Charlotte Mecklenburg Schools Day Treatment RFP 100-2024 Questions and Answers

1) Which school has been selected for the Program? Is this a year-round school or traditional school?
   • The selected school is K-8 school with 1500 students. CMS does not have any year-round schools.

2) If it is a traditional school, what are the expectations for the summer months for the program during the summer months? Remain open or close for the summer months considering the school will be close?
   • The classroom will be available for the program year-round.

3) Will Alliance or the school system consider funds to help towards program first 2 to 3 months. Payroll, license fees, etc. Authorizations and enrollment may take 2 to 3 months for members to begin
   • The RFP team is exploring the availability of startup funds and will clarify once determined.

4) When will the program start? Current school year or next?
   • The program will start for the next school year 2024-2025.

5) Will this be for the assigned school only or will referrals come from other schools as well?
   • Referrals are expected to come from the assigned school but may come from others.

6) Will there be any transportation requirements?
   • CMS will provide the necessary transportation.

7) Will the school assign a classroom for this program? Has it been identified? If so, what are the room dimensions?
   • CMS has assigned and identified a classroom for the program and started working to ensure the selected spaces meet DHHS licensing requirements. The selected classrooms are in the main building of the school.
   • We do not have the room dimensions available.

8) You noted CMS is working on the DHSR requirements. Does this mean the school is preparing all needed inspections and other documents on behalf of the prospective provider?
   • The selected provider will need coordinator with CMS and CMS will work with the provider to accomplish the inspections.

9) If DHSR is not able to license the program by the school start date, what is the plan for the children being referred and the program staff?
   • The target start date of the program may not be the start of school year. Starting services in September or October was the original timeline.
   • Students would continue to attend school with supports until the program is licensed and accepting referrals.
The hiring of staff will need to be planned according to an estimated target date of the program becoming licensed. Limited startup funds will support staff costs required to be employed for the program licensing portion of the process.

10) If there are delays with NC Tracks, will the provider be allowed to retro-bill?
   • Providers can bill back to the date NC Tracks approves, which unless there is a problem is typically the day the application is accepted.

11) Will Alliance work with the provider during the licensure process to make sure all contract amendments are ready by the time licensure is approved?
   • Yes

12) What is the current data for a census forecast for each age group (K-2, 3-5, 6-8)?
   • We do not have a current census forecast.

13) If the DT program is to serve a pop of kids with mixed developmental ages (K-8), how will the school support the program’s need to subdivide the group?
   • The school district will provide space for two classrooms. In all likelihood, the program will start with 1 lower elementary room and 1 upper elementary room. We will likely not seek to serve middle grades students in the day treatment program in year 1.

14) If a youth requires a 1:1, is Alliance willing to provide an enhanced rate?
   • We do ad hoc requests now based on clinical need.

15) If a census of 12 is not reached within 30 days of program start, will CMS open referrals to other schools?
   • The details of when the program would be opened more widely can be negotiated with the selected vendor during the MOU development process.

16) Is the process for opening referrals to other schools already established? Or will it be established by 8/1?
   • No, the process is not yet established for referrals from other schools. We would like to build referral procedures with the selected provider.

17) Can the provider cap the number of pro-bono slots?
   • We understand that day treatment is a business venture and that vendors cannot take unlimited pro-bono clients. It is our objective that the basis for the amount of pro bono services be grounded in the in-kind contribution that the vendor gains from CMS by not having to pay for a lease/mortgage, utilities, furniture and equipment, client meals, transportation etc.

18) In addition to covering payroll costs while awaiting licensure, will Alliance fund the census gap until a census of 12 is realized?
   • Currently we have not requested or had census gap funds approved.

19) Is Alliance willing to negotiate performance-based compensation?
• Currently we do not have funds approved for performance-based compensation, however, proposals will be considered.