

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages	
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2. Amendment/Modification Number A001		3. Effective Date November 21, 2014	4. Requisition No.	5. Solicitation Caption Positive Behavior Support Interventions (PBS) for Adults with Intellectual Disabilities	
6. Issued by: Department on Disability Services Office of Contracts and Procurement 1125 15 th Street NW, 4 th Floor Washington, DC 20005-2720			Code	JMMOH	
8. Name and Address of Contractor (No. street, city, county, state and zip code)			7. Administered by (If other than line 6)		
			X	9A. Amendment of Solicitation No. DCJM-2015-R-0011	
				9B. Dated (See Item 11) November 5, 2014	
				10A. Modification of Contract/Order No.	
				10B. Dated (See Item 13)	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>one</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTORS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority): THE CHANGES CLAUSE, The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>one</u> copy to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
<p>In accordance with 27 DCMR, Chapter 16, Section 1623, Amendments of Solicitation Before Closing Date, the District hereby makes the following changes:</p> <p>A. The solicitation closing date of November 26, 2014, not later than 2:00 PM, local time is hereby extended to December 3, 2014, not later than 2:00 PM, local time.</p> <p>B. Questions and responses to questions are attached to this Amendment, A001.</p>					
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer		
			Marsha Robinson		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia		16C. Date Signed
					11/21/2014
(Signature of person authorized to sign)				(Signature of Contracting Officer)	

1. Page 3, Section B.1 indicates the contractor must be willing to be a HCBS provider to provide positive behavior supports interventions.
 - a. Please clarify if the current HCBS waiver has a waiver service called PBS? **No. The current HCBS waiver has Behavioral Support Services, Section 1919, of Chapter 19 of Title 29, Public Welfare of the DCMR.**
 - b. What are the current rates for PBS services? **Reimbursement rates of Behavioral Support Services are in 1919.34 through 1919.37.**
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2. Page 5, Section C1.1: "The Contractor awarded this Contract shall hire, train, and supervise a team of up to four (4) licensed clinical professionals consisting of clinical psychologists and board certified behavior analysts, and two (2) paraprofessional trainers to implement community-based behavior support services as part of the behavior support contract."
 - a. Are board certified behavior analysts licensed in DC? **No. Under Section 1999 (Definitions), a board certified behavior analyst is an individual with at least a Master's Degree and certificate from the Behavioral Analyst Certification Board (BCABA), in the jurisdiction where the credential is accepted.**
 - b. Is there a requirement for a specific configuration of clinical psychologists and board certified behavior analysts to comprise the team? For example, 2 licensed psychologists and 2 board certified behavior analysts, etc.? **No.**
 - c. How are cases assigned? **Assignments may vary based on the priorities of the Department. (e.g., emergency, the former BSP developer is no longer working, history of rejected/deferred BSPs, and referral from DDS's Restricted Controls Review Committee-RCRC).**
 - d. Is the contractor to produce BSPs under the guidelines that include:
 - I. training the day and residential staff on the plan;
 - II. collection of 3 months of data on proposed plan; and
 - III. LHRC's approval;prior to the BSP being presented to RCRC? **Yes. The contractor is expected to train day and residential staff on the nonrestrictive portion of the BSP and the restrictive portions of the BSP that have been previously approved by the RCRC.**

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- e. How are the number of completed BSPs calculated (e.g., once it is submitted to the provider; when LHRC approves, when RCRC approves)? **A BSP is deemed “complete” when it is submitted to the provider. A BSP is deemed “approved” when it is approved by the RCRC.**
 - f. Are these services provided under the contract or is the contractor required to bill through Medicaid Waiver services? **During the first year of the contract, the services will be funded at a rate of 100% with the expectation that the contractor will submit an application to become a waiver provider by the end of the first year of the contract. The District expects to fund at a rate of 60% in option year one and 30% in option year two, with the expectation that the contractor shall bill under the applicable Medicaid Waiver service for the balance of each option year.**
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3. Page 5, Section C1.2: Please clarify the expected monthly volume of BSP's the contractor is expected provide in a typical month. **This will vary depending on the Department’s needs. However, at present DDS has much more work than any single provider will be able to handle, so they will always be at capacity based on the hiring levels of this contract, and depending on the complexity of each case, the Contractor will receive more or less cases.**
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4. Page 6, Sections C 1.11 and C1.12: (Effectiveness of existing staffing ratios)
 - a. How will DDS determine these objectives have been met? **This will vary depending on the Department’s needs. Refer to the response in Item #3 above**
 - b. Please clarify the expected monthly volume of existing BSP's that the contractor is expected to review and determine if the plan should continue. **This will vary depending on the Department’s needs. Refer to the response in Item #3 above**
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5. Page 10, Section C.3.1.4: “The Contractor shall have paraprofessional Trainers with a Master’s Degree in psychology or a related field and a minimum of two (2) years of providing intervention services to adults,”

Can we substitute experience for a Master’s Degree for the paraprofessional Trainers? **32 total hours of relevant graduate coursework, continuing education courses, online courses, and/or in- service training can be substituted for the Master’s Degree. Trainers must still have two years of experience providing intervention services to adults.**

6. Page 10, Section C.3.1.5: “The Contractor shall collaborate with local universities to identify graduate students in psychology, applied behavior analysis and related fields to assist with BSP development, data collection and staff training. The Contractor shall provide the necessary mentoring and supervision of the graduate students and coordinate with the university to award practicum credit, if applicable.”
- a. Can the district provide a list of local universities that are acceptable to meet this standard? **No. The District cannot guarantee universities’ participation.**
 - b. Is it required that the proposal include specific agreements or can the vendor generically affirm an intent to collaborate with local universities to meet this objective? **An affirmation can satisfy this requirement, but the Contractor’s proposal must discuss its plan for this collaboration.**
 - c. What are the criteria/outcomes for this objective? Does contractor have to attract and supervise a certain number of students? Does contractor have to develop relationships with a specific number of universities? **The intent of this objective is to increase the capacity of the District’s system. This should include students in related fields, who, through mentoring and supervision, will add to the resources available. There is no specific number of students or universities required.**
 - d. If the use of graduate students does not meet the DOL exemption for paid interns, students, etc., can the cost of the students be part of the proposed cost structure? **No. The use of graduate students under this RFP is proposed as an unpaid practicum opportunity for which the student will receive course credit rather than a stipend.**
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7. Page 11, Section C.3.3.3 “The Contractor shall submit annual Progress Reports to the CA summarizing the number of BSPs completed within 45 days of referral and the number of BSPs approved by the District. The annual Progress Report shall also document behavioral outcomes including, but not limited to, reductions in emergency room visits, decreased use of restrictive staffing, and decreased inpatient psychiatric hospitalizations.”

How would we obtain data on emergency room visits and psychiatric hospitalizations? We would need access to those numbers in order to provide data on reduction. **The clinician who developed the BSP is responsible for obtaining this information directly from the residential provider. The clinician is also responsible for providing the data to the contractor to summarize and include in the annual report.**

8. Page 25, Section H.5.6.4: Section B.1 implies that there is a great need for professionals who are qualified to provide Positive Behavior Supports. If this is case, will the requirement that 51% of new hires be residents of Washington D.C. be waived as outlined in section H.5.6.4? **Every effort must be made to meet the requirement to hire DC residents following the guidelines in Section H.5. The waiver may only be requested based on evidence required by that section.**
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9. Page 33, Section H.14.4

If a living wage increase is issued during the contract year, may the Contractor increase the cost of the contract to cover the additional wages? **Yes. Section H.2 allows for an equitable adjustment in the option years based on changes in wages. Changes are not typically allowed during a current option period, neither is the Contractor required to comply to changes in wage laws during that period.**

10. Page 52: Section I.11

This portion of the RFP refers to Section J.16. However, the RFP does not contain Section J.16. Please advise. **The Correct attachment is J.6**

11. Does the District have expectations on how much time the team spends writing new BSP's, revising current BSP's, and/or teaching and training other providers who provide PBS to increase their competencies? **The time necessary for the drafting of a new or revised BSP, as well as the training of providers will.**

The District's expectations for the clinician's allocation of time are generally as follows, but may vary based on the complexity of the issues related to the specific BSP:

For the residential setting:

- **Development of a new BSP - 7 hours**
- **Revise and update existing BSP - 4 hours**
- **Training of staff - 6 hours**
- **On-site consultation and observation -13 hours**
- **Behavioral review meetings/treatment team meetings- 8 hours**
- **Monthly data monitoring and Quarterly reports – 5 hours**
- **Participation in medication reviews- 3 hours**

If the individual also receives behavior support services in a day setting, the following usual and customary guidelines apply, and may vary based on the complexity of the issues related to the specific BSP:

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- **Development of a new BSP – 3 hours**
 - **Revise and update existing BSP - 2 hours**
 - **Training of staff - 6 hours**
 - **On-site consultation and observation-13 hours**
 - **Behavioral review meetings/treatment team meetings- 4 hours**
 - **Monthly data monitoring and Quarterly reports – 3 hours.**
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12. Please provide information on the referral process that the District will use to refer and prioritize referrals for PBS services. **During the first year, DDS will identify and prioritize the individuals who will be referred to the contractor for BSP services. Once the contractor becomes a waiver provider, the contractor will be included on the list of waiver providers and referrals can also be initiated by DDA service coordinators.**

13. In C.3.1.4, it states, “The Contractor shall have paraprofessional Trainers with a Master’s Degree in psychology or a related field and a minimum of two (2) years of providing intervention services to adults.” Section C.1.1 states, “The Contractor awarded this Contract shall hire, train, and supervise a team of up to four (4) licensed clinical professionals consisting of clinical psychologists and board certified behavior analysts, and two (2) paraprofessional trainers to implement community-based behavior support services as part of the behavior support contract. Comprehensive community based behavior support services shall consist of the following:”

Must the paraprofessional trainer have a Master’s Degree in psychology or may he/she have a Bachelor of Science or Bachelor of Arts along with 5 years of experience working with individuals with intellectual and developmental disabilities? **The paraprofessional trainer must have a Master’s Degree in psychology or related field and a minimum of two years of providing intervention services to adults.**

14. If the bidder/contractor is already providing the services described in the RFP with qualified professionals who are not residents of Washington DC and who will continue to provide services under this contract, are they part in the requirement that 51% of the new employees hired for the contract will be District residents? Or, does the 51% requirement apply only to new employees the bidder/contractor hires to work on the contract? **The 51% requirement applies only to new employees.**

15. Is it necessary to attend the pre-proposal conference to be considered for the contract award? **No.**
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16. Is the Contractor required to have office space in DC and/or MD to be considered for this RFP? **No.**
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17. The first deliverable (F.5.1, page 15) indicates that CVs and proof of certification for the clinical professionals would be due within 60 days of contract award. However, on page 58 (L.2.2.3) it states that the Offeror must submit resumes of staff that are available to start work immediately. **The contractor must submit any resumes of staff that are available to immediately start work with the proposal. To the extent that the contractor has not identified staff members that are available to immediately start work, it must provide those CVs and proof of certification within 60 days of the contract award.**
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18. When will the contract be awarded? **Barring any delays and the number of responses received, we expect that the contract will be awarded mid to late January 2015.**
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19. Is this is an existing contract and who currently holds the contract? **Yes the services are embedded in an existing contract. To obtain more information, you will likely need to submit a Freedom of Information Act request.**
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20. What was the prior funding amount if this is an existing contract? **That information is not available because the service is embedded in a different contract. However, what we use for a determination of fair and reasonable pricing is based on the Medicaid Waiver rates for providing the same or similar services.**
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21. Will this be a sole source award or are you looking to award to multiple vendors? **This is not a sole source award based on the District's definition of sole source. However, there will only be one contract award rather than multiple awards.**
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22. What small business certification are you looking for? **District law requires that we first seek small business enterprises (SBE) through the Department of Local Small Business Development (DLSBD). If there are not a sufficient number of SBE's**

available to fulfill the requirement, then certified business enterprises (CBE) may be considered.

23. What are the expected hours for each professional each month?

The District's expectations for the clinician's allocation of time is generally as follows, but may vary based on the complexity of the issues related to the specific BSP:

For the residential setting:

- i. Development of a new BSP - 7 hours**
- ii. Revise and update existing BSP - 4 hours**
- iii. Training of staff - 6 hours**
- iv. On-site consultation and observation -13 hours**
- v. Behavioral review meetings/treatment team meetings- 8 hours**
- vi. Monthly data monitoring and Quarterly reports – 5 hours**
- vii. Participation in medication reviews- 3 hours**

If the individual also receives behavior support services in a day setting, the following usual and customary guidelines apply, and may vary based on the complexity of the issues related to the specific BSP:

- viii. Development of a new BSP – 3 hours**
 - ix. Revise and update existing BSP - 2 hours**
 - x. Training of staff - 6 hours**
 - xi. On-site consultation and observation-13 hours**
 - xii. Behavioral review meetings/treatment team meetings- 4 hours**
 - xiii. Monthly data monitoring and Quarterly reports – 3 hours.**
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24. What length of time are the authorizations? **One year.**

25. How are referrals sent? **During the first year, DDS will identify and prioritize the individuals who will be referred to the contractor for BSP services. Once the contractor becomes a waiver provider, the contractor will be included on the list of waiver providers and referrals can also be initiated by DDA service coordinators.**

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26. What are the caps on hours per week? **Please see Behavioral Support Services, Section 1919, of Chapter 19 of Title 29, Public Welfare of the DCMR, specifically Section 1919.30.**

27. Are the authorizations done in hours or units? How long is a unit? **Please see Behavioral Support Services, Section 1919, of Chapter 19 of Title 29, Public Welfare of the DCMR, specifically Sections 1919.34 through 1919.37.**

28. What are the referral agencies? **The Department on Disability Services/Developmental Disabilities Administration.**

29. Are there any limitations around service? **The District is unable to respond to this question without additional information or clarification.**

30. Can two services be conducted at the same time? **Yes.**

31. What is the level of professional needed for the service? **Please see Section C.3.1, "Expertise and Qualifications."**