with DCFS and the local school district to identify an appropriate educational setting.
28	Performance Based Standards B. Family Engagement (2)	Vendor must participate in family engagement and outreach in the client's treatment. Contractor must, to the extent appropriate, and in accordance with the client's best interest, facilitate participation of family members and members of the youth's permanency team in the client's treatment program. Vendor must provide discharge planning and family-based after care support for at least six months when appropriate.	Has specific type of contact, frequency and/or therapy required for family aftercare been identified? If a youth is placed outside of our catchment area, how will transportation occur for follow-up services?	1. Aftercare does not require therapy by the Q RTP provider. Aftercare consists of completing referrals in the youth's community, making contact with the youth's family via telephone for follow-up and assistance when needed. Time limit is solely based on the youth's needs. 2. Transportation outside of the catchment area is not an anticipated need.
29	Performance Based Standards A. Delivery of Services (8)	If a client becomes a danger to themselves and/or others. Vendor must coordinate with DCFS to have the client assessed by the local community mental health provider or another appropriate entity. If the client is assessed as acute and placed in a psychiatric setting, contractor must accept client back into the program upon discharge from acute stay if appropriate.	Who will be responsible for assessing if a youth is appropriate to return to the Q RTP setting following acute care?	If the youth is no longer deemed acute he or she should return to the program unless the youth's Q RTP team deems this is an inappropriate placement.
30	Page 2, section 1, 1.2, A	The anticipated starting date for the contract is 6/01/2019.	Previous contracts have started on 7/01 of that year. Is 6/01/2019 the accurate date?	See answer to Question # 3.
31	Page 11, section 1, 2.2,D	For verification purposes the Vendor must submit license of each of their registered, or licensed, nursing personnel.	Is it correct that all nursing personnel must be hired and in place by April 5, 2019 for a contract and program that does not begin until June 1, 2019, causing the vendor to retain nursing for nearly 2 months as paid employees prior to the start of the contract?	See Addendum #2.

32	Page 11, section 1, 2.2,D	For verification purposes the Vendor must submit license of each of their registered, or licensed, nursing personnel.	Given the current employment market it is possible that nursing personnel could change between the RFQ submission date and the start of the contract; so long as the qualified personnel are in place at the time the contract goes in to effect, is such a change going to impact the approval of verification?	See Addendum #2.
33	Page 11, section 1, 2.2,D	For verification purposes the Vendor must submit license of each of their registered, or licensed, nursing personnel.	Per the addendum, the accreditation requirement has been delayed until October 1, 2019. Is it possible that the nursing requirement could be similarly delayed until the commencement date of the contract?	See Addendum #2.
34	Page 11, section 1, 2.3, A	Treatment, with respect to a youth, shall be identified and implemented for the youth by a required thirty (30)-day assessment of the appropriateness of the placement.	Who is required to complete the 30 day assessment?	See answer to Question # 14
35	Page 11, section 1, 2.3, A	Treatment, with respect to a youth, shall be identified and implemented for the youth by a required thirty (30)-day assessment of the appropriateness of the placement.	Is there a designated tool or method (beyond what is listed in the service criteria) that must be used in determining the results of the three listed criteria for the content of the 30 day assessment (DCFS recommended tool)?	Yes. The Child and Adolescent Needs and Strengths (CANS) Assessment.
36	Page 11, section 1, 2.3, A and Performance Based Contracting page 2, section A, 1	Treatment, with respect to a youth, shall be identified and implemented for the youth by a required thirty (30)-day assessment of the appropriateness of the placement. --And-- . Placement shall be contingent upon the results of the client's thirty (30)-day Qualified Residential Treatment Program (QRTF) assessment, which determines the appropriateness of the QRTF placement as well as the availability of slots/beds within the contract period.	The use of the word contingent would appear to indicate that placement cannot occur until the 30 day assessment has been completed to determine appropriateness of placement; must the 30 day assessment be completed prior to admission into the placement?	A youth can be placed in a QRTF setting prior to having a QRTF assessment completed. Once placed in a QRTF program, the agency has 30 days to get the youth assessed.

37	Page 11, section 1, 2.3, A and Performance Based Contracting page 2, section A, 1	Treatment, with respect to a youth, shall be identified and implemented for the youth by a required thirty (30)-day assessment of the appropriateness of the placement. --And-- . Placement shall be contingent upon the results of the client's thirty (30)-day Qualified Residential Treatment Program (QRTTP) assessment, which determines the appropriateness of the QRTTP placement as well as the availability of slots/beds within the contract period.	If placement occurs prior to the completion of the 30 day assessment, what is the expected procedure for a client who is determined not to be appropriate for QRTTP placement?	If a youth is found to not be appropriate for a QRTTP program, DCFS has 30 days to transition the youth to an appropriate setting.
38	Page 11, section 1, 2.3, B	This basic type of placement is limited to youth whose needs cannot be met in a traditional foster home, therapeutic foster home, or youth who have reached their treatment goals in a more restrictive setting and are ready to be transitioned to a less restrictive level of care. The Vendor shall serve clients referred by or in the custody of the Arkansas Department of Human Services (DHS). Vendor must provide services to youth who have a history of and/or current patterns of emotional, behavioral, and adjustment problems; youth with a diagnosis of conduct disorder, oppositional and disruptive behaviors; youth with a history of multiple placements and parent/youth conflict problems; delinquent youths; and Families in Need of Services (FINS) cases. DCFS seeks programs that are highly specialized for child treatment, crisis intervention and stabilization. These youths often have a history of chronic patterns of aggressiveness, delinquency, selfinjurious behaviors, non-compliance and depression. Most have experienced multiple unsuccessful out of home placements and may have histories of substance abuse, psychiatric hospitalizations, homicidal and/or suicidal ideation and/or features of psychosis.	Other than what is listed within this section, are there specific admission criteria?	No. DCFS will determine appropriateness for QRTTP referral.



39	Page 11, section 1, 2.3, B(entire section) and Service delivery criteria Section A, 1	A provider shall not refuse a DCFS referral or a client meeting the admission criteria when a DCFS purchased slot is available.	Do admission criteria also include/allow for, any exclusionary criteria for placement?	See answer to Question # 38.
40	Page 11, section 1, 2.3, A	Treatment, with respect to a youth, shall be identified and implemented for the youth by a required thirty (30)-day assessment of the appropriateness of the placement.	Will the permanency plan for each client be available prior to placement so that it can be referenced in the treatment plan?	Yes
41	page 12, section 2, 2.3, C	Vendors must provide discharge planning and family-based aftercare support dependent upon the needs of the youth and timeframes necessary to provide the services upon discharge from the QRTP.	Are monthly reports on each client required for 6 months after discharge as part of aftercare?	The contractor must provide information on aftercare services in its required monthly report to the SSU.
42	page 12, section 2.3, C and Service Delivery Criteria section B, 2	Vendors must provide discharge planning and family-based aftercare support dependent upon the needs of the youth and timeframes necessary to provide the services upon discharge from the QRTP.	Are there specific requirements for aftercare and family support services from months 2-6 after a client discharges?	Weekly telephone contact the first 30 days. After this time, Contractor must make contact monthly; services will be based on the needs of the youth and his or her family on a case by case basis.
43	page 12, section 2, 2.3, C and Service Delivery Criteria section B, 2	Vendors must provide discharge planning and family-based aftercare support dependent upon the needs of the youth and timeframes necessary to provide the services upon discharge from the QRTP.	Does the vendor receive any compensation for aftercare and family support services provided after discharge, since the clients case will still be active for 6 months?	See answer to Question #22.
44	page 12 Section 2, 2.3, D, 4	Program Deliverable D: Be responsible for providing for the child's mental and physical health needs;	Based upon this wording, is the vendor financially responsible for providing mental and physical health services, medications and supplies?	If youth is eligible for Medicaid either the PASSE or Medicaid will be billed for services. DCFS is financially responsible for QRTP clients not eligible for Medicaid.
45	page 12, Section 2, 2.3, A,B, C, D	Complete sections	Is there a designated maximum length of stay and if not how will length of stay be determined?	12 consecutive months for ages 13 and up; 18 non - consecutive months for ages 13 and up; 6 consecutive or non - consecutive months for 12 and under.
46	Indicator A. Delivery of Services, section 7	A child shall not be denied admission into a QRTP based on behavioral or emotional history.	Outside of "completion of the program", for what reasons would a vendor be permitted to discharge a child?	If the team agrees that the placement is not in the best interest of a youth. If a juvenile court orders the youth be moved. If there are severe safety factors and the youth is a danger to himself or others. When appropriate, the agency expects enough notice to secure an alternate placement setting with the assistance of the contractor.

47	Indicator A. Delivery of Services, section 1, Acceptable performance	Vendor must accept (100%) of DCFS referrals for placement.	Is a vendor able to deny a referral based on appropriateness for their program?	Yes. However such denial will be subject to review and approval by the DCFS Assistant Director.
48	Indicator A. Delivery of Services, section 1	A child shall not be denied admission into a Q RTP based on behavioral or emotional history.	Does the definition of a child with "behavioral health history" include children that have a history of sexual acting out, severe aggression, and fire starting?	Yes. But DCFS will refer clients with a history of sexual acting out to an appropriate specialty Q RTP provider. Youth with severe aggression and fire starting behaviors will be referred to a regular Q RTP provider
49	Indicator A. Delivery of Services, section 1, part 2	The (30)-day Q RTP assessment	Is the (30)-day Q RTP assessment facilitated by DCFS or the vendor?	See answer to Question 14.
50	Indicator A. Delivery of Services, section 1, part 2	Assesses the strength and needs of the client using the DCFS recommended tool.	What is the DCFS recommended tool?	See answer to Question # 35.
51	Indicator A. Delivery of Services, section 1, part 2	Determine whether the needs of the client can be met with family members or if not, which allowable Child Care Institution (CCI) setting would provide the most effective and appropriate level of care for the client...	Is the vendor the one that determines if the needs of the child can be met by a family member or if a kinship relationships need to be sought out?	No. That is based on the 30 day assessment.
52	Indicator A. Delivery of Services, section 5	Vendor must provide family-based aftercare support dependent upon the needs of the child and timeframes necessary to provide the services.	What documentation is required for aftercare support?	See answer to Question # 41.
53	Indicator A. Delivery of Services, section 5	Vendor must provide family-based aftercare support dependent upon the needs of the child and timeframes necessary to provide the services.	Will there be additional compensation for aftercare support?	See answer to Question #22.
54	Indicator A. Delivery of Services, section 5, part e	Weekly telephone call with client and caretaker within the first (30) days after discharge and monthly thereafter.	What are the expectations of these follow up phone calls; do they involve a detailed assessment of needs and coordination of resource assistance?	1. Expectations will be based on the needs of the youth. 2. Yes, based on the needs of the youth.

55	Indicator A. Delivery of Services, section 5	Vendor must provide family-based aftercare support dependent upon the needs of the child and timeframes necessary to provide the services.	How does this follow up coincide with the DCFS case worker and care coordinator?	All parties will work in conjunction to ensure that appropriate services are provided to the youth.
56	Indicator B. Family Engagement, section 1	Vendor must participate in family engagement and outreach in the client's treatment.	While the child is in the care of the vendor, what is DCFS' role and what is the vendor's responsibility regarding family engagement?	DCFS will continue its role as case manager; Vendor will ensure, when appropriate, youth has consistent contact with family and fictive kin and should work in coordination with DCFS on the permanency plan goals.
57	Indicator B. Family Engagement, section 1	Contractor must facilitate outreach to the client's family members including siblings.	Is the vendor responsible to find, contact, and coordinate family and fictive kin visits or be provided these details by DCFS?	Yes. Contractor is responsible.
58	Indicator C. Delivery of Treatment in a Safe and Secure Environment, section 7	If more than one (1) program is operated in the same building, clients placed in the Q RTP must be kept separate from other clients at all times.	Can Q RTP residents be in the same building as residents from other programs for campus wide events, such as weekly dining hall, campus cookouts, chapel programs, etc?	No
59	Indicator B. Family Engagement, section 2	Vendor must provide discharge planning and family-based after care support for at least six (6) months when appropriate.	When is family-based aftercare not appropriate?	This would be determined on a case by case basis by DCFS.
60	Page 11 2.7 (B)	Must be accredited Vendor.	Will accept application from Vendor in the process of becoming accredited?	See Addendum #1 to the RFQ
61	Service Criteria B (2)	Vendor must provide discharge planning and family based care support for at least (6) months.	Will there be mileage paid for after care services?	See answer to Question #22.
62	Subcontractor (5)	The contractor is fully responsible for all work performed under the contract	Both mental health and nursing services will be subcontracted. Do I assume that those services will be billed by the subcontractor?	Yes

63	pg. 15, section C. 6; Performance Indicators	There shall be no more than 25 clients placed in a Q RTP.	What is the staff to client ratio? What settings will these clients be coming from?	1. Staff to client ratio is based on current residential licensing standards and is 1:9 during work hours and 1:12 during sleep hours. 2. From various settings.
64	pg. 19, section C. 2; Performance Indicators	The vendor shall have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, are on-site according to the treatment model and are available 24/7 to meet the ongoing and crisis mental health needs of the client.	Will this program require a clinical director?	No; but Vendor must meet the minimum licensing requirements.
65	same	same	What is considered clinical staff? When it comes to the licensed clinical staff, what licenses are acceptable and should it be Bachelors or Masters level?	A clinician would be an individual who have holds a license issued by the state of Arkansas as a Licensed Certified Social Worker (LCSW), Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Licensed Associate Counselor (LAC), Licensed Marriage and Family Therapist (LMFT), Licensed Associate Marriage and Family Therapist (LAMFT). Licensed Psychological Examiner – Independent, (LPE-I), Licensed Psychological Examiner (LPE), or Licensed Psychologist (LP). Supervision may be required for those not independently licensed (LMSW, LAC, LAMFT, and LPE) based on board requirements.
66	same	same	Do the nurses and licensed clinical staff have to be on-site 24/7, or just available on-call?	Nurses and licensed clinical staff do not have to be on-site 24/7 but the contractor needs to have an on-call system in place.
67	pg. 20, section D.; Performance Indicators	Vendor shall assure the client's educational needs are met in compliance with state law and regulation and Department of Education guidelines.	Will clients attend school on-campus or in the public schools?	Whatever is appropriate for the youth as determined by the Q RTP team and the local school district.

68	pg. 2, section 1. A.	The anticipated starting date for the contract is 06/01/2019.	Is this a typo, or will it actually begin on this date?	See Addendum #2.
69	BID SOLICITATION: PAGE 11, 2.2, D	Must have registered or licensed nursing staff and other licensed clinical staff who provide care within the scope of their practice as defined by state/tribal law, who are on-site according to the trauma-informed treatment model and are available twenty-four (24) hours a day, seven (7) days a week.	Must a nurse be physically present onsite or just be available?	See answer to Question #66.
70	ATTACHMENT C: PAGE 2, A, 1	Vendor shall only accept children and youth referred by or in the custody of DHS into a Division of Child and Family Services (DCFS) funded slot. Placement shall be contingent upon the results of the client's thirty (30)-day Qualified Residential Treatment Program (QRTP) assessment, which determines the appropriateness of the QRTP placement as well as the availability of slots/beds within the contract period. A provider shall not refuse a DCFS referral or a client meeting the admission criteria when a DCFS purchased slot is available. A child shall not be denied admission into a QRTP based on behavioral or emotional history. Providers who are unable to serve clients offered for placement may be at risk of decreased utilization by DCFS.	What entity is responsible for completion of the QRTP assessment?	See answer Question #14.

71	ATTACHMENT C: PAGE 14, 3, ACCEPTABLE PERFORMANCE PARAGRAPH 5	Vendor shall notify the Child Abuse and Neglect Hotline of all cases of suspected abuse or neglect, as required by state law and DHS policy. The Vendor shall notify DCFS by phone or fax, on the next business day, of all reports of suspected abuse or neglect involving clients referred by or in the custody of DHS. ACCEPTABLE PERFORMANCE: Vendor must make Contractor's files for Child Abuse and Neglect report available for review by the Child Welfare Licensing Specialist upon request.	What should be in the contractor's file for review?	A copy of the incident reporting form (DHS 1910).
72		No more than 25 Q RTP slots	Is this in reference to each agency or each location?	Each location.
73		No more than 25 Q RTP slots	If the agency has multiple sites, do we submit a separate RFQ for each location?	No.
74	page 11, 2.2, D	Must have registered/licensed nurse and other licensed clinical staff.....onsite and are available 24/7.	Can the agency have the nursing staff and licensed clinical staff available by phone 24/7 instead of having them onsite 24/7?	See answer to Question #66.
75	page 11, 2.2, D	Must have registered/licensed nurse and other licensed clinical staff.....onsite and are available 24/7.	If the agency does not participate in Restraints and Seclusions, would there still be a mandate for a 24/7 nurse?	Yes.
76	page 10, B, 2 Performance Indicators	Vendor must provide discharge planning and family-based after care support for at least 6 months if appropriate.	Can you clarify the specific after care services providers would be responsible to administer?	See answer to Question #28.
77	page 10, B, 2 Performance Indicators	Vendor must provide discharge planning and family-based after care support for at least 6 months if appropriate.	Will providing these services continue the day rate or be a different rate for in home services?	No. Aftercare services are included in the daily rate while the child is in the program; daily rate ends with discharge from Q RTP.
78	page 10, B, 2 Performance Indicators	Vendor must provide discharge planning and family-based after care support for at least 6 months if appropriate.	Will there be any additional requirements to provide these in home services?	See answer to Question #28.