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**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH  
 CONTRACTS AND PROCUREMENT SERVICES  
 64 NEW YORK AVENUE, 2<sup>ND</sup> FLOOR, WASHINGTON, DC 20002  
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January 25, 2013

**INDEPENDENT COMMUNITY RESIDENTIAL FACILITY SERVICES  
HUMAN CARE AGREEMENT (HCA)  
AMENDMENT NUMBER TWO (2) – RM-13-HCA-ICRF-000-BY4-SC**

**TO ALL PROSPECTIVE OFFERORS:**

**QUESTIONS AND ANSWERS**

Question No.	RFP Section	Question
1	Section C.5.4	Need clarification on whether clients with a LOCUS Level 4 can be included in the program; there seems to be a contradiction in Section C.5.4. Section C.5.4 header states Consumer with LOCUS Levels above 4, and sub-item D in Section C.5.4 states Locus Level is 4 or above; <b>Can clients with LOCUS Level 4 be included in this program?</b>
<p><b>DMH RESPONSE: Individuals with a LOCUS score of 5 or 6 qualify for the funding provided to support this intervention strategy.</b></p>		
Question No.	RFP Section	Question
2	Section C.5.5	Certificate of Occupancy – For some properties, the Department of Regulatory Affairs is not issuing Certificates of Occupancy for CRF for six or less residents. DCRA considers this a matter of rights. Therefore, they do not issue Certificates of Occupancy for six or less residents. <b>What other means is acceptable to authorize the number of slots because DCRA no longer issues for six or less residents?</b>
<p><b>DMH RESPONSE: The DMH Office of Accountability certifies the number of slots for homes with six or fewer residents. In addition, the home must have a DCRA inspection sticker that certifies that it is safe for occupancy.</b></p>		

Question No.	RFP Section	Question
3	Section C.6.3	<b>For this contract, do the ICRFs have to provide 1:1 support for each resident enrolled in the program; for example, if there are six residents, will six support staff members be needed? Please clarify this Section.</b>
<p><b>DMH RESPONSE: The CSA shall determine the type and intensity of 1:1 support required for each individual. This support must be consistent with his/her Individual Recovery Plan. It may not be necessary to have six support staff members to serve six consumers in need of individualized services if all of their needs can be met with fewer staff. For example, different individuals may need 1:1 support at different times of the day or for specific activities or functions.</b></p>		
Question No.	RFP Section	Question
4	Section C.7.4	Based on Section C.7.4, if it is determined that placement in a Contracted CRF is not available, DMH has 10 days after assessment to notify ICRF in writing the date at which the additional rate will be provided. <b>What rate is being referenced here, and how much compensation will be received after notification is made by DMH?</b>
<p><b>DMH RESPONSE: As stated in the HCA, \$10.00 (ten) per day shall be provided from the date specified until an alternate placement is identified for the individual.</b></p>		

**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSALS REMAIN UNCHANGED.**

Only one copy of this amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipt of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original HCA. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the HCA number and submission date. This signed Amendment must be received by the DMH/CPS no later than the date and time for closing.

Amendment Two (2)  
RM-13-HCA-ICRF-000-BY4-SC  
Independent Community Residential Facility (ICRF)  
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Failure to acknowledge receipt of Amendment Two (2)) for Solicitation Number **RM-13-HCA-ICRF-000-BY4-SC** may be cause for rejection of any proposal submitted in response to the subject HCA.

Signed:



Samuel J. Feinberg, CPPO, CPPB  
Director, Contracts and Procurement  
Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-13-HCA-ICRF-000-BY4-SC**.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print or Type Name of Offeror