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 seperate lines.

Instructions: Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
Example	*Page 7, section 1.15, C*	J. Vendors may submit multiple bid	*May vendors submit more than one bid?*	*yes See section 1.15, J*
1	Page 15, section 2.7, B.1 and B.2	B.1: Contractor shall apply for, secure accreditation, and maintain accreditation with ACA Performance-based Standard for Juvenile Correctional Facilitates **and** the Commission on Accreditation for Rehabilitation Facilities (CARF) for all secure facilities under the auspices of DYS. Contractor shall apply for ACA & CARF membership within ninety (90) calendar days upon execution of the contract. The Contractor shall maintain ACA or CARF accreditation for the entirety of the contract period. **B2:** ...The Contractor shall maintain ACA **or** CARF accreditation for the entirety of the contract period.	If the facilities are currently CARF accredited, would the facilities also be required to go through the ACA accreditation process, as this may be redundant?	*Refer to Section 2.7.B.1 of Addendum 1*
2	Page 22, section 3.7, C	Contractor shall maintain, in the form and manner required by DYS, vehicle maintenance records for all vehicles used to transport juveniles. Ownership of DYS owned vehicles will not transfer, but Contractor will have use of the vehicles.	For budgeting purposes, please provide an estimate of the number and type of vehicles that the Contractor may have use of.	*MJTC has two vehicles that may be used. However, the Contractor shall provide vehicle(s) for juvenile transportation. Refer also to Section 3.7.A.*
3	Page 27, section 4.2, N	Only juveniles physically present in the facility at the midnight census shall be counted. Only juveniles with "a head in the bed" may be counted for billing purposes.	Will youth who are on authorized absences (e.g., short-term hospital) be counted in the midnight census.	*Short term absences are allowed. Once a juvenile is formally admitted to another facility, and billed under that facility ; they will no longer count.*

4	Page 54, section 7.4, C, 1	Training for direct care staff includes at least eighty (80) hours of training prior to assuming any job duties, an additional on hundred and twenty (120) forty (40) hours annually thereafter.	Is the requirement for direct care staff to have at least 80 hours, 120 additional hours, and 40 hours annually (as stated)? Or is it 80 hours initially with an additional 40 to equal 120 and then 40 hours annually thereafter? Pg. 57 (S) states "employees shall complete 120 hours of job related training withing 60 calendar days of employment", but Pg. 54, (C)(2), states that "non-direct care positions include at least 40 hours of training prior to assuming duties, and 40 hours annually thereafter". Is it direct care employees need 120 hours (minimum) within 60 days and non direct care need 40 (minimum)? With both needed at least 40 hours annually thereafter?	*A total of 120 hours of training is required during the initial term of the contract that includes eighty (80) hours prior to assuming any job duties and an additional forty (40) hours. Direct care staff must receive forty (40) hours of training each year thereafter. Refer to Section 7.4.C.1 in Addendum 1*
5	Page 67, section 11.1, E,1	DYS will compensate for a minimum of one-hundred eighty-two (182) beds at the proposed daily standard bed rate	While DYS will compensate for a 182 bed minimum, please specify the number of youth this bid should budget (the 2022 ADP was 222).	*DYS cannot control admissions; however, 222 is an acceptable average daily placement. It is 182 bed minimum paid at the standard rate and 12 beds paid at the complex case unit rate. Refer also to Official Bid Price Sheet.*
6	Page 63, section 8.5, A	With each youth assigned to the unit for a minimum of one (1) hour per session, along with a daily group that shall be no less than one (1) hour a day ...	Is there a minimum requirement for the number of individual therapy sessions per month in the MHTU?	*The indivual sessions shall be a minimum of one hour per session once a week while a juvenile is on the MHTU.*
7	Page 63, section 8.5, C	Contractor shall provide and coordinate space on-site and within for the provision of virtual/online coursework with no more than ten (10) students per classroom.	The current physical plant is unable to accommodate this requirement when student populations are high. Please confirm if DYS will allow a waiver to this ratio based on the site population and available space.	*Refer to Section 8.5.C of Addendum 1*
8	Page 40, section 6.1.8, C	Contract shall conduct intake examination, screening and assessments which may include but not limited to…	Minimum ACA standards provide 14 days to complete medical assessments. Please confirm if contractor can complete these assessments within this timeframe?	*Refer to Section 6.1.C of Addendum 1*
9	Page 48, section 6.15, C.5	The Contractor shall ensure each facility it operates has private areas for medical examinations.	Some medical areas have cameras, would DYS allow the relocation of cameras to meet this standard?	*No. Cameras are not currently in the exam areas.*
10	Page 48, section 6.15, C.6	Contractor shall ensure that all required information is promptly entered into the EMR medical information system, to include but not limited to medicine changes, medical, dental appointments both on and offsite.	The current DYS EMR system does not include the medical, dental appointment feature. Please clarify if this feature will be added to meet this standard?	*Yes*
11	Page 48, section 6.15, D	The Contractor shall ensure each facility provides notification to and obtain consent from parent(s) or legal guardian(s) for treatment of youth with serious medical or psychological problems, consistent with all applicable state laws.	Please confirm if DYS will fulfill the role of providing consent for treatment should it not be possible to contact or obtain a parent/guardian's consent. Please clarify if the parent or State has the final authority in a decision should there not be consensus in the treatment of a youth.	*Contractor must attempt to notify parents/guardians and all attempts must be documented. Documented attempts will be provided to DYS. DYS will fulfill the role of providing consent for treatment if not provided by parents/guardians as allowed under applicable laws.*

12	Page 49, section 6.16, C.18	Identification of medical needs related to a youth's identification as transgender or intersex.	Please clarify if this includes hormone replacement therapy? If so, is it contingent upon the youth entering the program with a current prescription, or can hormone treatment be requested after the youth enters the program?	*Refer to Section 6.16.C.18 in Addendum 1*
13	Page 49, section 6.17, B	Contractor shall make available to all youth sick call slips where a juvenile can request to be seen by a medical professional which he / she will have to state a reason for the request. Sick call boxes shall be placed on each living unit, in each dining hall, and all educational areas for juveniles to drop off a sick call slip. Only approved medical staff shall have access to these secure boxes and they shall be checked no less than three (3) times a day, seven (7) days a week. All juveniles shall have access to sick slips and shall not be discouraged from completing a sick call slip nor shall any staff pre-screen or ask the juvenile for a reason for completing a sick call slip.	Please confirm if sick call protocol, including frequency of times to check secure boxes, can follow minimum ACA standards of once per day?	*Refer to Section 6.17.B in Addendum 1*
14	Page 49, section 6.17, B	Contractor shall arrange on-call medical services within established protocols twenty-four (24) hours a day, seven (7) days a week and ensure onsite nursing (RN & LPN) seven (7) days a week	May the provider utilize on-call nursing or telehealth/teletherapy to fulfill the 7 day a week requirement when an RN/LPN is not scheduled?	*Refer to Section 6.17.C in Addendum 1*
15	Page 50, section 6.18, D	Contractor shall maintain an inventory and daily count of medications on-site as well as current, accurate records for distribution	Because there is no pharmacy on the AJATC campus, please confirm the medications to inventory are Schedule II-V Controlled Substances.	*Refer to Section 6.18.D in Addendum 1*
16	Page 50, section 6.19, B	DYS shall establish agreements with local vendors for non-emergency services, including dental and vision, and provide payment, which shall be paid directly by DYS.	Currently it is the contractor's responsibility to establish contracts with local vendors for non-emergency services. Please clarify if the contractor may still maintain these contracts, based on approval by DYS.	*Refer to Section 6.19.B in Addendum 1*
17	Page 51, section 6.23, A	Contractor shall ensure that all medical information pertaining to the youth and their treatment is input into the DYS EMR system within twenty-four (24) hours of service and or treatment delivery.	The EMR system may require hard copies of forms which must be uploaded to cueShift. Based on this requirement, please confirm if DYS will allow 48 -72 hours for forms to be scanned and uploaded to the EMR.	*Refer to Section 6.23.A in Addendum 1*
18	Page 51, section 6.23, B	Contractor shall provide DHS/DYS immediate, on-site record access and any requested records within twenty-four (24) hours.	Currently the practice is providing this information with 48 hours, can this timeline be continued?	*No. This is required for auditing purposes.*
19	Page 51, section 6.23, E	Contractor shall upload individual records into the DYS Juvenile Justice System (JJIS).	Is the provider required to upload medical information already into the EMR onto JJIS as well?	*No*

20	Page 58, section 7.5, A	Contractor shall maintain staffing levels in each facility for professional specialists to provide unimpeded services to assigned juvenile population as follows: 1. All Supervision Staff (daily direct care) 100%, 2. Professional Specialists (teachers/coaches, food service, etc.) 100%, 3. Support Staff (maintenance) 100%, 4. Administrative & Management Personnel (directors, supervisors) 100%, 5. Clerical/Support (administrative assistants) 100%	The 2019 RFP (#SP190054) stated the following staffing levels. Please confirm if the following minimum staffing levels are permitted, as long as the objective of unimpeded services and proper ratios are maintained. 1. All Supervision Staff (daily direct care) 80% 2. Professional Specialists (teachers/coaches, food service, etc.) 90% 3. Support Staff (maintenance) 50% 4. Administrative & Management Personnel (directors, supervisors 50% 5. Clerical/Support (administrative assistants) 50%Our question pertains to the stated 100% required staffing level for all positions (supervision staff, professional specialists, support staff, admin/management personnel, and clerical/support staff) in all the proposed programs. Our question pertains to the stated 100% required staffing level for all positions (supervision staff, professional specialists, support staff, admin/management personnel, and clerical/support staff) in all the proposed programs. Because public and private employers are experiencing a national labor shortage across all sectors – government, business, health care sectors, social work, etc. – the 100% staffing level requirement specified in Section 7.5,A (page 58) does not seem feasible or realistic. In addition to the realities of the labor market, the 2023 RFP has much more stringent requirements than the current Residential Treatment and Facilities Management contract. Specifically, the current DYS contract did not require a 100% staffing level, per Section 8.5,A, page 53 of contract #4600037431, dated 4/10/20. Under this current contract, the staffing level is: 80% of supervision staff; 90% for professional specialists; 50% for support staff; 50% for admin/management staff and 50% for clerical/support staff (see also below for a cut/paste of the current contract). Question: Based on the national labor shortage, will DYS allow contractor to operate under staffing levels currently required, as long as ratios of 1:8 (day) and 1:16 (asleep) are maintained?	*Contractor must meet ratios (1:8 awake, 1:16 asleep) and must provide all assessments and treatments and other care as required. DYS may be flexible on percentages of staffing so long as ratios, assessments, treatments and other required care is met.*
21	Response Packet, Information for Evaluation, Page 5	Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response. **Do not** include additional information if not pertinent to the itemized request	The Information for Evaluation has eight (8) categories, however there no requirement to include a response to medical services. Please clarify if medical services are to be addressed, where within the eight categories should medical be addressed, and if there are any specific questions to be addressed.	*Contractor will include medical service information within the existing information for evaluation.*

22	Attachment FF: Performance and History Disclosure, page 1	1. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, vendor performance report, or these equivalents in other states or in other entities. **2.** Has the Prospective Contractor ever had a state contract terminated, cancelled, or otherwise required to cease providing services due to a non-performance within the past three (3) years with any State?	To ensure consistency between questions 1 and 2, please confirm a formal negative contract action is a suspension, revocation, or termination. For example, successfully completing a Correction Action Plan (e.g., no original signature on a treatment plan, worn carpeting, staff training, policy revisions, etc.) is not considered a formal negative contract action.	*What the state intended for "formal negative contract action" is defined within the question itself and is specific to this solicitation. However, refer also to Item 1 of Attachment FF in Addendum 1*