

ITN-26-FFT Inquiries and Responses

Inquiry #	Provider	Inquiry	FSS Response
1	Youth and Family Advocates	There is no dollar amount identified in the ITN. Is there an expectation of offsetting expenses with Medicaid?	This ITN opportunity allows the prospective agency to develop and present a budget that would support the agency in providing the service. Please refer to section 11.4.5 which notes that the respondent will bill Medicaid. FSS is interested in proposals that can articulate an ability to leverage other funding sources, including Medicaid.
2	Youth and Family Advocates	What agencies have submitted Letters of Intent to Respond to this ITN?	Proposals from agencies who submitted Intent to Reply attachments will be revealed during a public meeting held 11/3/2025.
3	Youth and Family Advocates	Does the contract include flex funds or access to POS funds? If not, how is funding to support family needs accessed?	For all families served by the program, the expectation is to leverage community resources as a first resort to support families. If community services are not available, the provider would work with the case management teams assigned for ongoing services to request funds to support the family.
4	Youth and Family Advocates	Is it the intent to draw down Title IV-E funding through FFPSA?	Not at this time, however, it could be a potential activity in the future.
5	BAYS	Section 1.2 notes a recommended caseload of 10-12 per Family Specialist and no more than 5 per Supervisor, while Section 10.2 requires serving a minimum of 8 families at a time. Can you clarify the expected caseload standard FSS will use to evaluate compliance?	<p>FSS would defer to the FFT LLC model guidelines and most implementing agencies which state:</p> <p>A full-time FFT clinician typically carries a caseload of about 10 to 15 families at a time.</p> <p>The recommended maximum is usually no more than 15 active cases concurrently.</p> <p>Caseloads on the lower end (8-10 families) are preferred when clinicians are newer to FFT, still in training, or</p>

			<p>working with families with higher complexity or intensity.</p> <p>An FFT supervisor generally oversees 3 to 8 therapists.</p> <p>Supervisors are expected to conduct weekly group supervision and ongoing fidelity monitoring (reviewing recordings, session notes, outcomes, etc.).</p> <p>Supervisors may carry a very small caseload—usually no more than 3 to 5 active families—and in some implementations, none at all once their team is full.</p>
6	BAYS	While Section 10.1 references FFT-CW and Family Preservation Services, we know that many families present with needs better suited to traditional FFT. Would FSS allow agencies to propose an integrated service array that includes both FFT and FFT-CW to ensure all referred families are appropriately matched, reduce service disruptions, and close gaps in the continuum?	Yes
7	BAYS	Section 11.1.3 requires describing how an agency will provide continuity of care for existing clients. Will FSS provide data on current active caseloads, number of families in transition, and expected transfer plans for incumbents?	FSS will continue to take referrals and there will not be an overlap if we change providers. If it is more advantageous to delay referrals when we get to that time frame we can.
8	BAYS	Since FFT LLC does not appoint a lead during the first year of implementation, would FSS be open to us following the leadership process we've already established in partnership with LLC? This would ensure consistency with our other FFT programs and alignment with the externship documentation process recently implemented.	FSS is open to considering any plan that is supported by FFT LLC and our partner to ensure smooth and successful implementation.
9	BAYS	Page 16 references participation in "lockout" staffings. Since lockout	The youth identified as a "lockout" have child welfare involvement via the

		families would not technically be CW-involved, can you clarify if these cases are intended to fall under traditional FFT rather than FFT-CW?	Department of Children and Families although they may not be assigned to ongoing case management services. FSS plays a role through prevention and preservation services to support children and families to avoid instances of a “lockout” for a family. It appears families experiencing a “lockout” could meet the criteria for either Traditional FFT and/or FFT-CW and FSS would support the implementing agency’s logic to which best suits a family they are serving.
10	BAYS	Will FSS establish a formal definition of "high risk" and corresponding session frequency requirements, or will this determination be left to FFT assessments?	FSS would align with FFT LLC’s definition of high risk and recommendations on intensity of services in conjunction with the applying agency’s recommendations on how to best serve families who fall into the high-risk category.
11	BAYS	Section 10.3(d) requires an on-call system with a one-hour response. Can FSS clarify whether this expectation refers to phone-based de-escalation only or in-person crisis response?	This can be both phone de-escalation as well as responding in person depending on the scenario. The intent is to respond to families in crisis and help stabilize the situation in whatever manor will be most successful and if further action is needed, supporting the family and child through that (IE a Baker Act)
12	BAYS	Section 11.4.5 notes that the respondent will bill Medicaid. Can you clarify whether billing Medicaid is required for all FFT services under this ITN, or only in certain situations? If exceptions exist, what circumstances would require billing Medicaid, and are there specific documentation or authorization requirements?	This ITN opportunity allows the prospective agency to develop and present a budget that would support the agency in providing the service. FSS is interested in proposals that can articulate an ability to leverage other funding sources, including Medicaid.