

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract Number DCRL-2012-H-0076	Page of Pages 1   2
2. Amendment/Modification Number 5	3. Effective Date See 16C	4. Requisition/Purchase Request No.		5. Solicitation Caption: Teen Parent Program
6. Issued By: District of Columbia Child and Family Services Agency Contracts and Procurement Administration 200 I Street, S.E., Suite 2031 Washington, D.C. 20003		Code	7. Administered By (If other than line 6) District of Columbia Child and Family Services Agency Foster Care Resources Administration 200 I Street, S.E. Washington, D.C. 20003	
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)			<input checked="" type="checkbox"/> 9A. Amendment of Solicitation No. DCRL-2012-H-0076	
			<input type="checkbox"/> 9B. Dated (See Item 11) 7/25/2012	
			<input type="checkbox"/> 10A. Modification of Contract/Order No.	
			<input type="checkbox"/> 10B. Dated (See Item 13)	
Code	Facility			
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. Offers 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>1</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 ACKNOWLEDGEMENT 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 change 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 CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14				
A. This change order is issued pursuant to: (Specify Authority)				
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 date, 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) 27 DCMR, Chapter 20 Section 2008 Exercise of Options				
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)				
Solicitation no. DCRL-2012-H-0076 is hereby amended as follows:				
1. The closing date for the submission of business plans and Contractor Qualification Record (CQR) is hereby changed from December 21, 2012 at 2:00 p.m. to January 7, 2013 at 2:00 p.m.				
See Page 2 for additional information.				
Except as provided herein, all terms and conditions of the document 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 Tara Sigamoni	
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia 	
(Signature of person authorized to sign)			16C. Date Signed 12/19/2012 (Signature of Contracting Officer)	

HCA No.: DCRL-2012-H-0076

2. Delete section C.4.1 in its entirety and replace with the following:

C.4.1.R CFSA shall utilize congregate care foster placement services for children and youth aged sixteen (16) to twenty-one (21) that enter foster care due to abuse and neglect whose needs cannot be met in a family based foster care setting.

3. Delete section C.4.4 in its entirety and replace with the following:

C.4.4.R The Provider of a Teen Parent Program shall provide programming in a "shared parenting environment" to pregnant or teen parents of any age; a main facility environment for pregnant teen parents aged 16 to 21; or residential units (apartments) for pregnant or teen parents aged 18 to 21 that are developmentally ready for a less restrictive programming.

4. Delete section C.4.5 in its entirety and replace with the following:

C.4.5.R The Provider(s) of a "shared parenting environment" shall serve pregnant or teen parents in a facility that meets the licensing and programming guidelines of an Independent Living Program, 29 DCMR Chapter 63.

5. Delete the first sentence of section C.4.8 and replace with the following:

The Provider shall also serve pregnant or teen parents that present an Axis I diagnosis (excluding adjustment disorder), and are in need of a more therapeutic milieu with their dependent children.

6. Delete section H.10.4.7 in its entirety.
7. Delete the phrase, "group home" in section H.10.4.8
8. Delete the phrase, "Direct care" in section H.10.4.9.
9. Attached are the responses to the questions received.
10. Attached is the complete CQR Form 1900.

Responses to Questions Received

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- Q.1.** C.5.1.1 CFSA or Child Placing Agency Social Worker maintains case management responsibility via an assigned Case Manager. The Provider shall support the activities of the Case Manager in the case planning process in the achievement of safety, permanence and well-being objectives for the youth, and for ensuring the well-being of the teen parent's dependent child (ren) and the Child Placing Agency with case responsibility who places the youth in the Teen Parent Program retains case responsibility for the youth. Section F.4, DELIVERABLES on Page 36. This paragraph lists documents/data a provider is to deliver. This is understood.

*CFSA case managers are guided by policies, procedures, and a Practice Operation Manual (POM) that are consistent with best practice standards. CFSA expects that the case managing staff and contractor will utilize a "teaming approach" to ensure children and youth receive appropriate services that will lead to positive outcomes*

- Q.2.** Section H.10.4.7.A states " The staffing ratio states 1 staff to every 4 residents during the morning, day and evening hours and section H.10.4.7.B states " and 1 staff during the night shift. Also, section H.10.4.9 states that the provider ensures a minimum of one (1) Direct Care staff be available per day even if all residents off-site, daytime schedules. The section further states that the Provider shall have two staff present at all times there is a resident present in the facility.

Question: Should the two (2) staff present must be direct care staff period. Or can the staffing pattern during core hours when residents are in the facility use a combination of professional staffing providing services to youths in order to allow the Provider flexibility in managing costs for meeting the staffing requirements. How does 29 DCMR Chapter 62 language line up with this section of the solicitation.

*This section is only applicable to Independent Living Programs – Main Facility and there shall be two staff persons present and on duty in the facility at all times when a resident is present in the facility. In addition, there shall be one (1) staff person present at the facility at all times to allow residents the ability to enter the facility. In the event a youth returns to the facility when there is only one staff present, the provider shall have a plan in place to ensure that a second staff person returns to the facility within an hour.*

- Q.3** Paragraph C4.4, page 12. "The provider of Teen Parent Programs shall provide programming in a "shared parenting environment" to pregnant or teen parents of any age; a main facility environment for pregnant or teen parent aged 16 to 21; or residential units (apartments) for pregnant or teen parent aged 18 to 21 that are developmentally ready for less restrictive programming; and in a group home to those in need of therapeutic care.

Question. It will be practically impossible to factor in a cost for this requirement as stated. Please clarify.

Responses to Questions Received

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*Only facilities licensed as an Independent Living Facility are authorized to provide Teen Parent Services. Teen Parent services depending on the developmental readiness of the youth may be provided as follows:*

*Youth aged 16 to 21 – Main Facility*

*Youth aged 18 to 21 – Residential Units*

*Only youth requiring therapeutic care may be served in a group home.*

- Q.4.** H.10.4.7.A - 1 staff to every 4 residents during morning, day and evening hours  
H.10.4.7.B - 1 staff to every 4 residents during the overnight shift  
This 1:4 staffing statement is contradicted in:  
H.10.4.9 states, "The provider shall have two (2) staff present at all times there is a resident present in the facility." So are we to assume, it is 2 staff at all times when a resident is present even if it is one resident?

*Sections H.10.4.7.A and H.10.4.7.B are deleted in their entirety.*

*There shall be two (2) Direct Care staff present at all times when there is a resident present at the facility.*

- Q.5.** If a clinician is licensed in DC, they have to submit FBI clearance (fingerprint) directly to DOH. Do we again have to request finger printing under clearances or can the license serve as a FBI clearance.

*If the clearance of the Clinician was issued within the last two year, it can be submitted and will be accepted. Therefore, you will not have to request new clearances.*

- Q.6.** Since this is a HCA - Do we need to complete the HCA Form 1900? It was not part of the attachments. An abbreviated version was.

*HCA Form.1900 is a required document under this HCA and must be completed and submitted by all applicants. (see the attached Form 1900).*

- Q.7.** Can a licensed SW or Licensed Clinical Psychologist provide supervision oversight of a non-licensed residential Director in lieu of the FT Licensed SW requirement?

*A licensed Social Worker or Licensed Clinical Psychologist can provide supervision to a non-licensed Residential Director providing that this can be substantiated in their job description.*

**Responses to Questions Received**

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- Q.8** The previous HCA had a justification page that went directly behind the schedule page. I know that I should submit justifications, however, do you want it in the same format as before – directly behind each schedule, or should I have a my justifications in a different section?

*Yes. The narrative for the budget schedule should go directly behind the relevant schedules.*

- Q.9.** For the Maintenance per-diem vs. Administrative Rate: I am still in search of clarity regarding direct care staff. Should all Social Workers and Case Managers, who have a caseload be considered Maintenance? As a Director I know that I am under the Administrative column, however, I may have some client contact as there is always a possibility. Does that mean I should put myself 10% in Maintenance and 90% Administrative?

*The decision to place staff in either maintenance or administrative category is a decision that is specific to each business. Depending on the provider's business structure, these individuals could be placed in either category. The percentage of time charged for either will also be a business decision based on how your staff will be utilized.*

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**Government of the District of Columbia  
Child and Family Services Agency**



**HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD**

TEEN PARENT SERVICES, DCRL-2012-H-0076

**STATUTORY AND REGULATORY AUTHORITY**

The Procurement Practices of the Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award Human Care Agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a Human Care Agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.

**GENERAL INSTRUCTIONS**

1. Please read and complete each section of the Human Care Agreement (HCA), Contractor Qualifications Record (CQR) form. All information must be completed in the spaces provided, or marked "N/A."
2. Original signatures must be included. Copies or a stamped signature is not acceptable.
3. The Standard Contract Provisions (SCP) for use with District of Columbia Government Supplies and Services Contracts dated March 2007 ("SCP") are incorporated as part of the HCA resulting from this CQR. Please read this document carefully before you complete the Contractor's Qualifications Record. To obtain a copy of the SCP go to [www.ocp.dc.gov](http://www.ocp.dc.gov), click on Solicitation Attachment, under "Related Documents", then click on "Standard Contract Provisions (March 2007)". The SCP will be incorporated by reference into each Human Care Agreement that is entered into between a Provider of human care services and the District of Columbia.
4. The following documents shall be completed and return with package. To obtain a copy of the documents go to [www.ocp.dc.gov](http://www.ocp.dc.gov)
  - a. Equal Employment Opportunity (EEO) Information, Mayor's Order 85-85
  - b. Tax Certification Affidavit
  - c. First Source Agreement
  - d. Cost Price Data Package
  - e. Subcontracting Plan
5. You may use the "Remarks Section", or attach a separate sheet, to provide additional information.
6. Please include and attach all information, documentation, and data as instructed and required.

In those instances where check boxes are provided, please check only the box or boxes which apply.

**CHECKLIST**

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach Disclosure Information?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization?	<input type="checkbox"/>	Did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?



**SECTION III – DISCLOSURE INFORMATION**

(If “yes” to any questions below, please explain fully in REMARKS Section, or attach a separate statement)

1. Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program?  
 YES     NO
2. Is your license, or any in the organization, currently suspended or restricted in any way?  
 YES     NO
3. Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years?  
 YES     NO
4. Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?  
 YES     NO
5. Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?  
 YES     NO
6. Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?  
 YES     NO (if you answered yes, please provide the information below)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE**

**1. List All Contracts With the District Government Within the Past Five (5) Years:** (Continue in “Remarks” section or attached sheet)

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

**2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years:** (Continue in “Remarks” section)

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

**3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:**

(Continue in “Remarks” Section or attached sheet)

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	



**SECTION VI – SERVICE DATA AND INFORMATION**

1. **GENERAL SERVICE CATEGORIES:** Please Check the General Service Categories for which this Application is Submitted:
2. CFSA seeks family based foster care that specifically serves lesbian, gay, bisexual and transgender children and youth within Traditional, Therapeutic and Specialized Care programs.

Congregate Care – Teen Parent

**2. LANGUAGE SKILLS:** Please Check All that Apply in terms of Language Skills:

English (ENG)

French (FRN)

Chinese–Cantonese (CCA)

Spanish (SPN)

Haitian Creole (CRE)

Chinese-Mandarin (CMA)

International/Universal Sign (SGN)

Vietnamese (VTN)

Ethiopian (Amharic) (AMH)

Italian (ITL)

Korean (KOR)

Others: \_\_\_\_\_

SECTION VII – REMARKS SECTION

*Please use this section for additional response to any previous request for information. In addition, please feel free to use this section to provide additional information pertinent to determining qualifications for entering into a Human Care Service Agreement with the District of Columbia's Child and Family Services Agency.*

**SECTION VIII – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE**

**1. DRUG-FREE WORKPLACE CERTIFICATION:** *Please provide certification that you or the Organization will operate in a Drug-Free Manner.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date
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*(May be signed on behalf of individual or organization.)*

**2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS:** *Please provide Certification that You or the Organization Agrees to be bound by the Standard Contract Provisions of the District of Columbia.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts (“Standard Contract Provisions”), dated March 2007, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date
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**3. INFORMATION CONSENT:** *Please Provide Certification that you or the organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, provide and express my consent for representatives of the Child and Family Services Agency, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Child and Family Services Agency. I further understand that the Child and Family Services Agency will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
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