



**HOWARD COUNTY PUBLIC SCHOOLS
PURCHASING DEPARTMENT**

10910 Clarksville Pike
Ellicott City, MD 21042
(410) 313-6644

**ADDENDUM NO. 2
(Total Pages - 8)**

May 21, 2018
**Request for Proposal No. 065.18.B1
School-based Mental Health Services**

The following shall be incorporated into the captioned solicitation as though included in the original documents issued.

The Board of Education authorizes the following changes, clarifications and or attachments to the solicitation documents; however, such changes shall not relieve the firm of their responsibilities as otherwise required by the solicitation documents. Please be sure to acknowledge receipt of this addendum in the response.

The due date for proposals is extended to **May 29, 2018 at 3:00 PM.**

Please see the attached five pages of questions and associated responses.

Please see attached two forms currently in use.

Informed Consent for Intervention of School Psychologist
Howard County Public School System – Authorization for Release of Records

There are no other changes.

Note: It is the firm's sole responsibility to monitor the HCPSS Purchasing website to ensure that they download any additional addendums or clarifications prior to submitting their proposal and duly acknowledge receipt of and full understanding of said addendums on the proper proposal submittal form. Failure to do so may result in non-receipt of important information prior to the closing date and may render the proposal non responsive and ineligible for award. It is highly recommended that the submitting proposer/bidder ascertain if they have received all the addendums posted prior to submitting their proposal. Failure of any proposer/bidder to obtain any such addendum or interpretation shall not relieve the proposer/bidders company from any obligation under his/her proposal as submitted.

May 21, 2018

School-Based Mental Health Services
065.18.B1

Questions and Responses - Part II

33. Is this RFP for a new service or has it been provided previously? If this work has been provided previously can the following be provided?

Response: There is no current/previous contract holder, as we have not used this model in the past. Currently, these services are available in five schools through grant funds.

- a. A list of the current or previous contract holders and the length of time that the contracts have been in place.

Response: N/A

- b. Any data reflecting the level of effort that has been provided in previous contract periods – e.g., numbers and types of schools served; numbers of students seen yearly; average monthly caseloads; numbers and/or percentages of students who were MA eligible, had private insurance, were not covered by third-party payments; numbers and/or percentages of student / families that required services in languages other than English; and, other available data that can inform the expectations for the proposed contract term.

Response: N/A

34. Are multiple providers envisioned under this contract, or is there an expectation that a single provider will serve all of the schools?

Response: The intent is to award to multiple providers. We will be strategic in placement of providers. HCPSS is divided into three areas and ideally would like to connect them to multiple schools in their respective areas.

35. Will there be any payment for services provided by HCPSS, or will all compensation for the work need to come from fees collected by third-party payers (MD Medicaid or private insurers)?

Response: HCPSS will not provide any payment for services.

- a. There is mention of providing *pro-bono* services to uninsured or underinsured students. Is there an expectation as to the number or percent of students who will fall into this category?

Response: No, the HCPSS is open to reviewing your proposal.

- b. In cases where a family has private insurance coverage, but cannot be used in the context of the school-based program, is the expectation that they will be served by the project or referred to other community providers?

Response: This will be determined on a case-by-case basis.

- c. If there are co-payments required by private insurers, is the provider allowed to collect these from families; can families unable to pay or who will not pay co-payments be expected to be served by the program?

Response: All billing will be handled by the provider. The provider will determine whether to serve families who are unable or unwilling to make the co-payment.

- d. Can HCPSS provide data related to the numbers and percentages of students who will be referred to the provider for services that will have, or be eligible for MD Medicaid?

Response: The HCPSS has not contracted with vendors to provide these services in the past. Countywide, between a fifth and a quarter of students receive Free And Reduced-priced Meals (FARMs) which is an indicator of the percentage of students eligible for Medicaid. Some schools have a much higher percentage and number of students who receive FARMs and the plan is to initially target those schools.

36. Can a description of the referral for services process be provided? Will HCPSS staff discuss the referral with parents or guardians prior to making the referral? Are there authorization/referral forms already in place or created as referenced e.g., in 3.2.3(b)iii (“Mental Health Services by Non-HCPSS Public School Employees,” and “Release of records”)?

Response: The school-based Student Support Team (SST) will make the referral. A member of this team will contact the family and inform them of this service option. If the family is interested a “warm hand-off” will be done to facilitate the transition to the provider. The HCPSS Release of Records is attached to the end of these questions and answers.

37. Is the intent that an individual clinician(s) will perpetually/regularly be assigned to a particular school on a regular schedule and/or percentage of time; or, will clinicians be itinerant and visit particular schools as students are presented who need services at the particular school?

Response: Response: The intent is to assigned clinicians to a limited number of schools in an area and as close together as possible.

Will there be any predictability as to the number of students that may be referred by a particular school on a routine basis?

Response: We are unable to provide a specific response. However, schools selected to participate in this program have identified the need for this program.

Who at the local school will coordinate the efforts being provided by the contractor?

Response: A Point of Contact will be identified at each school.

38. There is emphasis on the provider(s) building strong alliances and collaborating with school administrators, student service staff, and teachers and to participate in student conferences, SST meetings and the like. Training and on-site consultation is requested. Our experience from working in public school settings is the amount of time required for non-billable coordination and collaboration within typical school settings is quite extensive and requires much additional time and effort far beyond that which third-party service rates can cover. Are there any considerations in this regard?

Response: We suggest you include any consideration in the proposal.

39. Will the office space provided at the school(s) be dedicated and regularly available to the clinician(s) during and outside of clinical sessions; or, will space be arranged as needed when students are referred and scheduled for services. Beyond use of the school's copy machine that is addressed in the RFP, what other HCPSS resources will be available for regular use by the program, e.g. access to Wi-Fi, telephones, etc.

Response: Office space will be available on a regularly scheduled basis. This space may be shared with itinerant HCPSS staff. Contracted clinicians will also have access to a desk/work space and wifi.

40. 3.6.4 indicates that "services will be discontinued on the last official school day . . ." Is there consideration regarding students and families where discontinuation of services would not be appropriate? Will the provider have any access to school facilities during summer vacation days?

Response: A clinician may offer services during the summer but a family is not required to participate as part of this program.. As summer months are often used for school renovations and cleaning HCPSS is unable to guarantee space at the clinician's assigned school.

41. Can information be provided as to expected service and/or outcome reports that will be required by the contract? To what extent will student identifiable data/information be shared between the provider and HCPSS? What student identifiable information will be provided to the provider by HCPSS?

Response: We recommend that you include an evaluation plan (see 3.2.13 d i and ii) in the proposal.

42. Is sub-contracting to certified minority/female business enterprises required as part of this contract? (referencing item 2.62.) It would seem that the size and scope of the anticipated award would affect whether subcontracting would be possible or not. Would the utilization of sub-contracting in this regard present issues regarding 3.2.2, "maintain . . . responsibility as employer of all personnel"?

Response: Subcontracting and participation by minority firms is not mandatory, but a goal. We would hope that if you do subcontract, that minority firms be given the chance to participate.

43. 3.1. E. – reference is made to Appendix C: Proposal Total Sheet. Appendix C is “General Information” sheet. Will an additional form be provided here?

Response: No, this is just a formatting issue since we typically ask for pricing. Since there is no pricing requested, this can be ignored.

- In the context of this solicitation what is intended regarding submission of a fee schedule, e.g., is the proposer to submit the State of MD’s MA fee schedule?

Response: Again, this can be ignored.

44. There are five electronic copies of the submission required in addition to the signed original. Does this mean five separate thumb drives or DVDs?

Response: Yes, we need to be able to allow each team member have a copy.

45. Does HCPSS have a preference for school clinicians to be W-9 or 1099 employees?

Response: Neither, we expect the clinicians to be employees of the firm that is under contract. We will only require a W9 from the contracting firm.

46. In 3.2.11 it states that the vendor will "establish a work agreement with HCPSS that addresses the specific needs that may include specific times for services."

Does this refer to clinicians giving the Points of Contact a projected length of service, for example: 12 weeks?

Response: This is one example. Another option is for the agreement to list days and times that the provider will be available for the school-based mental health program.

47. As mentioned, this program will begin with a Medical Assistance model. As our agency accepts private insurance, if selected do you anticipate we will be able to provide services for students with private insurance initially, or will that potentially be planned to happen in a subsequent school year?

Response: We plan to focus our initial efforts with students receiving Medical Assistance. We will work with the selected provider to determine an appropriate timeline to for introducing services for students with private insurance.

48. Our agency can provide psychiatry services:

- In our Laurel office
- Through tele-psychiatry at school
- By hosting our psychiatrist in the school building to see students for medication management

Does HCPSS have a preference for the method of delivery of psych services?

Response: No, please describe how you will provide this service.

49. Will there be crisis management work involved – who else will be involved in crisis management work (is there a hierarchy for how crises are managed).
Response: The provider may support a student on their caseload in crisis. HCPSS has defined procedures for responding to threats of harm to self and others that will be implemented by HCPSS staff.
50. Who are the provider resources within the school?
Response: All schools have a Student Services Team which includes: school counselor(s), school psychologist, pupil personnel worker and school nurse. Some schools have additional supports such as alternative education staff, international office liaisons and others, as needed to service the school.
51. What kind of consultations are required/desired?
Response: Providers should plan to consult with Student Services staff and classroom teachers, as needed.
52. What kind of trainings are desired and for what population (staff/parents?)
Response: This will be determined in collaboration with school administration and Student Services staff at the assigned school.
53. Are there meetings that the staff will be expected to attend? At what frequency? How long are the meetings? How much notice do we get in notification of these meetings?
Response: The providers will be asked to attend Student Services Team (SST) Meetings. The meeting frequency and duration varies from school to school. The provider will likely be asked to attend 1-2 meetings a month for approximately one hour each.



HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

INFORMED CONSENT FOR INTERVENTION OF SCHOOL PSYCHOLOGIST

Student Name: _____	Date of Birth: _____
Student Number: _____	Grade: _____
School: _____	Date: _____

Dear: _____

Student: _____ has been **referred for** intervention because
of the following concerns: _____

The anticipated intervention includes: _____

The expected duration of the intervention is **from** _____ **to** _____

Progress will be reviewed by _____

Before you give permission for your child's participation in the intervention, you need to know that information shared by your child while participating in the intervention is confidential unless it's determined by the school psychologist that the student is a danger to himself/herself or others. A potential consequence of your child's participation in this intervention is: _____

You also may elect to seek alternative resources at your own expense. A list of local service providers is available upon request.

Please indicate below whether you wish to give permission for your child's participation in the intervention and return this form to _____. If you have any questions, please contact the school psychologist at the following telephone number: _____

Signature of School Psychologist

Date

Yes, I have been informed of the nature, scope, duration, and potential consequences of the intervention of the school psychologist and hereby give permission.

No, I do not want and hereby refuse in intervention of the school psychologist.

Signature of Parent/Guardian

Date

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM
AUTHORIZATION FOR RELEASE OF RECORDS**

Name of Student _____ Student's Birth Date _____

Request Date _____

Request for Records from:

Name _____

Title _____

Agency _____

Address _____

Phone _____

Fax _____

Request Initiated by:

Name _____

Title _____

School _____

Address _____

Phone _____

Fax _____

_____ School Psychologist _____ School Counselor _____ Pupil Personnel Worker _____ Health Services
of the Office of Student Services, Howard County Public Schools is requesting the following records on the above named
student. The records are being requested for the following reasons: _____

Information Requested:

_____ Telephone Consultation
_____ Discharge Reports
_____ Assessments (_____)

_____ Diagnostic Information
_____ Treatment Plan/Medication Information
_____ Other (_____)

Parent/Guardian Authorization:

I, (name of parent/guardian) _____, authorize the disclosure of medical records noted above for the student specified above for school purposes to the individuals affiliated with the school as indicated above. I understand that, if the persons or organizations I authorize to receive and/or use the medical records are not subject to the federal or state health information privacy laws they may further disclose these records, in which case, it may no longer be protected by the Health Information Portability and Accountability Act (HIPAA) privacy laws.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to my provider. In order to obtain a revocation form to revoke this authorization, I understand that I may contact my provider's office. I understand that revocation of this authorization will not affect any action that those named or unnamed herein, took in reliance on this authorization before my provider received my written notice of revocation.

As the sending party, you should be aware that the parent(s)/guardian(s) have the right to review and obtain a copy of the student's records on file in the Howard County Public School System. **I give permission for the release of records listed above.** A photocopy or a fax transmission of this authorization shall be deemed as valid as an original signature.

Parent/Legal Guardian Signature

Date

Information Released from Howard County Public Schools:

I give permission for the Howard County Public School System to release the following records:

_____ Telephone Consultation
_____ Discharge Reports
_____ Assessments (_____)

_____ Diagnostic Information
_____ Treatment Plan/Medication Information
_____ Other (_____)

Send to: _____

Name of Agency/Individual

Address

Parent/Legal Guardian Signature

Date

White - Originator of Request Canary - Student File Pink - Parent/Guardian Goldenrod - Private Agency/Provider
IFAS # 3950 2119 HCPSS/OSS/Auth.Release.Records/mt/8/07