

**Allegheny County  
Department of Human Services  
Request for Proposals Q&A**

Health Care Coordination and Support Service for  
Medically-Fragile Children in Child Welfare

**October 21, 2014**

**16.) What does DHS consider to be overhead? Will the costs we need to build into the program for phone, computer, furniture, etc. at each remote site be considered overhead? Or will overhead relate the internal administrative expenses and processes necessary to successfully carry out a program of this scale (accounting, HR, payroll, etc)?**

Overhead would be business expenses not including or related to direct labor, direct materials or third party expenses (contracts). Examples of overhead include accounting and legal expenses, administrative salaries, depreciation, insurance, licenses and government fees, property taxes, rent and utilities. The costs for phone, computer, furniture etc. would be considered overhead as would internal administrative expenses.

**October 10, 2014**

**15.) In the each of the three pilot offices (North, Central and Mon Valley), with the HCSC Program staff expected to devote at least 70% of time in direct service activities – will DHS be able to provide a dedicated work space (a desk, small storage, personal space, telephone and computer, et al) for the HCSC staff member?**

Physical work space will be made available for the staff at each of the pilot offices, but proposers will need to build start-up costs around supplies (i.e. desk, small storage, telephone, computer, office supplies) into their budgets.

**October 3, 2014**

**14.) What is the number of families at each regional office?**

Some regional offices serve more families compared to others. On average, a regional office serves approximately 350 families at any point in time.

**13.) Are health care coordinators expected to be embedded at the regional offices, or can they be based at the contracted agency?**

Yes, health care coordination is expected to be embedded at the regional offices.

**12.) Do the health care coordinators need to be RNs, or can they operate under RN supervision?**

HCSC Program staff is expected to have a RN license in good standing.

**11.) How is this program aligned with the I Count program out of Allegheny County?**

It is not aligned. This program is for children accepted for service in the child welfare system.

**September 30, 2014**

**10.) Is there a cap on admin/overhead that can be included in the budget?**

Overhead should be capped at 10% of the total budget.

**9.) Do references need to be other organizations/agencies, or can they also be from patients/families/individuals?**

References can be any entity or individual who is able to address relevant experience with your organization.

**8.) If we already have a data collection system for our care coordination program, will we be expected to also enter data in a separate database-requiring dual data entry?**

Yes. DHS anticipates that HCSC Program staff will enter data into DHS' Key Information and Demographics System (KIDS) or potentially develop a data exchange into our KIDS system.

**7.) Will we need a separate, dedicated staff for HCSC families?**

It is not a requirement.

**6.) What is the expected sustainability of this model?**

Absent significant funding reductions at the State or Federal level, DHS will support the HCSC program for the long term if it demonstrates improvement in the coordination of health care assessment and treatment for medically fragile children and youth in the child welfare system.

**5.) Are there parameters for staff education beyond RN licensure?**

No. The only education requirement for HCSC Program staff is a nursing licensure in good standing.

**4.) Are there staff ratios per team?**

We have not defined staff ratios per team, because of the varying degree of time and investment each child and family will require.

**3.) Is there a defined volume/caseload expected for a team?**

We do not have a defined caseload because of the varying degree of time and investment each child and family will require.

**September 23, 2014**

The timeline for proposal evaluation and program implementation on page 1 was corrected to read:

Award Decision/Notification: February 2015

Estimated Start Date: April 2015

**September 18, 2014**

**2.) Will the organization awarded the contract be responsible for outreach to and recruiting families with medically fragile children, or will the County enroll/connect the families to the coordination services directly?**

A: The County (DHS) will connect the families to the Health Care Support provider.

**1.) Will DHS hold a technical assistance meeting or a bidders' conference for this opportunity?**

A: No.