Request for Proposals

RFP No. 2019CTCGROUPEMERGENCY001

Issue Date: July 25, 2018

MDCPS WELCOMES PARTICIPATION OF MINORITY BUSINESSES

INVITATION: Sealed Proposals, subject to the attached conditions, will be received at this office until August 29, 2018, 12:00 p.m., Central Time for the acquisition of the product/services described below.

Comprehensive Residential Services

Request for Proposals Coordinator: Leigh Washington
contracts@mdcps.ms.gov
Proposals must be received by the above named party by the official deadline to be considered. Applications will be time stamped as they are received by MDCPS.

Any proposals received after the deadline will be marked as being LATE and will not be opened. All proposals received by MDCPS are deemed to be the property of MDCPS and may be used as MDCPS sees fit. MDCPS will not be responsible for non-delivery or late delivery of proposals. **The Proposer alone is responsible for ensuring that their proposal package is delivered to 660 North Street, Suite 200, Jackson, MS 39202, no later than the official deadline.**

If using a commercial delivery company such as FedEx, UPS, USPS or any other public, private or commercial courier service that requires that you use their shipping package, your proposal should be sealed and labeled as stated above to prevent premature opening. Parties submitting proposals assume all risks of delivery, including late delivery, lost delivery or failure to deliver.

Lapses in protocol or deviations from the published standards can result in formal objections, legal challenges and delays in the overall award process, which will ultimately result in failure to provide the necessary services to the citizens of Mississippi.

**It is recommended that you submit early (i.e., at least 2 days before the submission deadline date).**
MDCPS reserves the right to amend the contents of this RFP as it deems necessary. It is the Proposer’s sole responsibility to monitor the website for amendments to this RFP to ensure that their proposal complies with the amended RFP, if applicable. If applicable, the Acknowledgement of Amendment form (Attachment E) must accompany the Proposal to be considered responsive. Failure to do so may result in immediate rejection.

MDCPS RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS WHERE THE PROPOSER TAKES EXCEPTION TO THE TERMS AND CONDITIONS OF THE RFP AND/OR FAILS TO MEET THE TERMS AND CONDITIONS AND/OR IN ANY WAY ATTEMPTS TO LIMIT THE RIGHTS OF MDCPS AND/OR THE STATE OF MISSISSIPPI, INCLUDING BUT NOT LIMITED TO, THE REQUIRED CONTRACTUAL TERMS AND PROVISIONS SET FORTH IN THIS RFP.
Table of Contents

Section 1........................................................................................................................................5

- Background.................................................................................................................................5
- Proposal Acceptance Period ........................................................................................................5
- Expenses Incurred in Preparing Proposals................................................................................5
- Registration with the Mississippi Secretary of State.................................................................6
- Debarment................................................................................................................................6
- Additional Information................................................................................................................6
- Proprietary Information..............................................................................................................5
- Type of Contract – Firm Fixed Price Agreement......................................................................6
- Written Proposals.......................................................................................................................6
- Acknowledgement of Amendments............................................................................................6

Section 2........................................................................................................................................6

- Purpose......................................................................................................................................6
- Scope of Services.........................................................................................................................7
- Term/Renewal of Contracts.........................................................................................................7
- Multiple Awards.........................................................................................................................21

Section 3.......................................................................................................................................21

- Insurance...................................................................................................................................21

Section 4.......................................................................................................................................21

- Minimum Information................................................................................................................21
- Proposal Submission Requirements............................................................................................22
- Evaluation Procedure..................................................................................................................22
- Nonconforming Terms and Conditions.....................................................................................23
- Award........................................................................................................................................25

Section 5.......................................................................................................................................25

- Post Award Debriefing................................................................................................................26
- Protest of Solicitation of Awards................................................................................................27
- Proposal Exceptions....................................................................................................................27
- Required Terms and Conditions.................................................................................................28
- Approval Clause..........................................................................................................................28
- Attachments...............................................................................................................................29
Section 1

1.1 Background

The Mississippi Department of Child Protection Services was created as the state’s lead child welfare agency by the 2016 Mississippi Legislature, separating it from the Mississippi Department of Human Services. The mission of MDCPS is to lead Mississippi’s efforts in keeping children and youth safe and thriving by:

- strengthening families;
- preventing child abuse, neglect and exploitation; and,
- promoting child and family well-being and permanent family connections

1.2 Proposal Acceptance Period

The Proposals and all attachments shall be signed and submitted to 660 North Street, Suite 200, Jackson, MS 39202 no later than the time and date specified for receipt of proposals. Timely submission of the Proposal is the responsibility of the Proposer. Proposals received after the specified time, shall be rejected and returned to the Proposer unopened. The envelope or package shall be marked with the proposal opening date and time and the number of the request for proposals. The time and date of receipt shall be indicated on the envelope or package by the MDCPS Business Office. Each page of the Proposal and all attachments shall be identified with the name of the Proposer.

1.2.1 Required Letter of Intent

Proposers shall notify MDCPS of their intention to submit a Proposal. The letter of intent (Attachment A) shall be submitted via email at contracts@mdcps.ms.gov by August 17, 2018, 3:00 p.m., Central Time. The letter of intent shall include the title of this request for proposals, the proposer’s organizational name and address, one (1) to two (2) sentences stating that the proposer’s organization intends to submit a proposal for this service, location of the service area, and the contact person’s name, title, phone number, fax number, Tax I.D. number, DUNS number, address and email address. Contracts@mdcps.ms.gov shall acknowledge receipt of letter of intent via email A NON--ACKNOWLEDGEMENT is a NON-RECEIPT of required letter of intent. It is the Proposer’s sole responsibility to ensure timely receipt.

1.2.3 Procurement Schedule

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
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<tbody>
<tr>
<td>Advertisement</td>
<td>July 25, 2018; August 1, 2018</td>
</tr>
<tr>
<td>Receive Questions for Clarification Deadline</td>
<td>August 10, 2018, 3:00 p.m., CT</td>
</tr>
<tr>
<td>Respond in Writing to Clarification (<a href="http://www.mdcps.ms.gov">www.mdcps.ms.gov</a>)</td>
<td>August 15, 2018</td>
</tr>
<tr>
<td>Required Letter of Intent Deadline</td>
<td>August 17, 2018, 3:00 p.m., CT</td>
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<tr>
<td>Proposal Deadline</td>
<td>August 29, 2018, 12:00 p.m. CT</td>
</tr>
<tr>
<td>Proposal Opening</td>
<td>August 29, 2018, 1:00 p.m., CT</td>
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<tr>
<td>Phase I</td>
<td>August 30-31, 2018</td>
</tr>
<tr>
<td>Evaluation of Proposal</td>
<td>September 4-6, 2018 or later</td>
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<tr>
<td>Proposed Period of Performance</td>
<td>October 1, 2018 – June 30, 2019</td>
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</table>
1.3 Expenses Incurred in Preparing Offers

MDCPS accepts no responsibility for any expense incurred by the Proposer in the preparation and presentation of an offer. Such expenses shall be borne exclusively by the Proposer.

1.4 Registration with Mississippi Secretary of State

By submitting a Proposal the proposer certifies that it is registered to do business in the State of Mississippi as prescribed by the Mississippi Secretary of State or, if not already registered, that it will do so within seven (7) days of being offered an award. Sole proprietors are not required to register with Mississippi Secretary of State.

1.5 Debarment

By submitting a Proposal, the proposer certifies that it is not currently debarred from submitting Proposal for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi. (Attachments B and C - FDVR and PDV Forms, respectively)

1.6 Competitive Proposals

Discussions may be conducted with proposers who submit proposals determined to be reasonably susceptible of being selected for award. Likewise, MDCPS also reserves the right to accept any proposal as submitted for contract award, with substantive negotiation of proposed terms, services or prices. For these reasons, all parties are advised to propose their most favorable terms initially.

1.7 Additional Information

Questions related to services shall be submitted in writing to Chandar Turner at Contracts@mdcps.ms.gov no later than August 10, 2018, 3:00 p.m., Central Time. Questions concerning the technical portions of the Request for Proposals should be directed to Leigh Washington at Contracts@mdcps.ms.gov no later than August 10, 2018, 3:00 p.m., Central Time. Proposers are cautioned that any statements made by the contact or technical contact person that materially change any portion of the Request for Proposals shall not be relied upon unless subsequently ratified by a formal written amendment to the Request for Proposals. All questions and answers will be published on MDCPS’ website (www.mdcps.ms.gov) in a manner that all respondents will be able to view by August 15, 2018. MDCPS will not be held liable or responsible for responses to proposers by persons other than the persons specifically designated in this section. Questions and Answers will be issued as an amendment and proposers should acknowledge receipt of this amendment to the solicitation by signing and returning the amendment with the proposal, by identifying the amendment number and date in the space provided for this purpose on Attachment E. The acknowledgement must be received no later than the time and date specified for receipt of proposals. It is the proposer’s sole responsibility to monitor website for the amendments to this RFP.

From the release of this RFP until a contract is executed, Proposers shall not communicate with any MDCPS staff concerning the RFP except by using the method described above. If the Proposer attempts any unauthorized communication, MDCPS reserves the right to reject the Proposer’s proposal.

1.8 Proprietary Information
The Proposer should mark any and all pages of the proposal considered to be proprietary information which may remain confidential in accordance with Mississippi Code Annotated §§ 25-61-9 and 79-23-1 (1972, as amended). Any pages not marked accordingly will be subject to review by the general public after award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. (Attachment D)

1.9 Type of Contract – Firm Fixed Price Agreement

1.10 Written Proposals

All Proposals shall be in writing.

1.11 Acknowledgement of Amendments

Proposers shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment (Attachment E) with the Proposal, by identifying the amendment number and date in the space provided for this purpose on the proposal form, or by letter. The acknowledgment must be received by MDCPS by the time and at the place specified for receipt of Proposal.

Section 2

2.1 Purpose

MDCPS is seeking to establish contract(s) for Comprehensive Residential Services. It is understood that any contract resulting from RFP No. 2019CTCGROUPEMERGENCY001 requires approval by MDCPS Commissioner/designee. Any contract(s) resulting from RFP No. 2019CTCGROUPEMERGENCY001 shall become effective when fully executed by all parties.

2.2 Scope of Services

Comprehensive Residential Services

All services provided shall comply with all applicable federal and State of Mississippi laws, and regulations, as now existing and as may be amended or modified.

MDCPS Comprehensive Residential Services contract encompasses a range of four (4) placement types. The four placement types are emergency shelter, group home, therapeutic foster home, and therapeutic group home. Each of the placement types is a distinct service. Potential Providers shall indicate in their proposal which placement types they are proposing to provide. MDCPS will evaluate each proposed placement type based on the merits of the proposal. A potential provider may be awarded a contract for all, some, or none of the placement types proposed. Providers will be required to attend intensive In-Service Training following award of a contract.

Emergency Shelter

The Emergency Shelter is intended to be a short-term interim placement resource. The brief time in the shelter (forty-five (45) day maximum) gives the MDCPS and Shelter staff time to further assess each child and family’s situation, begin to develop individualized treatment plan service plans to expedite reunification whenever safely possible or, in the alternative, identify the most appropriate next placement for the child so that a permanent exit is more likely from that next placement.
As described below in greater detail, the Provider shall assist MDCPS County of Responsibility staff in assessing the child and their primary caregiver’s strengths and needs, identify and initiate individualized clinical services with the child and/or their birth family, identify and help maintain important connections in the child’s life, and act as a resource and provide necessary support to maintain the child in the next placement upon discharge from the Provider.

As outlined below, certain responsibilities are being delegated to the Provider and its staff while a child is placed in their care. These responsibilities will be fulfilled solely by the Provider unless the Provider receives communication from the child’s MDCPS worker that he/she will be assuming one of these responsibilities.

**Group Home**

The Group Home Program shall be designed to provide services to children and youth in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court). Group Homes may serve children younger than ten (10), upon written approval by the Regional Director, when they are siblings of a resident over age ten (10).

The goal for children in Group Home Care is lasting permanency through reunification, relative care, adoption, or guardianship. The purpose of Group Home Care is to provide an environment and services that will help children and their families develop the necessary skills to support lasting permanency.

The Group Home shall provide services to help children and youth return to their families, transition to a less restrictive setting, or to independent living. These services shall include but are not limited to:

1. Work with MDCPS staff to develop an initial strength and needs assessment and participate in treatment plan family team meetings and discharge plan family team meetings for each child placed with the Provider.
2. Allow and encourage children and youth to engage in age appropriate community and school based extracurricular activities of their choosing.
3. Work with children and youth and their permanent families to develop skills that will help support the goal of lasting permanency.
4. Work with children and youth to develop age appropriate independent living skills:
   - Provide support for actions and goals set out in the youth’s MDCPS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth’s MDCPS worker).
   - Help the youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training. By participating in IEP meetings and communicating concerns with MDCPS staff. (Educational Liaison)
   - Help the youth to secure meaningful employment and a steady source of income.
   - Ensure the youth has access to health care services.
   - Provide the youth with opportunities to develop permanent connections within the community.
   - Individualize activity that integrate service plan goals.

**Therapeutic Foster Care**

A Therapeutic Resource Home is a home designed to provide services to children ages birth to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court) with at least moderate emotional, behavioral, medical, or developmental problems, for instance, bipolar disorder, dysthymia (depression), intermittent explosive disorder, oppositional defiant disorder, sexually deviant behavior, mental retardation/developmental delays, behavior disorder, mental illness/on medication, other diagnosed mental illnesses according to the Diagnostic and Statistical Manual of Disorders-V-TR (DSM-V-TR).
A Therapeutic Resource Home program shall recruit and provide specialized training and support services to resource parents capable of meeting the needs of these children. Resource parents providing therapeutic foster care services may require more frequent respite and support services and training in behavioral intervention.

The goal for children and youth in Therapeutic Foster Care is lasting permanency through reunification, relative care, adoption or guardianship. Therefore, the primary focus of the therapeutic resource parents and provider staff should be working with children and their families to support this goal.

Therapeutic Resource Home programs should be designed to work with children and youth who may have the following characteristics:

1. Children and youth may have a history of truancy, but are typically able to attend public school with liaison and support services provided by the agency.
2. Children and youth may have a history of impulsive behaviors, aggression and alcohol or drug misuse. The child or youth may also be appropriate for a therapeutic resource home if displaying moderate to low sexually reactive behaviors. In addition, the child or youth may have been treated at a higher level of care for sexually reactive behavior or sex offender issues and has been assessed with a low to moderate risk for reoffending.
3. Children and youth may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills and/or have difficulty accepting authority.
4. Children and youth may have behaviors that can be treated in a home like environment, with adult supervision and intervention.
5. Children and youth may require community counseling or therapy, medication and medication management. These services shall be coordinated by the Provider in collaboration with MDCPS and integrated into treatment planning.

**Therapeutic Group Home**

Therapeutic Group Homes shall provide services to children in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court) and should be designed to meet the needs of children who are unable to live at home, or with a Resource Family) with at least moderate emotional, behavioral, medical, or developmental problems, for instance, bipolar disorder, dysthymia (depression), intermittent explosive disorder, oppositional defiant disorder, sexually deviant behavior, mental retardation/developmental delays, behavior disorder, mental illness/on medication, other diagnosed mental illnesses according to the Diagnostic and Statistical Manual of Disorders-V-TR (DSM-V-TR), and therefore require temporary care in a group care setting that is integrated within the community.

The goal for children in therapeutic group homes is lasting permanency through reunification, relative care, adoption or guardianship. Therefore, the primary work with the child and family should be focused on making this happen.

The Therapeutic Group Home Provider shall provide structure, therapeutic support, behavioral intervention and other services identified in a child’s permanency plan for children with moderate clinical and behavioral needs.

The Therapeutic Group Home Program shall be designed for children and youth in need of twenty-four (24) hour care and integrated planning to address behavioral, emotional, or family problems and the need for progressive reintegration into family and community living. Children and youth in a therapeutic group home placement shall remain involved in community-based schools (if possible) and participate in community and school based recreational activities with appropriate supervision.

Therapeutic Group Home programs should be designed to work with children and youth who may have the following characteristics:
1. Children and youth may have a history of truancy but are typically able to attend public school with liaison and support services provided by the agency.
2. Children and youth may have a history of impulsive behaviors, aggression and alcohol or drug misuse. The child or youth may also be appropriate for these group care programs if displaying moderate to low sexually reactive behaviors. In addition, the child or youth has been treated at a higher level of care for sexually reactive behavior or sex offender issues and has been assessed with a low to moderate risk for reoffending.
3. Children and youth may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills and/or have difficulty accepting authority.
4. Children and youth may have behaviors that can be treated in a non-secure setting, with adult supervision and intervention.
5. Children and youth may require community counseling or therapy, medication and medication management. These services shall be coordinated by the Provider in collaboration with MDCPS and integrated into treatment planning.
6. Children and youth may require more supervision than can be provided in a regular or therapeutic foster home.

**LICENSURE**

All Providers offering placement services under the Comprehensive Residential Services Contract will require a current license(s) by MDCPS. All providers shall meet all requirements contained in *Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards)*. The Licensing Standards can be accessed online at https://www.mdcps.ms.gov/mdcps-policy. Providers shall have access to, follow practice guidelines, and assist MDCPS in meeting requirements contained in the MDCPS policy manual, which can be accessed online at https://www.mdcps.ms.gov/mdcps-policy. Providers must acknowledge acceptance and compliance with licensing standards by signing in *Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards)* (Attachment Q).

If the Provider is not yet licensed by MDCPS, proof of application may be submitted in conjunction with the response to this request for proposals. If a contract is awarded, the Provider must be fully licensed by MDCPS within one hundred twenty (120) days of the award date or the contract will be subject to immediate termination. No children will be placed with the Provider under this contract until the Provider is fully licensed.

If a provider offers multiple placement service types, they will be expected to meet all licensing standards for each of the placement types as outlined in the Licensing Requirements.

Any provider offering therapeutic foster care or therapeutic group home services must also have Certification by the Mississippi Department of Mental Health (DMH). *DMH Operational Standards* can be accessed online at www.dmh.state.ms.us.

**ADMISSIONS**

1) The Provider shall make its application form available and shall keep blank copies on file for emergency situations when the MDCPS staff has not completed one prior to placement of the child. In these instances, the MDCPS staff shall complete the form with as much information is known, and forward the remaining documentation to the Provider within fifteen (15) days. In an emergency, no child shall be denied admission by the Provider because MDCPS staff cannot provide an application form prior to placement.

2) Admission requirements such as age and sex shall be established through licensure.

3) Children shall not be denied admission to the Provider due to race, national origin, ethnicity, or disability.

4) The Provider shall guarantee that the children will be accepted at any hour of the day or night, including weekends and holidays, in accordance with the approved capacity.
5) No child shall be rejected placement if a bed is available according to census and it is safe for the child in question and other children in the placement. If the Provider determines that it is not safe for child to be admitted it must provide written justification to the MDCPS Director of Therapeutic Placement within 24 hours and MDCPS Director of Congregate Care within forty-eight (48) hours.

6) No additional charges shall be billed to the county or state outside of this agreement without written permission from the MDCPS Deputy Commissioner for Child Welfare or MDCPS Deputy Commissioner of Human Resources & Administration.

GENERAL REQUIREMENTS

1) Services shall be provided in the least restrictive environment that is appropriate to the individual child’s strengths and needs.

2) Services must reflect practice that is culturally responsive and designed to provide for the unique needs of each child.

3) Provider shall not discriminate against a child in its care based on gender, gender identity, race, ethnicity, religion, national origin, and disability.

4) Provider shall be actively engaged in preserving connections and relationships for children with their families of origin.

5) Medical/Dental/Mental Health needs shall be addressed by the Provider on every child in custody of MDCPS that is admitted to the Provider.

6) The Provider shall be responsible for ensuring each child placed receives:
   a) An initial medical exam within seventy-two (72) hours of a child coming into MDCPS custody and a comprehensive medical exam within thirty (30) days of a child coming into MDCPS custody. The admission packet of the Provider should be designed to capture this information and MDCPS county staff will be expected to inform Provider staff when the child came into custody. Both the initial and comprehensive exam may take place during the same medical appointment.
   b) Ongoing routine medicals shall be obtained for each child by anniversary date of child’s initial medical exam.
   c) Every child three years old and older shall receive a dental examination within 90 calendar days of foster care placement and every six months thereafter. Every foster child who reaches the age of three in care shall be provided with a dental examination within 90 calendar days of his/her third birthday and every six months thereafter.
   d) The Provider shall secure mental health assessments on all children age four (4) and above within thirty (30) days of the date of custody if child has not received one already.
   e) Provider shall be responsible for ensuring all children receive ongoing mental health assessments and identified mental health services are put into place.
   f) Developmental assessments will be secured for all children ages zero to three (0-3) and for children older than three (3) when there is suspicion of any developmental delays.
   g) The Provider shall maintain an immunization schedule meeting the health needs of the child and the requirements of the State Department of Health as necessary.
   h) Medicaid providers shall be obtained for all medical and dental services.
   i) Medications will be administered and monitored by assigned Provider staff in accordance with the MS Nurse Practice Act, Department of Mental Health Operational Standards, Licensure Standards.
   j) Administration of psychotropic medications requires a written authorization from the County of Responsibility.

7) The Provider shall send documentation of and from all medical, dental and mental health examinations or assessments to the child’s MDCPS worker within seventy-two (72) hours of receipt. Additionally, the MDCPS worker shall be notified of all written and/or verbal recommendations for care immediately.
8) A clothing inventory shall be completed by the Provider and MDCPS staff at the time of admission and upon discharge. The Provider and MDCPS staff must verify at admission and upon discharge the items the child is bringing to or taking from the Provider. Replacement clothing will be provided by the MDCPS County of Responsibility as needed.

9) Hygiene supplies shall be provided through the per diem rate by the Provider.

10) Any injury to a child shall be documented along with any subsequent treatment. The child's MDCPS worker shall be notified immediately of minor or serious injuries and of the treatment required and/or received. Parental notification of serious injuries or treatment shall be made immediately by the child's MDCPS worker. Any injury or other serious incidents shall be reported verbally and followed up in writing by the Provider to the MDCPS Congregate Care Director.

11) All photographs including videos, media presentations, and publications require an Order of Limited Disclosure from child's Youth Court Judge that will be obtained by the child’s MDCPS worker. In addition, written consent shall be obtained from the MDCPS County of Responsibility, the child, the primary caregivers, if available, and the Guardian Ad Litem.

12) In the event that the child runs away, is placed in a detention center or a hospital (acute or residential), or placed in any other emergency facility, the Provider shall immediately notify verbally and in writing: the MDCPS Director of Congregate Care, County Social Worker, MDCPS Nurse Supervisor, and law enforcement, if applicable. Additionally, the Provider shall work with MDCPS staff to ensure that connections are maintained with the child (unless on runaway status) until they are able to return to a more permanent placement.

13) Family counseling/therapy, therapeutic support and family visits shall not be contingent on the child’s behavior and cannot be denied to the child as part of any discipline.

14) A Best Interests of Determination (BID) must completed on every child when they enter custody and every placement

PROGRAM REQUIREMENTS

Child and Family Initial and Ongoing Strengths and Needs Assessment

1) The Provider shall develop strategies and services to conduct an initial strength and needs assessment on each child/sibling group that will contain information concerning each child’s permanency plan (upon determination by MDCPS or Youth Court Judge), gather information that will aid MDCPS in diligent search of relatives and permanent connections, and any other pertinent information needed to promote the safety and permanency of the child.

2) The Provider shall provide the initial strengths and needs assessment to the child’s MDCPS worker within fourteen (14) days, as information contained within the assessment is updated, and at the time of discharge

3) The strengths and needs assessment should include the following types of information:

   a) A list of important connections in the child’s life and potential for strengthening those connections into relationships that would lead to permanency for children in foster care

   b) A description of the child’s general physical and presenting mental health status at the time of placement and on an on-going basis

   c) If applicable: Substance abuse evaluation -Substance abuse/use by description of patterns of use; how much, how often and anything learned concerning history and age at onset

   d) Treatment goals needed to transition from one placement to another when appropriate

   e) Medical history will be kept while in placement that includes medical problems, alerts, present medications, and medication history of the child and parents

   f) Special dietary needs of the child
g) A general evaluation regarding the child’s/youth’s functioning in the domains of community living or family support

h) Family status and involvement

i) Risk factors for suicide, runaway, violence, or sexual behaviors

j) An assessment or review of strengths, personal goals, and projected needs for child and parent

k) A history of the child’s educational achievements and areas of concern or needs.

l) Assessment of whether the child is currently eligible for special education services

m) Educational activities/status and interests

n) A summary of the child’s developmental abilities and areas of concern or needs

o) A trauma history of significant traumatic events in the life of the child and family

p) Description or explanation of trauma triggers

q) Possible emotional or behavioral disruptions associated with these traumas.

r) A review of significant losses of important relationships or belongings of the child and the impact of that loss on the child

s) Effective coping strategies the child engages to deal with these losses or the lack of coping strategies and possible triggers that may cause emotional and behavioral disruptions

t) Child’s desires, hopes, wishes and expressed goals for own life and permanent connections

**Initial Family Team and Discharge Meeting**

1) The Provider shall initiate, schedule, and conduct a family team meeting within the five (5) days of a child entering the Provider to begin gathering information for the strengths and needs assessment and the child and family treatment plan.

2) The Family Team Meeting should address the initial strengths and needs assessment, past treatment history, roles and responsibilities, permanent plans for the child, court hearings, visitation schedules, medical needs, dental needs, mental health needs, developmental abilities, family and child’s strengths, coping mechanisms, behavioral challenges and trauma, education history and Best Interests of Determination (BID) completed.

3) The Family Team Meeting may be conducted in person or over the phone with all efforts documented.

4) The Family Team Meeting shall include, unless determined to be inappropriate by the MDCPS County of Responsibility:

   a) MDCPS County of Responsibility
   b) Child when age appropriate
   c) Birth parents, resource parents, and/or primary caregiver, as appropriate
   d) Potential permanent connections

5) The Family Team Meeting may also include, subject to appropriateness and availability:

   a) Important connections
   b) MDCPS Educational Liaison
   c) MDCPS Independent Living Coordinator
   d) MDCPS Treatment Navigators
   e) MDCPS County of Service
   f) MDCPS Nurses
g) Guardian Ad Litem

h) Other Service providers, including:
   i) School Officials
   ii) Mental Health Therapist
   iii) MAP Team Coordinators
   iv) Mobile Crisis Unit
   v) Medical Staff
   vi) Other placement providers when a child is coming from another facility or is transferring to another facility

6) The MDCPS County of Responsibility shall provide names and contact information for required and optional attendees.

7) The Provider shall document efforts to notify required and optional attendees. In the event that all parties who were scheduled to attend do not, the Provider shall conduct the meeting and provide written updates to the parties that were not able to attend.

**Discharge/Transition Planning Meeting**

1) Every child shall have a discharge plan.

2) Punitive discharges shall not be allowed (discharges cannot be used as punishment for child's behavior).

3) The Provider shall schedule, initiate, and conduct the first Discharge Planning Family Team Meeting in conjunction with the Initial Family Team Meeting for the successful transition of the child back into their family or the identified next best placement.

4) The final planned discharge meeting must be held two weeks prior to the child’s discharge from the Provider.

5) The purpose of this meeting will be to discuss:
   a) Treatment progress as reported by mental health provider
   b) Progress needed toward other goals
   c) Educational transition
   d) Medication management/needs
   e) Medical history and current physical health and needs
   f) Upcoming appointments
   g) Special dietary needs
   h) Trauma triggers
   i) Social, emotional and behavioral issues
   j) Child’s interests
   k) Important connections
   l) Coping strategies
   m) Tangible needs
   n) Roles and responsibilities of each Team member in the transition process

6) These meetings can take place in person or via conference call.

7) There should be a signature page with each treatment team meeting. The signatures account for attendance as well as agreement of the discussion and changes in the plan.
8) The Discharge Family Team Meeting shall include, unless determined to be inappropriate by the MDCPS COR:
   a) MDCPS County of Responsibility
   b) Child when age appropriate
   c) Parents of the child
   d) Potential relative placements

9) The Discharge Family Team Meeting may also include, subject to appropriateness and availability:
   a) Important connections
   b) MDCPS Educational Liaison
   c) MDCPS Independent Living Coordinator
   d) MDCPS Treatment Navigators
   e) MDCPS County of Service
   f) MDCPS Nurses
   g) Guardian Ad Litem
   h) Other Service providers, including:
      i) School Officials
      ii) Mental Health Therapist
      iii) MAP Team Coordinators
      iv) Mobile Crisis Unit
      v) Medical Staff
      vi) Other placement providers when a child is entering from another facility or is transferring to another facility.

Ongoing Family Team Meetings (Not Applicable to Emergency Shelters)

1) Every three (3) months after the initial FTM, the Provider shall initiate, schedule, and conduct an ongoing family team meeting (FTM) in order to update treatment plan, discuss progress towards individual and family goals, and other updates, as necessary.

2) The ongoing FTM should address any changes and to or new developments, permanent plans for the child, court hearings, visitation schedules, medical needs, dental needs, mental health needs, developmental abilities, behavioral challenges and education.

3) The Ongoing Family Team Meeting shall include, unless determined to be inappropriate by the MDCPS COR:
   a) MDCPS County of Responsibility
   b) Child when age appropriate
   c) Birth Parents, Resource Parents, and/or Primary Caregiver, as appropriate
   d) Potential Permanent Connections

4) The Family Team Meeting may also include, subject to appropriateness and availability:
   a) Important connections
   b) MDCPS Educational Liaison
   c) MDCPS Independent Living Coordinator
d) MDCPS Treatment Navigators

e) MDCPS County of Service

f) MDCPS Nurses

g) Guardian Ad Litem

h) Other Service providers, including:

i) School Officials

ii) Mental Health Therapist

iii) MAP Team Coordinators

iv) Mobile Crisis Unit

v) Medical Staff

vi) Other placement providers when a child is coming to you from another facility or is transferring to another facility

5) The MDCPS County of Responsibility shall provide names and contact information for required and optional attendees.

6) The Provider shall document efforts to notify required and optional attendees.

7) The Provider shall document efforts to notify required and optional attendees. If all parties who were scheduled to attend do not, the Provider shall conduct the meeting and provide written updates to the parties that were not able to attend.

**Individualized Treatment Plans**

1) The Provider shall develop and initiate individualized treatment plans for each child and family that is specific to that child’s strengths, needs, and permanency plan.

2) The facility in conjunction with the child’s Family Team, as defined above, shall develop strategies that allow for comprehensive individualized treatment planning for the child and their family, when the plan is reunification, helping to identify a prospective family when the plan is for adoption, or identifying the next best placement for the child.

3) The initial treatment plan shall be completed within fourteen (14) days of admission to the program and will be updated on an ongoing basis. The treatment plan must include the participation of the child, family, and MDCPS County of Responsibility.

4) Plans created jointly with information from the Provider staff contributing to the work of MDCPS staff shall include:

   a) Plan to prevent trauma triggers – each child’s triggers and their unique ways of coping should be utilized to prevent unnecessary re-victimization and trauma

      i) Child’s current coping strategies should be used when reasonable – for instance if the child listens to music to calm down, the child’s music should be made available and not taken away as a form of punishment

   b) Plan to improve the child’s capacity for emotional regulation and their coping mechanisms by providing opportunities and activities to promote these

5) Individualized Treatment Plan must address the trauma, grief and loss associated with children entering the foster care system. Complex trauma related to abuse and neglect and the grief associated with loss of family, friends and belongings

   a) Protective and risk factors in parents – identifying the parent’s protective and risk factors to develop a strengths-based plan for reunification

   b) Child and family strengths

   c) Unique/individualized needs of child and their family
d) It must have treatment goals that address the child’s permanent and concurrent plan, as developed by MDCPS.

e) Plans to address mental health related behaviors, including individual, group and family therapy or wrap around services as needed as needed.

   i) Treatment goals established by the Provider and the mental health provider need to be made in conjunction with the child and family’s permanency plan. Conflicting or separate goals can lead to unplanned discharges and delayed permanency.

f) Provider must have a crisis intervention plans which may include contacting MDCPS treatment navigator, Mobile Crisis Services, or interagency wrap around support and crisis intervention strategies.

g) Education/Vocational

   i) Services that would inform, update, or initiate an Individualized Educational Plan when needed and enroll a child into appropriate classes.

   ii) Plans for transitions into other school districts or settings must be coordinated with MDCPS Education Unit and a best interested of determination completed.

   iii) Surrogate parents are needed for every child in special education. If possible, it is hoped that foster parents or relatives can serve as a surrogate parent as required by the Department of education. If these persons are not available, Federal Law prohibits public State Child Welfare Agency personnel from serving as a surrogate parent. A Provider staff member shall be required to serve as needed in the role of surrogate parent for special needs children placed with the provider.

h) Developmental goals to help the child achieve age appropriate developmental milestones.

i) Individualized plans for treating children with intellectual delays.

j) Health – Medical/Dental/ Medical necessities and medication management

k) Alcohol and drug awareness and education as needed

l) Coordination of alcohol and drug treatment as needed

m) Social/Independent Living (youth 14 and over)

   i) Independent living skills needed and strategies the Provider has to assist in the development of those skills in the youth while also taking advantage of those offered through MDCPS’ Contract Independent Living Skills Provider.

n) Maintaining permanent connections

   i) The identification of family supports and important connections of the child and engaging those connections.

   ii) Important connections can be familial or others who care about the child and family.

   iii) Plans of integrating the child back into the biological family (reunification) or into an identified foster or adoptive home (including relative and non-relative).

   iv) Visitation between the child and their family and siblings, including face to face visits, phone calls and other correspondence such as Skype, Facebook, etc. (These should be done in accordance to MDCPS policy regarding family visitation). Children cannot be denied visitation for any reason (except in the case of a no contact order). Children’s visitation with family is the child’s right and shall not be used as an incentive or consequence in disciplinary actions.

   v) Reunification strategies.

   vi) Foster parent or relative recruitment strategies.

o) Recreation
i) Plans for fun activities that would include family, siblings and others to build connections and relationships and add “normalcy” to the child’s life.

**Emergency Services**

1) The Provider must have an emergency protocol, including a protocol for responding to behavioral based emergencies which include contacting mobile crisis units for assessments and interventions to prevent placement disruptions if possible.

2) In case of medical or other type of emergencies, the Provider must provide respondents with immediate access to relevant information in the child/youth’s record.

**Placement Disruption**

1) No child shall be ejected from placement based on behaviors, unless it is deemed medically necessary that they go into a higher-level psychiatric treatment facility or unless the child presents an immediate threat of harm to himself or others. The Provider shall put forth all efforts to prevent this disruption, including utilizing MDCPS treatment navigators and Mobile Crisis Units. Immediate removal may occur if child is a threat of harm to self or others.

2) In the event that a child may need a higher level of care than the Provider can provide, and the Provider has put forth all efforts to prevent the placement from Disruption, an emergency Discharge Family Team Meeting must be held to determine the next best placement for the child.

3) Upon discharge from the higher level of care, the child shall return to the same location if placement is needed and if a bed and space available.

4) Unplanned discharge meetings may be held with a 48-hour notice.

**Runaways**

1) In the event that the child runs away, the Provider shall immediately notify verbally and in writing: law enforcement, county social worker and Mississippi Centralized Intake (MCI).

2) If a child causes injury to the Provider’s staff or another resident of the Provider, the Provider shall notify the MDCPS County Social Worker as well as the Congregate Care Unit and file charges with Law enforcement so that the matter can be brought before the judge of jurisdiction. Payments shall not be made for the night child is absent due to runaway status. Termination will be considered after child has not been located in seven (7) calendar days.

**PERFORMANCE MEASUREMENT**

Provider Performance will be evaluated over the course of the contract term based on service delivery, quality of service delivered, and licensing evaluations.

**Case Reviews**

The Performance Based Contracts Unit will conduct case reviews of provider files to evaluate the effort and quality of provider service delivery in accordance with the scopes service outlined above and MDCPS Policy. This case review process and the licensing review will be the primary mechanism through which MDCPS will hold providers accountable for providing services as outlined in these scopes of service. The results from the case review process will be used to make recommendations about future contract renewals, awards, and award amount decisions.

For the case reviews, providers will be evaluated in the following eight key practice areas that represent critical casework practices that help ensure the achievement of such outcomes.
1) Initial Strengths and Needs Assessment (ISNA): Focus is on the provider’s understanding of the strengths and needs of the child and his or her family. This includes the timely completion of the ISNA, the level of engagement with the assigned MDCPS worker, and quality of the ISNA (i.e. exploration of the history of trauma, presenting strengths and needs, etc.).

2) Preserving Connections: Focus is on the provider’s role in helping the child to preserve important connections while in foster care, which includes supporting and facilitating sibling and parent/child visitation as well as efforts to locate family members and support community connections.

3) Teaming and Permanency Planning: Focus is on the provider’s efforts to ensure that there is an engaged and representative group of individuals planning and working together as a team for the child and family. This includes the timely facilitation of initial and on-going Family Team Meetings as documented by MDCPS policy providing input into the child’s Initial Service Plan, and the overall quality of teaming and planning efforts.

4) Mental Health, Developmental, and Educational Services Provision: Focus is on the provider’s efforts to understand and address the child’s needs while in placement and best interested of determination.

5) Preparing Youth for Adulthood: Focus is on the provider’s helping to ensure that the young person is prepared for transitions, which includes having input into the development of the child’s transitional living plan and the provision of appropriate services.

6) Placement Stability and Discharge Planning: Focus is on the provider’s helping to promote the child’s future placement stability, which includes providing support in the transition planning process.

7) Provider Caseworker Contact with Child: Focus is on the provider’s engaging in a consistent pattern of face-to-face contact with the child while in foster care, group home, and emergency shelters that is meaningful and aids in ensuring in the child’s safety, permanency, and well-being.

8) Child Safety: Focus is on the provider’s routinely assessing child safety and risk and reporting and responding to child maltreatment in care appropriately.

Case Review Process

1) Frequency
   a) The PBC Unit will conduct case reviews for each agency/contract type combination (i.e. shelter care, therapeutic foster care, therapeutic group care and traditional group care) on an annual basis. This scheduling cycle ensures that provider practice and service delivery is being evaluated on a regular basis and also allows providers ample time to integrate review findings into their agency continuous quality improvement activities and implement corrective action or practice improvement plans that will bring about meaningful improvements.

2) Sampling
   a) At the beginning of each six-month period, the PBC Unit will use the most recent agency spell file from Chapin Hall to generate a random sample of children served by each provider during the prior six-month period. When an agency provides multiple placement types, the sample will be split proportionately among all placement types offered based on the number children served in each setting.
      i) For example, if Provider A serves 200 children over the course of a two-year performance period, 51 total cases would need to be reviewed during the four case review cycles that make up the two-year performance period. If this same provider served 120 children in a therapeutic setting and 80 in an emergency shelter setting, 60% of the 51 cases, or 31, would be randomly selected from those served in a therapeutic setting and the remaining 20 would be selected from those served in the emergency shelter.
   b) The Sample of case selected for review during each case review period will be large enough to ensure a statistically significant number of cases are reviewed.

3) Period Under Review is the Annual Licensing Renewal.
a) The period under review (PUR) refers to the specific window of time that will be the focus of the PBC deliverable of the contract (please refer to the 8 indicators referenced in Case Reviews section) and provider services that occurred during the PUR. The purpose of establishing a PUR is to ensure that there are discrete periods of time that do not overlap so that changes in practice can be seen and understood more clearly.

b) The PUR for the case record review process, unless otherwise dictated, will be the six months prior to the start of the review, with a one-month lead time for providers to ensure that all documentation is fully up to date and entered into the case file. For example, if a provider case review is scheduled to take place in August, the PUR would be expected to run from January through July of that year. Any provider services or case activities that occurred outside the PUR would be rated not applicable for the purposes of the review.

4) Service Deficiencies
   a) If any deficiencies in service are discovered during the case review process the agency shall submit to MDCPS a Corrective Action Plan (CAP), including timeframes for undertaking the actions. MDCPS will review the CAP and shall either approve or return a request for revision.

Funding
1) The "board payment" for foster children is determined by MDCPS dependent upon the appropriation of the Mississippi Legislature.

2) Board payments for a child in foster care may cover the cost of (and the cost of providing) the following:
   a) Food
   b) Clothing
   c) Shelter
   d) Daily supervision
   e) School supplies
   f) A child’s personal incidentals
   g) Liability insurance with respect to the child
   h) Reasonable travel to the child’s home for visitation with family, or other caretakers
   i) Reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement

3) Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such items must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences.

4) The base rate can be found in Section D.VIII.B of the MDCPS Policy Manual located at https://www.mdcps.ms.gov/mdcps-policy.

5) Payments will be made based on the number of nights a child physically spends in the placement; 12:01a.m. will begin a new day. Board payments will not be paid for the placement from which a child is removed, when temporarily moved to another placement such as trial home placements, incarceration (jails or detention centers), medical and/or behavioral institutions, attending college and/or placed on runaway status; nor will payments be made in the event that the home’s license lapses unless:
   a) If a child is on an overnight visit or receiving respite, medical and/or behavioral treatment for 0-14 (fourteen) days, and returns to the resource placement or facility, the provider will eligible for the standard board rate for the placement type the child left and returned to.
   b) If the temporary placement is within the provider’s network, the provider shall not be able to receive reimbursement under this exception.
c) Provider shall be responsible for maintaining sufficient documentation to verify that MDCPS worker moved the child from the provider placement and the child was returned to the provider within the 14-day (fourteen) time frame highlighted in a) above.

6) Any provider operating a therapeutic foster care program, must ensure that all therapeutic foster parents managed by it receive the minimum reimbursement rate as outlined in the resource Board Payment schedule in Section D: Foster Care of the MDCPS Policy Manual available at https://www.mdcps.ms.gov/mdcps-policy.

2.3 Term/ Renewal of Contracts

The term of the contract shall be for a period of nine (9) months. The contract may be renewed at the discretion of MDCPS upon written notice to the Independent Contractor at for a period of one (1) successive year under the same prices, terms, and conditions as in the original contract. The total number of renewal years permitted shall not exceed four (4). The renewal options shall end on June 30, 2023.

2.4 Multiple Awards

MDCPS reserves the right to make multiple awards.

Section 3

3.1 Insurance

The company represents that it will maintain workers' compensation insurance which shall inure to the benefit of all the company’s personnel performing services under this Contract, comprehensive general liability insurance, and employee fidelity bond insurance. All general liability, professional liability and fidelity bond insurance will provide coverage to MDCPS as an additional insured.

All insurance policies shall be issued by companies authorized to do business under the laws of the State of Mississippi. A certificate of insurance providing the aforesaid coverage shall be furnished to MDCPS prior to commencement of services resulting from this RFP. MDCPS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.

Section 4

4.1 Written Proposal Shall Contain the Following Minimum Information:

(1) name of consultant, location of consultant's principal place of business, and the place of performance of the proposed contract,

(2) age of consultant's business and the average number of employees over the past three years;

(3) resume' listing abilities, proposals and experience of all individuals who will be assigned to provide the required services;
(4) listing of three contracts under which services similar in scope, size, or discipline were performed or undertaken, including at least two (2) references for current contracts or those awarded during the past three (3) years. On Attachment I (Professional References form) list three (3) projects to include the names and addresses of the projects, the scope of the project, and the names and telephone numbers of the clients for reference purposes. All information on the Professional References form must be completed. Incomplete forms will be rejected.); and,

(5) a plan giving as much detail as is practical explaining how the services will be performed.

### 4.2 Proposal Submission Requirements

The sealed Proposal shall be typed, indexed and divided with all pages of the proposal numbered to allow for ease of handling by MDCPS in the following order:

- Table of Contents
- Cover Letter
- Proposal Cover Sheet (Attachment F);
- Proposal Form (Attachment G);
- Completed and signed Acknowledgement of Amendment Form, if applicable (Attachment E);
- Required format followed (Table of Contents, typed, indexed, divided, numbered and in required order);
- Detailed Description of Services;
- References (Attachment I);
- Detailed description of past experience;
- Signed Acceptance of MDCPS Standard Terms and Conditions (Attachment H);
- Signed Acceptance of MDCPS Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards (Attachment Q));
- Completed and signed Federal Debarment Verification Form (Attachment B);
- Completed and signed Partnership Debarment Verification Form (Attachment C);
- E-verify documentation (https://www.uscis.gov/e-verify/e-verify-enrollment-page);
- Current copy of Certificate of Liability Insurance or statement that certificate of insurance shall be furnished to MDCPS prior to commencement of services resulting from this RFP;
- Minority Vendor Self Certification Form (Attachment M);
- Proposal Exception Summary Form (Attachment K);
- Completed and signed Proprietary Information Form (Attachment D);
- Completed and signed Pre-Applicant’s Statement of Acknowledgement (Attachment P); and,
- Statement the applicant certifies that it is registered to do business in the State of Mississippi as prescribed by the Mississippi Secretary of State or, if not already registered, that it will do so within seven (7) days of being offered an award. If not already registered, a statement that it will do so in within seven (7) days of being offered an award should be included. Sole proprietors are not required to register with Mississippi Secretary of State.

Additional submission requirements include:

- Mailing or hand delivering one original and three (3) copies of the Proposal shall be submitted in a sealed envelope or package to 660 North Street, Jackson, MS 39202. The original Proposal must be marked “ORIGINAL”. All documents contained in the original Proposal must have original signatures and must
be signed by a person who is authorized to bind the Proposer. All additional Proposal sets may contain photocopies of the original package. Sealed Proposal should be labeled as follows:

Request for Proposals for Comprehensive Residential Services  
RFP No. 2019CTCGROUPEMERGENCY001  
PROPOSAL DEADLINE August 29, 2018, 12:00 p.m., Central Time  
OPENING DATE: August 29, 2018, 1:00 p.m., Central Time  
Attention: Leigh Washington, RFP Coordinator  
Mississippi Department of Child Protection Services  
600 North Street  
Jackson, Mississippi 39202  
SEALED PROPOSAL PACKAGE  
***DO NOT OPEN***

- Timely submission of the Proposal package is the responsibility of the Proposer. Proposal received after the specified time will be rejected, shall not be considered for award and Proposers shall be notified as soon as practicable of late bid. The time and date of receipt by MDCPS will be indicated on the envelope or package by MDCPS staff.
- Each page of the Proposal form and all attachments must be identified with the name of the Proposer.
- MDCPS reserves the right to decide, on a case-by-case basis, whether to reject a Proposal with modifications or additions as non-responsive.
- Any Proposer claiming that its Proposal contains information exempt from the Mississippi Public Records Act (Miss. Code Ann. §§ 2561-1 et seq.), shall segregate and mark the information as confidential and provide the specific statutory authority for the exemption.
- All Proposal packages must be received by MDCPS no later than August 29, 2018, 12:00, p.m., Central Time. Proposals submitted via facsimile (faxes) or email will not be accepted. It is recommended that if a Proposal is mailed to MDCPS, it should be posted in certified mail with a return receipt requested. MDCPS will not be responsible for mail delays or lost mail.
- Proposals non-compliant with Section 4.2 are subject to immediate rejection and will be notified in writing which may include electronic mail.

4.3.1 Late Submissions
Proposals received after the exact time specified for receipt will not be considered unless it is the only Proposal received.

4.4 Evaluation Procedure

4.4.1 Phase One:
Proposals will be reviewed to assure compliance with the minimum specifications and Section 4.2. Proposals that do not comply with the minimum specifications will be rejected immediately, receiving no further consideration.

4.3.1.1 Responsive Proposer
Proposer must submit a proposal which conforms in all material respects to RFP No. 2019CTCGROUPEMERGENCY001 as determined by MDCPS.
4.3.2.1 Responsible Proposer

Proposer must have capability in all respects to perform fully the contract requirements and the integrity and reliability which will assure good faith performance, as determined by MDCPS.

4.4.2 Phase Two:

Proposals that satisfactorily complete Phase One will be reviewed and analyzed to determine if the proposal adequately meets the needs of MDCPS. Factors to be considered are as follows:

(1) Technical factors (Proposed methodology):
   a. proposer’s proposal or qualification demonstrate a clear understanding of the scope of work and related objectives specified in Section 2.2
   b. proposer’s proposal or qualification is complete and responsive to the specific RFP
   c. past performance of the proposer’s proposed methodology has been documented
   d. proposer's proposal or qualification uses innovative technology and techniques (Important) 20 Points

(2) Cost factors
   a. Relative Cost: How the cost compares to other similarly scored proposals
   b. Price is and its component charges, fees, etc. is adequately explained with no hidden fees
   c. Proposal includes quality control and assurance programs
   d. Proposer’s financial stability and strength; Proposer has sufficient financial resources to meet its obligations (Important) 20 Points

(3) Management Factors
   a. The proposed scheduling timeline meets the needs of MDCPS
   b. Project Management plan is included
   c. Proposer documents a record of reliability of time delivery and on-time and on-budget implementation
   d. Proposer demonstrates a track record of service as evidenced by on-time, on-budget, and contract compliance performance
   e. Proposer documents industry or program experience
   f. Proposer demonstrates record of satisfactory business ethics (Very Important) 25 Points

(4) A descriptive overview of past performance of similar work in scope, size or discipline to the required services were performed or undertaken within the past three (3) years. (Important) 15 Points

(5) Price. A maximum of 35 points will be awarded for “price” in accordance with Formula for Evaluating Cost (Attachment O). (Critical) 35 Points

Total: 100 Points

4.4.3 Phase Three:

MDCPS’ Commissioner or his/her designee will contact the respondent with the proposal which best meets MDCPS needs (based on factors evaluated in Phase Three) and attempt to negotiate an agreement that is deemed acceptable to both parties.
4.5 The Following Response Format Shall Be Used for All Submitted Proposals:

4.4.1 Management Summary: Provide a cover letter indicating the underlying philosophy of the firm in providing the service.

4.4.2 Proposal: Describe in detail how the service will be provided. Include a description of major tasks and subtasks.

4.4.3 Corporate experience and capacity: Describe the experience of the firm in providing the service, give number of years that the service has been delivered, and provide a statement on the extent of any corporate expansion required to handle the service.

4.4.4 Personnel: Attach resumes of all those who will be involved in the delivery of service (from principals to field technicians) that include their experience in this area of service delivery. Indicate the level of involvement by principals of the firm in the day-to-day operation of the contract.

4.4.5 References: Give at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person.

4.4.6. Acceptance of conditions: Indicate any exceptions to the general terms and conditions of the bid document and to insurance, bonding, and any other requirements listed.

4.4.7 Additional data: Provide any additional information that will aid in evaluation of the response.

4.4.8. Cost data: Estimate the annual cost of the service. Cost data submitted at this stage is not binding and is subject to negotiation if your firm is chosen as a finalist. Include the number of personnel proposed to be assigned to the contract and the total estimated cost of the labor portion of the contract (include a sample staffing chart). Identify all non-labor costs and their estimated totals.

4.6 Nonconforming Terms and Conditions

A proposal that includes terms and conditions that do not conform to the terms and conditions in the Request for Proposals is subject to rejection as non-responsive. MDCPS reserves the right to permit the Proposer to withdraw nonconforming terms and conditions from its Proposal prior to a determination by the MDCPS of non-responsiveness based on the submission of nonconforming terms and conditions.

4.7 Conditioning Proposal Upon Other Awards

Any proposal which is conditioned upon receiving award of both the particular contract being solicited and another Mississippi contract shall be deemed non-responsive and not acceptable.

4.8 Best and Final Offers
After the initial evaluation of proposals, a Best and Final Offers (BAFO) may be requested when proposals submitted are unclear, have minor deficiencies when additional information is needed in order to make a decision, or when all cost proposals are too high.

All proposers determined to be reasonably susceptible for award will be given a fair opportunity to submit revised proposals. If only one proposer needs to provide additional information about the proposed solution, all other proposers must be given an opportunity to submit additional information.

4.8.1 The BAFOs shall:
   4.8.1.2 Indicate which areas of the RFP must be addressed.
   4.8.1.3 Establish a deadline for submission of BAFOs.
   4.8.1.4 Indicate whether BAFOs will be accepted by sealed envelope or email.
   4.8.1.5 Indicate how the revised proposals will be evaluated.
   4.8.1.6 Conduct additional discussions, if necessary, at MDCPS discretion.

If a proposer does not submit a BAFO, its most current proposal will be considered as its BAFO.

Unsolicited BAFOs from proposals will not be considered. MDCPS shall initiate the BAFO process.

4.9 Award

The contract will be awarded by written notice, to the highest ranked Proposer(s) whose statement of proposals meets the requirements and criteria set forth in this Request for Proposals.

4.10 Notification

All participating Proposers will be notified of MDCPS’ intent to award a contract. In addition, MDCPS will identify the selected Proposer. Notice of award is also made available to the public upon request.

Section 5

5.1 Post-Award Debriefing Request

Agencies are encouraged to exchange information with vendors in an effort to build and strengthen business relationships and improve the procurement process between vendors and the State. To further this effort, agencies shall establish vendor debriefing procedure(s) and inform vendors at the time of procurement of the right to request a debriefing and the deadline to file a request. At a minimum, debriefing should occur before expiration of the protest period, within three (3) business days after the vendor request and prior to submission of the contract packet to the PPRB. Agencies shall submit with the contract approval request, documentation signed by their agency head or his or her designee, reporting the number of vendor debriefings requested and conducted. This information may be included as part of the protest correspondence required in Section 7-113 (Protest of Solicitations or Awards).

5.2 Protest of Solicitations of Awards

(a) Interested Party means an actual or prospective bidder or offeror that may be aggrieved by the solicitation or award of a contract, or by the protest.
(b) Protestor means any actual or prospective bidder or offeror who is aggrieved in connection with the solicitation or the award of a contract and who files a protest.

(c) Special Assistant Attorney General shall mean the individual assigned by the Attorney General to provide legal assistance to the Department of Finance and Administration.

Agencies shall submit, with their contract approval request, documentation signed by their Executive Director, Agency Head, or his or her designee certifying that adequate time (at least seven (7) calendar days after issuing the award) to protest has been given to all prospective contractors and that no protest or potential protests are known to the agency or any agency employees. If a protest is known, the agency shall resolve the protest prior to the scheduled PPRB Board meeting. In the contract submission packet, the agency shall include a Protest Memo which discloses the subject matter of the protest, states whether the protest has been resolved, and explains the agency’s internal procedure for reviewing protests and describes how the agency plans to or made the final determination concerning the protest.

5.3 Proposal Exceptions

Please return the Proposal Exception Summary Form (Attachment K) with all exceptions to items in any Section of this RFP listed and clearly explained or state “No Exceptions Taken.” If no Proposal Exception Summary Form is included, the Proposer is indicating that he takes no exceptions to any item in this RFP document.

5.3.1 Unless specifically disallowed on any specification herein, the Proposer may take exception to any point within this RFP, including a specification denoted with ”must” or “shall,” as long as the following are true:

5.3.1.1 The specification is not a matter of State law;

5.3.1.2 The Proposal still meets the intent of the RFP

5.3.1.3 A Proposal Exception Summary Form is included with the Proposal; and

5.3.1.4 The exception is clearly explained, along with any alternative or substitution the Proposer proposes to address the intent of the specification, on the Proposal Exception Summary Form.

5.3.1.5 The Proposer has no liability to provide items to which an exception has been taken. MDCPS has no obligation to accept any exception. During the Proposal evaluation and/or contract negotiation process, the Proposer and MDCPS will discuss each exception and take one of the following actions:

5.3.1.6 The Proposer will withdraw the exception and meet the specification in the manner prescribed;

5.3.1.7 MDCPS will determine that the exception neither poses significant risk to the project nor undermines the intent of the RFP and will accept the exception;

5.3.1.8 MDCPS and the Proposer will agree on compromise language dealing with the exception and will insert same into the contract; or

5.3.1.9 None of the above actions is possible, and MDCPS either disqualifies the Proposal or withdraws the award and proceeds to the next ranked Proposer.
5.3.2 Shall MDCPS and the Proposer reach a successful agreement, MDCPS will sign adjacent to each exception which is being accepted or submit a formal written response to the Proposal Exception Summary responding to each of the Proposer’s exceptions. The Proposal Exception Summary Form, with those exceptions approved by MDCPS, will become a part of any contract on acquisitions made under this RFP.

5.3.3 An exception will be accepted or rejected at the sole discretion of MDCPS.

5.3.4 MDCPS desires to award this RFP to a Proposer with whom there is a high probability of establishing a mutually agreeable contract, substantially within the standard terms and conditions of the State’s RFP, including the Standard Contract in Attachment I. As such, Proposals, in the sole opinion of MDCPS, reflect a substantial number of material exceptions to this RFP, may place themselves at a comparative disadvantage in the evaluation process or risk disqualification of their Proposals.

5.3.5 For Proposers who have successfully negotiated a contract with MDCPS in the past, MDCPS requests that, prior to taking any exceptions to this RFP, the individual(s) preparing this Proposal first confer with other individuals who have previously submitted Proposals to MDCPS or participated in contract negotiations with MDCPS on behalf of their company, to ensure the Proposer is consistent in the items to which it takes exception.

5.3 Required Contract Terms and Conditions

Any contract entered into between MDCPS and a vendor/Proposer shall include the required clauses found in Attachment L and those required by the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations as updated.

5.4. Approval Clause

It is understood that if this contract requires approval by the Public Procurement Review Board and/or the Mississippi Department of Finance and Administration Office of Personal Service Contract Review and this contract is not approved by the PPRB and/or OPSCR, it is void and no payment shall be made hereunder.

5.5 Attachments

The attachments to this Request for Proposals are made a part of this Request for Proposals as if copied herein in words and figures.
ATTACHMENT A

REQUIRED LETTER OF INTENT

Date

Mr./Ms./Dr. ___________________________

Title____________________________

Address_________________________

City, State, Zip Code_______________

Dear Leigh Washington, RFP Coordinator

This letter confirms our intent to submit a proposal pursuant to RFP #2019CTCGROUPEMERGENCY001.

_________________________ service area includes_________________. Also, in compliance with the

Organization Name County(ies)

requirements of the letter of intent, _______________________ submits the following information:

Contact Person’s Name:________________________________________________________

Contact Person’s Title:_________________________________________________________________

Phone Number:________________________________________________________________________

Fax Number:_____________________

Tax I.D. Number:________________________________________________________

DUNS Number:________________________________________________________________________

Physical Address:____________________________________________________________________

Authorized Official’s Email Address:________________________________________________________

Thank you for your consideration.

Sincerely,

Authorized Official

RFP No. 2019CTCGROUPEMERGENCY001
Federal Debarment Verification Form
Revised April 5, 2016

**ATTACHMENT B**

**MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES**

**FEDERAL DEBARMENT VERIFICATION FORM**

*Please Print Clearly or Type*

<table>
<thead>
<tr>
<th>Subgrantee’s/Contractor’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Official’s Name</td>
<td></td>
</tr>
<tr>
<td>DUNS Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> <em>(Respond Yes or No)</em></td>
<td></td>
</tr>
<tr>
<td>Registration Status <em>(Type Active or Inactive)</em></td>
<td></td>
</tr>
<tr>
<td>Active Exclusions <em>(Type Yes or No)</em></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that ___________________________ is not on the list for federal debarment on www.sam.gov –System for Award Management.

__________________________________________           ___________________
Signature of Authorized Official                                               Date
# ATTACHMENT C

**MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES**

**PARTNERSHIP DEBARMENT VERIFICATION FORM**

*Please Print Clearly or Type*

<table>
<thead>
<tr>
<th>Subgrantee’s/Contractor’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Official’s Name</td>
<td></td>
</tr>
<tr>
<td>DUNS Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that all entities who are in partnership with MDCPS (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDCPS.

Signature of Authorized Official __________________________ Date ________________
ATTACHMENT D

Proprietary Information Form

Did the Proposer submit any information to the MDCPS for the RFP No. 2019CTCGROUPEMERGENCY001, which contained trade secrets or other proprietary data which the contractor wishes to remain confidential in accordance with Section 25-61-9 and 79-23-1 of the Mississippi Code?

Yes ________  No _________

If yes, please indicate which parts/pages below that the contractor wishes to designate as proprietary.

1.
2.
3.
4.
5.

________________________________________________________ (No stamped signature)

Signature of Authorized Official/ Title                          Date

________________________________________________________

Name of Organization
ATTACHMENT E

Acknowledgement of Amendment to RFP No. 2019CTCGROUPEMERGENCY001

I, ____________________________________________, acknowledge that RFP No. 2019CTCGROUPEMERGENCY has been amended
Authorized Official’s Name

on ______________ to include the following:

Authorized Official’s Name

Date

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I, ____________________________________________, understand that Proposals will only

Authorized Official’s Name

be accepted from Proposers who submit this acknowledgement of amendment #_____________.

Name of Company

_______________________________________________________

Authorized Official’s Typed Name/Title

(No stamped signature)

Signature of Authorized Official DATE

This acknowledgement should be enclosed in accordance with the instructions located in Section 1.11 of this RFP.
ATTACHMENT F

Proposal Cover Sheet

The Mississippi Department of Child Protection Services is soliciting Proposals from qualified Proposers.

PLEASE MARK YOUR ENVELOPE:
Request for Proposals for Comprehensive Residential Services
RFP No. 2018CTCGROUPEMERGENCY001Central Time
PROPOSAL DEADLINE: August 29, 2018, 12:00 p.m. Central Time
OPENING DATE: August 29, 2:00 p.m., Central Time
Attention: Leigh Washington, RFP Coordinator
Mississippi Department of Child Protection Services
750 North State Street
Jackson, Mississippi 39205
SEALED PROPOSAL PACKAGE
***DO NOT OPEN***

Date Submitted:___________________

Amount of Funding Requested: $________________________ (include all associated costs with no additional or hidden fees)

Proposer Organization Information:

Name of Organization:____________________________________________________________

Mailing Address:________________________________________________________________

Authorized Official:_______________________________________________________________

Phone: ( ) ____________________ Email:__________________________________________

Tax I.D. No.:________________________ DUNS No.: ________________________________

BUSINESS ID No. (Issued from Mississippi Secretary of State’s Office):_____________________

Contact Person for Proposer:

Name:________________________________________ Title:____________________________

Phone: ( ) ____________________ Email:________________________________________

Name of Proposer:_______________________________________________________________
Name of Proposer:______________________________________________

In addition to providing the above contact information, please answer the following questions:

How many years has the firm been in business to perform the services outlined in this RFP?____________

Please provide the physical location and mailing address of your company’s home office, principal place of business, and place of incorporation.

_____________________________________________________________________________________________________

If your company is not physically located in the region, how will you supply the services outlined in the RFP?

_____________________________________________________________________________________________________

List all licenses or permits your company possess that are applicable to performing the services required in this RFP.

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Describe any specific services which your company offers along with any specialized experience, certification, and/or education of your current staff.

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

By signing below, I certify that the abovementioned information is true and complete and I have the authority to bind the company. I do not have any questioned costs, audit, monetary and/or unresolved findings with MDHS, Division of Program Integrity. I understand that as a condition of award, I may be required to present documentation which verifies the accuracy of the information on this Proposal Cover Sheet. Any incorrect and/or missing information is considered non-responsive and is subject to rejection.

_____________________________________________________________________________________________________

Signature of Authorized Official/Title
(No stamped signature) Date
ATTACHMENT G

Proposal Form for Comprehensive Residential Services

Categories of Services to be provided. Proposer must mark each category for which they wish to be considered.

- Comprehensive Residential Services
  o Emergency Shelter
  o Group Home
  o Therapeutic Foster Home
  o Therapeutic Group Home

<table>
<thead>
<tr>
<th>Proposer</th>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
</table>

Comprehensive Residential Services Contract Rate Schedule

The compensation for these services is $__________________.

Must include an itemized breakdown of the above-referenced budget categories and explain how each line item was calculated. All pricing should be based on contract deliverables on pages 8-21 and include all associated costs with no additional or hidden fees. Please utilize one Proposal Form per distinct service if applying for more than one placement type.

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>Hourly/Daily/Monthly Rate</th>
<th>No. of Hours/Days/Months</th>
</tr>
</thead>
</table>

By signing below, the company representative certifies that he/she has authority to bind the company, and further acknowledges and certifies on behalf of the company:

___________________________________________
Authorized Representative
ATTACHMENT H

MDCPS STANDARD TERMS AND CONDITIONS

1. That he/she has thoroughly read and understands the Request for Proposals and Attachments thereto;

2. That the company meets all requirements and acknowledges all certifications contained in the Request for Proposals and Attachments thereto;

3. That the company agrees to all provisions of the Request for Proposals and Attachments thereto including, but not limited to, the Required Clauses to be included in any contract resulting from this RFP (Attachment I);

4. That the company will perform the services required at the prices indicated above;

5. The company represents that its workers are licensed, certified and possess the requisite credentials to perform Comprehensive Residential Services.

6. NON-DEBARMENT-By submitting a Proposal, the company certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision, agency of the State of Mississippi, or any other state and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision, agency of the State of Mississippi, or any other state.

7. INDEPENDENT PRICE DETERMINATION-The company certifies that the prices submitted in response to the solicitation have been arrived at independently and without (for the purpose of restricting competition) any collusion, consultation, communication, or agreement with any other Proposer or competitor relating to those prices, the intention to submit a proposals, or the methods or factors used to calculate the prices proposals/offered.

8. PROSPECTIVE CONTRACTOR’S REPRESENTATION REGARDING CONTINGENT FEES-The prospective contractor represents as a part of such Independent Contractor’s proposals or proposal that such Independent Contractor has/has not (please circle applicable word or words) retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

9. REPRESENTATION REGARDING CONTINGENT FEES-The company represents that it has/has not (please circle applicable word or words) retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or other contingent fee, except as disclosed in the company’s proposals or proposal.

10. REPRESENTATION REGARDING GRATUITIES-The bidder, Proposer independent contractor represents that it has not violated, is not violating, and promises that it will not violate
Name of Proposer:________________

MDCPS STANDARD TERMS AND CONDITIONS

the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Personal Service Contract Review Board Rules and Regulations.

Company Name: _________________________________

Printed name of authorized representative: _________________________________

Date: _______________________________________

Signature: _______________________________________

Note: Please be sure to circle the applicable word or words on numbers 9 (Prospective Contractor’s Representation Regarding Contingent Fees) and 10 (Representation Regarding Contingent Fees) above. Failure to circle the applicable word or words and/or sign the proposals form may result in the proposals being rejected as non-responsive. Modifications or additions to any portion of this proposal may be cause for rejection of proposals.
ATTACHMENT I

PROFESSIONAL REFERENCES

REFERENCE 1
Name of Company:__________________________________________________
Dates of Service:___________________________________________________
Contact Person:_____________________________________________________
Address:___________________________________________________________
City/State/Zip:_______________________________________________________
Telephone Number:________________________
Cell Number:_______________________________________________________
E-mail:____________________________________________________________
Alternative Contact Person (optional):______________________________
Telephone Number:________________________
Cell Number:_______________________________________________________
E-mail:____________________________________________________________
Summary of services including start and end dates
ATTACHMENT I

PROFESSIONAL REFERENCES

REFERENCE 2
Name of Company:___________________________________________________
Dates of Service:____________________________________________________
Contact Person:_____________________________________________________  
Address:________________________________________________________________
City/State/Zip:_______________________________________________________
Telephone Number:___________________________________________________
Cell Number:________________________________________________________
E-mail:______________________________________________________________
Alternative Contact Person (optional):_________________________________
Telephone Number:___________________________________________________
Cell Number:________________________________________________________
E-mail:______________________________________________________________
Summary of services including start and end dates
Name of Proposer______________________________________________

ATTACHMENT I

PROFESSIONAL REFERENCES

REFERENCE 3  
Name of Company:______________________________________________  
Dates of Service:_______________________________________________  
Contact Person:_________________________________________________  
Address:_________________________________________________________  
City/State/Zip:____________________________________________________  
Telephone Number:________________________________________________  
Cell Number:_______________________________________________________  
E-mail:__________________________________________________________  
Alternative Contact Person (optional):________________________________  
Telephone Number:________________________________________________  
Cell Number:_______________________________________________________  
E-mail:__________________________________________________________  

Summary of services including start and end dates

Proposer must submit at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three (3) years. Proposer may submit as many references as desired by submitting as many additional copies of Attachment I, Professional References, as deemed necessary. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed. No further
references will be contacted; however, proposers are encouraged to submit additional references to ensure that at least two (2) references are available for interview. MDCPS staff must be able to contact two (2) references within two MDCPS business days of quote opening for proposer to be considered responsive.

ATTACHMENT J

Reference Score Sheet

TO BE COMPLETED BY MDCPS STAFF ONLY

**LOCATION (city, county, region or statewide):**

Applicant Name:

Reference Name:

Spoke to:

Score:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to provide services in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with ______ services provided? If no, please explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposer easy to work with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proposer listened when you had an issue and readily offered a solution? If never an issue, please check here_______.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you recommend?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each “yes” is one point; each “no” is zero points. Proposer must have a minimum score of “4” from two references (total of “8” points) to be considered responsible and for its bid to be considered.

Do you have any business or professional interest in the applicant’s organization? If yes, please explain.

Called by:

Date/Time:
**ATTACHMENT K**

**Proposal Exception Summary Form**

List and clearly explain any exceptions, for all Proposal Sections and Attachments, in the table below. Indicate “N/A”, if there are no exceptions.

<table>
<thead>
<tr>
<th>RFP Reference</th>
<th>Proposer Proposal Reference</th>
<th>Brief Explanation of Exception</th>
<th>MDCPS Acceptance (sign here only if accepted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference specific outline point to which exception is taken</td>
<td>Page, section, items in Proposer’s proposal where exception is explained</td>
<td>Short description of exception being made</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT L

TO BE COMPLETED BY MDCPS ONLY

STATE OF MISSISSIPPI

MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES

CONTRACT FOR ____________________________SERVICES

1. Parties. The parties to this contract are the Mississippi Department of Child Protection Services (hereinafter “MDCPS”) and [Independent Contractor] (hereinafter “Independent Contractor”).

2. Purpose. The purpose of this contract is for the MDCPS to engage Independent Contractor and Independent Contractor hereby agrees to render certain professional services described in Paragraph 3, “Scope of Services.”

3. Scope of Services. Independent Contractor will perform and complete in a timely and satisfactory manner the services described in the “Scope of Services” attached hereto as Exhibit A, and the “2nd Modified Mississippi Settlement Agreement and Reform Plan,” attached hereto as Exhibit B, and incorporated herein by reference.

4. Consideration. As consideration for the performance of this Contract, the Independent Contractor shall be paid a fee not to exceed __________($__________) in accordance with the Budget attached hereto as Exhibit C. It is expressly understood and agreed that in no event shall the total compensation paid hereunder exceed the specified amount of ______(__________________________).

5. Period of Performance. This contract will become effective for the period beginning [add date] and ending on [add date], upon the approval and signature of both parties hereto.

6. Renewal of Contract: The contract may be renewed at the discretion of MDCPS upon written notice to Independent Contractor at least ninety days prior to each contract anniversary date for a period of four successive one-year periods under the same prices, terms, and conditions as in the original contract and/or subsequent contracts. The total number of renewal years permitted shall not exceed [four], or extend past [add date]. However, if MDCPS does not intend to renew the contract, the [Independent Contractor’s Name] shall be notified at least ninety (90) days prior to the contract anniversary date.

7. Method of Payment. Independent Contractor agrees to accept payments referenced in Paragraph 4, “Consideration”, to be paid as billed by Independent Contractor, upon review and approval by MDCPS. Independent Contractor agrees to submit invoices to MDCPS that contain a detailed account of each billing. The final invoice is to be submitted no later than [add date]. Independent Contractor is classified as an independent contractor and not a contractual employee of MDCPS. As such, any compensation due and
payable to Independent Contractor will be paid as gross amounts. Independent Contractor invoices shall be submitted to MDCPS at contract.invoices@mdcps.ms.gov.

8. **Applicable Law.** The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State. Independent Contractor shall comply with applicable federal, state, and local laws and regulations.

9. **Availability of Funds.** It is expressly understood and agreed that the obligation of the MDCPS to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to MDCPS, MDCPS shall have the right upon ten (10) working days written notice to Independent Contractor, to terminate this agreement without damage, penalty, cost or expenses to the MDCPS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

10. **Representation Regarding Contingent Fees.** Independent Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor’s bid or proposal.

11. **Representation Regarding Gratuities.** The Independent Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Board Rules and Regulations.

12. **Compliance with Laws.** Independent Contractor understands that MDCPS is an equal opportunity employer and therefore, maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and Independent Contractor agrees during the term of the agreement that Independent Contractor will strictly adhere to this policy in its employment practices and provision of services. Independent Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

13. **Insurance.** Independent Contractor represents that it will maintain workers’ compensation insurance as required by the State of Mississippi which shall inure to the benefit of all the Independent Contractor’s personnel provided hereunder; comprehensive general liability or professional liability insurance, and employee dishonesty insurance or fidelity bond insurance with third party liability coverage. All general liability, professional liability, employee dishonesty, and fidelity bond insurance will provide coverage MDCPS as an additional insured. MDCPS reserves the right to request from carriers, certificates of insurance regarding the required coverage. Insurance carriers must be licensed or hold a Certificate of Authority from the Mississippi Department of Insurance.

14. **Indemnification.** To the fullest extent allowed by law, Independent Contractor shall indemnify, defend, save
and hold harmless, protect, and exonerate the agency, its commissioners, board members, officers, employees, agents, and representatives, and the State of Mississippi from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, court costs, investigative fees and expenses, and attorney’s fees, arising out of or caused by Independent Contractor and/or its partners, principals, agents, employees and/or subcontractors in the performance of or failure to perform this agreement. In the State’s sole discretion, Independent Contractor may be allowed to control the defense of any such claim, suit, etc. In the event Independent Contractor defends said claim, suit, etc., Independent Contractor shall use legal counsel acceptable to the State. Independent Contractor shall be solely responsible for all costs and/or expenses associated with such defense, and the State shall be entitled to participate in said defense. Independent Contractor shall not settle any claim, suit, etc. without the State’s concurrence, which the State shall not unreasonably withhold.

15. **Stop Work Order.**

   a. **Order to Stop Work:** MDCPS, may, by written order to Independent Contractor at any time, and without notice to any surety, require Independent Contractor to stop all or any part of the work called for by this contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to Independent Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, Independent Contractor shall forthwith comply with its terms and take all reasonable steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the MDCPS shall either:

   i. cancel the stop work order; or,
   ii. terminate the work covered by such order as provided in the Termination for Default clause or the Termination for Convenience clause of this contract.

   b. **Cancellation or Expiration of the Order:** If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, Independent Contractor shall have the right to resume work. An appropriate adjustment shall be made in the delivery schedule or Independent Contractor price, or both, and the contract shall be modified in writing accordingly, if:

   i. the stop work order results in an increase in the time required for, or in Independent Contractor’s cost properly allocable to, the performance of any part of this contract; and,
   ii. Independent Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage; provided that, if MDCPS decides that the facts justify such action, any such claim asserted may be received and acted upon at any time prior to final payment under this contract.

   c. **Termination ofStopped Work:** If a stop work order is not canceled and the work covered by such order is terminated for default or convenience, the reasonable costs resulting from the stop work order shall be allowed by adjustment or otherwise.

16. **Termination.** The Commissioner may terminate this contract with or without cause upon thirty (30) days prior written notice to the Independent Contractor.
17. **Termination for Convenience.**

   a. **Termination.** The Commissioner or designee may, when the interests of the State so require, terminate this contract in whole or in part, for the convenience of the State. The Commissioner or designee shall give written notice of the termination to Independent Contractor specifying the part of the contract terminated and when termination becomes effective.

   b. **Independent Contractor's Obligations.** Independent Contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination Independent Contractor will stop work to the extent specified. Independent Contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. Independent Contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The Commissioner or designee may direct Independent Contractor to assign Independent Contractor’s right, title, and interest under terminated orders or subcontracts to the State. Independent Contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

18. **Termination for Default.**

   a. **Default.** If Independent Contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract or any extension thereof, or otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Commissioner or designee may notify Independent Contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the Commissioner or designee, such officer may terminate Independent Contractor’s right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform. In the event of termination in whole or in part, the Commissioner or designee may procure similar supplies or services in a manner and upon terms deemed appropriate by the Commissioner or designee. Independent Contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

   b. **Contractor's Duties.** Notwithstanding termination of the contract and subject to any directions from the procurement officer, Independent Contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of Independent Contractor in which the State has an interest.

   c. **Compensation.** Payment for completed services delivered and accepted by the State shall be at the contract price. The State may withhold from amounts due Independent Contractor such sums as the Commissioner or designee deems to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders and to reimburse the State for the excess costs incurred in procuring similar goods and services.

   d. **Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, Independent Contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by Independent Contractor to make progress in the prosecution of the work hereunder which endangers such performance) if Contractor has notified the Commissioner or designee within 15 days after the cause of the delay and the failure arises out of causes
such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, Independent Contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit Independent Contractor to meet the contract requirements. Upon request of Independent Contractor, the Commissioner or designee shall ascertain the facts and extent of such failure, and, if such officer determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, Independent Contractor’s progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly, subject to the rights of the State under the clause entitled in fixed-priced contracts, “Termination for Convenience”. (As used in this Paragraph of this clause, the term “subcontractor” means subcontractor at any tier).

e. *Erroneous Termination for Default*. If, after notice of termination of Independent Contractor’s right to proceed under the provisions of this clause, it is determined for any reason that the contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) (Excuse for Nonperformance or Delayed Performance) of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of the State, be the same as if the notice of termination had been issued pursuant to such clause.

f. *Additional Rights and Remedies*. The rights and remedies provided in this clause are in addition to any other rights and remedies provided by law or under this contract.

19. **Termination Upon Bankruptcy**. This contract may be terminated in whole or in part by MDCPS upon written notice to Independent Contractor, if Independent Contractor should become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, or upon the execution by Independent Contractor of an assignment for the benefit of its creditors. In the event of such termination, Independent Contractor shall be entitled to recover just and equitable compensation for satisfactory work performed under this contract, but in no case shall said compensation exceed the total contract price.

20. **Modification or Renegotiation**. This agreement may be modified only by written agreement signed by the parties hereto. The parties agree to renegotiate the agreement if federal and/or state revisions of any applicable laws or regulations make changes in this agreement necessary. Modifications shall not be initiated by the Independent Contractor within the last 90 days of the contract period, without prior approval from the Commissioner’s Office.

21. **Non-Solicitation of Employees**. Each party to this agreement agrees not to employ or to solicit for employment, directly or indirectly, any persons in the full-time or part-time employment of the other party until at least six (6) months after this agreement terminates unless mutually agreed to in writing by the State or Contractor.

22. **Anti-assignment/Subcontracting**. Contractor acknowledges that it was selected by the State to perform the services required hereunder based, in part, upon Contractor’s special skills and expertise. Contractor shall not assign, subcontract, or otherwise transfer this agreement, in whole or in part, without the prior written consent of the State, which the State may, in its sole discretion, approve or deny without reason. Any
attempted assignment or transfer of its obligations without such consent shall be null and void. No such approval by the State of any subcontract shall be deemed in any way to provide for the incurrence of any obligation of the State in addition to the total fixed price agreed upon in this agreement. Subcontracts shall be subject to the terms and conditions of this agreement and to any conditions of approval that the State may deem necessary. Subject to the foregoing, this agreement shall be binding upon the respective successors and assigns of the parties.

23. **Waiver.** No delay or omission by either party to this agreement in exercising any right, power, or remedy hereunder or otherwise afforded by contract, at law, or in equity shall constitute an acquiescence therein, impair any other right, power or remedy hereunder or otherwise afforded by any means, or operate as a waiver of such right, power, or remedy. No waiver by either party to this agreement shall be valid unless set forth in writing by the party making said waiver. No waiver of or modification to any term or condition of this agreement will void, waive, or change any other term or condition. No waiver by one party to this agreement of a default by the other party will imply, be construed as or require waiver of future or other defaults.

24. **E-Payment.** Independent Contractor agrees to accept all payments in United States currency via the State of Mississippi’s electronic payment and remittance vehicle. MDCPS agrees to make payment in accordance with Mississippi law on “Timely Payments for Purchases by Public Bodies,” which generally provides for payment of undisputed amounts by the MDCPS within forty-five (45) days of receipt of invoice. Mississippi Code Annotated § 31-7-305.

25. **E-Verify.** If applicable, Independent Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 et seq. The term “employee” as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, “status verification system” means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Independent Contractor agrees to maintain records of such compliance. Upon request of the State and after approval of the Social Security Administration or Department of Homeland Security when required, Independent Contractor agrees to provide a copy of each such verification. Independent Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Independent Contractor to the following:

(1) termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;

(2) the loss of any license, permit, certification or other document granted to Independent Contractor by an MDCPS, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,

(3) both.

In the event of such cancellations/termination, Independent Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.
26. **Transparency.** This contract, including any accompanying exhibits, attachments, and appendices, is subject to the “Mississippi Public Records Act of 1983,” and its exceptions. See Mississippi Code Annotated §§ 25-61-1 et seq, and Mississippi Code Annotated § 79-23-1. In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008. Mississippi Code Annotated §§ 27-104-151 et seq. Unless exempted from disclosure due to a court-issued protective order, a copy of this executed contract is required to be posted to the Department of Finance and Administration’s independent MDCPS contract website for public access at [http://www.transparency.mississippi.gov](http://www.transparency.mississippi.gov). Information identified by Independent Contractor as trade secrets, or other proprietary information, including confidential vendor information or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted.

27. **Paymode.** Payments by state agencies using the State’s accounting system shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of Independent Contractor’s choice. The State may, at its sole discretion, require Independent Contractor to electronically submit invoices and supporting documentation at any time during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

28. **Procurement Regulations.** The contract shall be governed by the applicable provisions of the Mississippi Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations, a copy of which is available at 501 North West Street, Suite 701E, Jackson, Mississippi 39201 for inspection, or downloadable at [http://www.DFA.ms.gov](http://www.DFA.ms.gov).

29. **Trade Secrets, Commercial and Financial.** It is expressly understood that Mississippi law requires that the provisions of this contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.

30. **Requirements Contract.** During the period of the contract, Independent Contractor shall provide all the service described in the contract. Independent Contractor understands and agrees that this is a requirements contract and that MDCPS shall have no obligation to Independent Contractor if no services are required. Any quantities that are included in the scope of work reflect the current expectations of MDCPS for the period of the contract. The amount is only an estimate and Independent Contractor understands and agrees that MDCPS is under no obligation to Independent Contractor to buy any amount of the services as a result of having provided this estimate or of having any typical or measurable requirement in the past. Independent Contractor further understands and agrees that MDCPS may require services in an amount less than or in excess of the estimated annual contract amount and that the quantity actually used, whether in excess of the estimate or less than the estimate, shall not give rise to any claim for compensation other than the total of the unit prices in the contract for the quantity actually used.

31. **Entire Agreement.** This Contract constitutes the entire agreement of the parties with respect to the subject matter contained herein and supersedes and replaces any and all prior negotiations, understanding, and agreements, written or oral, between the parties relating thereto.
32. **Approval Clause.** It is understood that if this contract requires approval by the Public Procurement Review Board and/or the Mississippi Department of Finance and Administration Office of Personal Service Contract Review and this contract is not approved by the PPRB and/or OPSCR, it is void and no payment shall be made hereunder.

IN WITNESS WHEREOF, the parties hereto have affixed, on duplicate originals, their signatures on the date indicated below, after first being authorized so to do.

**MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES**

By: ______________________________                      By: ______________________________
Authorized Signature                                                    Authorized Signature
Printed Name: Jess H. Dickinson

**INDEPENDENT CONTRACTOR’S NAME**

By: ______________________________
Authorized Signature
Printed Name: ______________________________
Title: ______________________________
ATTACHMENT M

STATE OF MISSISSIPPI
MINORITY VENDOR SELF CERTIFICATION FORM

Please complete the following information on this form and return immediately to the Mississippi Department of Finance and Administration, Attention: Vendor File Maintenance, P.O. Box 1060, Jackson, Mississippi 39215. Forms may also be faxed to (601) 359-5525.

Name of Business: _____________________________________________
Address: ________________________ Post Office Box: _______________
City: ____________ State: ________________ Zip: ____________
Telephone: _____________ Tax I.D.: ______________________
SAAS Vendor #s (if known): ________________________________

MINORITY STATUS

As used in this provision, means a business concern that (1) is at least 51% minority-owned by one or more individuals, or minority business enterprises that are both socially and economically disadvantaged and (2) have its management and daily business controlled by one or more such individuals as ascribed under the Minority Business Enterprise Act 57-69 and the Small Business Act 15 USCS, Section 637 (a). See back of form for more information. Should you require additional information regarding your Minority Status, or need assistance in completing this form please call the Mississippi Development Authority, Minority Business Enterprise Division at 601-359-3448.

___Applicable                                ____Not Applicable

IF MINORITY STATUS IS APPLICABLE, PLEASE CHECK APPROPRIATE CODE BELOW:

<table>
<thead>
<tr>
<th>Minority Business Enterprise</th>
<th>Women Business Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td>___A (Asian Indian)</td>
<td>___M (Asian Indian)</td>
</tr>
<tr>
<td>___B (Asian Pacific)</td>
<td>___N (Asian Pacific)</td>
</tr>
<tr>
<td>___C (Black American)</td>
<td>___O (Black American)</td>
</tr>
<tr>
<td>___D (Hispanic American)</td>
<td>___P (Hispanic American)</td>
</tr>
<tr>
<td>___E (Native American)</td>
<td>___Q (Native American)</td>
</tr>
<tr>
<td></td>
<td>___R (Other) Non Ethnic Women</td>
</tr>
</tbody>
</table>

The undersigned certifies under the penalties (administrative suspension and/or ineligibility for participation) set forth in the Minority Business Enterprise Act 57-69, and the Small Business Act 15 USCS, Section 637 (a), that the company classification and selected information above is true and correct. The undersigned will advise of any change in such classification at once.

Business: _____________________________________________ Certified by: _____________________________________________

Date: ____________ Title: ____________ Name Printed: _____________________________________________

Issue Date March 31, 2002
ATTACHMENT N

2\textsuperscript{nd} Modified Mississippi Settlement Agreement and Reform Plan

(See Mississippi Department of Child Protection Services Website)

https://www.mdcps.ms.gov/olivia-v-lawsuit/
ATTACHMENT O

<table>
<thead>
<tr>
<th>Company</th>
<th>Formula for Evaluating Cost</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company A=$150,000</td>
<td>Company A=150,000/150,000=.9375 x 35=32.8125</td>
<td>32.8125</td>
</tr>
<tr>
<td>Company B=$160,000</td>
<td>Company B=150,000/160,000=.9375 x 35=32.8125</td>
<td>32.8125</td>
</tr>
<tr>
<td>Company C=$180,000</td>
<td>Company C=150,000/180,000=.8333 x 35=29.1666</td>
<td>29.1666</td>
</tr>
</tbody>
</table>

Company A is the lowest proposer; therefore, the total evaluation points for price=35
ATTACHMENT P

Mississippi Department of Child Protection Services

Pre-Applicant’s Statement of Acknowledgment

I understand and acknowledge that my signature on the attached contract and other documents and exhibits does not constitute a contract until same is approved and signed by the Commissioner of the MDCPS, who is that agency’s official signature authority.

I further understand and acknowledge that the Commissioner of MDCPS may direct the Comprehensive Residential Services Program Unit, to reject any or all proposals.

Name______________________________________________________________

Organization________________________________________________________

Signature of Authorized Official: ______________________________________

Date_______________________________________________________________
MDCPS Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards)
Acceptance and Compliance Form

Each Provider should designate a Mississippi Department of Child Protection Services, Licensing Standards Coordinator who is familiar with the MDCPS Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards). The coordinator’s name, address, and telephone number should be sent directly to the Division Director of Congregate Care, by the beginning of each contract period. The Provider should only notify the Division Director of Congregate Care, in writing of any change in assignment.

As duly authorized representative of the ____________________________________________

________________________________________, I certify that said Provider will comply with the above provisions and that I have accessed https://www.mdcps.ms.gov/mdcps-policy as of this date, a copy of the current MDCPS Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Standards).

__________________________________________________________________________________________

Authorized Representative’s Name

Organization

Authorized Representative’s Signature

Date