



STATE OF TENNESSEE  
DEPARTMENT OF CHILDREN'S SERVICES

**REQUEST FOR QUALIFICATIONS # 35910-15624  
AMENDMENT # 3  
FOR MENTAL HEALTH SERVICES AT WILDER  
YOUTH DEVELOPMENT CENTER (WYDC)**

DATE: MAY 14, 2026

RFQ # 35910-15624 IS AMENDED AS FOLLOWS:

1. This RFQ Schedule of Events updates and confirms scheduled RFQ dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFQ Issued		APRIL 20, 2026
2. Disability Accommodation Request Deadline	2:00 p.m.	APRIL 23, 2026
3. Notice of Intent to Respond Deadline	2:00 p.m.	APRIL 24, 2026
4. Written "Questions & Comments" Deadline	2:00 p.m.	MAY 1, 2026
5. State Response to Written "Questions & Comments"		<b>MAY 14, 2026</b>
6. Response Deadline	2:00 p.m.	MAY 22, 2026
7. State Completion of Technical Response Evaluations		MAY 29, 2026
8. State Notice of Intent to Award Released <u>and</u> RFQ Files Opened for Public Inspection		JUNE 2, 2026
9. End of Protest Period	4:30 p.m.	JUNE 9, 2026
10. State sends contract to Contractor for signature		JUNE 11, 2026
11. Contractor Signature Deadline	2:00 p.m.	JUNE 15, 2026

**2. State responses to questions and comments in the table below amend and clarify this RFP.**

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		<p>1. We would have to hire staff for these positions. If we do not yet have staff identified, can we provide a written statement that we are committed to hiring staff who meet the required requirements/credentials and that proof of licensure and evidence of completed master's degrees for staff hired will be provided to DCS prior to performing any services under this contract?</p>	<p>Staff would need to be hired and in place to start work by the date the contract goes into effect. (July 1<sup>st</sup> 2026)</p>
		<p>2. If we do not yet have the key personnel for these positions hired, can we provide a list of key leadership personnel (along with their resumes) who will be responsible for hiring and overseeing the staff performing the required tasks/scope of this RFQ? This may include Executive Director(s), Chief Operating Officer, and the Managing Director of Clinical Services.</p>	<p>At a minimum the licensed clinical supervisor, PMH-NP, and one master's level clinician, as defined in the scope, would need to be hired by the date the contract goes into effect. The agency would need to be in the process of hiring the 2<sup>nd</sup> MHC with a start-date window of 30-60 days from the start of the contract.</p>
		<p>3. Given the caseload expectation of 10-12 youth per therapist, will there be flexibility in the on-site hours/requirements for the designated positions if fewer youth are placed/served at Wilder YDC?</p>	<p>The LCS is expected to be on site as noted in the scope. The MHC clinicians are expected to be on site for the hours noted. The schedule of the hours (e.g. start/end times) will be mutually agreed upon by the contractor and Wilder leadership.</p>
		<p>4. Will a Licensed Medical Social Worker (LMSW) meet the licensure requirements for the Licensed Clinical Supervisor position?</p>	<p>No</p>
		<p>5. Would other licensures be considered or acceptable to fulfill the PMHNP position? For example, would a Physician Assistant (PA),</p>	<p>No</p>

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		who is also a licensed medical professional, be acceptable?	
		6. Which position is expected to evaluate and diagnose youth using the Diagnostic and Statistical Manual of Mental Disorders (DSM) as referenced throughout the RFQ?	Any of the three categories of clinician (PMH-NP, Master's clinician, Licensed Clinical Supervisor) can evaluate and provide a DSM diagnosed based on their scope of practice.
		7. Can the PMHNP (or acceptable licensed medical professional) be the lead on evaluating and diagnosing youth?	The DCS's preference is that the clinician assigned to the case (typically the master's level clinician) evaluates, diagnoses and creates a treatment plan to foster rapport building and continuity. That being said the other two categories can evaluate and diagnosis if needed (i.e the assigned clinician is unavailable)
		8. If the Mental Health Clinician is expected to complete the mental health diagnostic intake, the MHC must also be a fully independent, licensed professional (LPC-MHSP or LCSW). Or is the expectation to have the Licensed Clinical Supervisor and/or the PMHNP complete all diagnostic intake assessments to formally diagnose youth?	The MHC is expected to assess and diagnose (DSM diagnoses) under the supervision of the licensed Clinical Supervisor.
		9. Should the number of youth placed at Wilder YDC exceed ~20, will the state be able to provide funding to support the provider in hiring an additional MHC to avoid exceeding the maximum caseload per MHC?	Per the contract, there are 2 MHC that can take a combined caseload of 24 youth and the Licensed Clinical Supervisor (LCS) can take on an additional caseload of 10 or so youth.
		10. Is this an evidence-based model that the provider will be expected to be trained in and required to implement? Would other existing evidence-based models implemented by the chosen provider be considered (e.g., trauma-informed EBPs and Collaborative Problem Solving, CPI and CPS, etc.)?	Yes, in general the provider can choose evidence based models that fit the clinical needs of the population.

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		11. Can the State clarify expectations and allowable timeframes for filling vacancies in required positions (LCS, clinicians, PMHNP), and whether interim telehealth or locum tenens coverage is acceptable during recruitment periods?	The agency is expected to have sufficient clinical staff to meet the census needs of Wilder. Telehealth is not an option for therapy services. It is an option for a crisis-consult by the LCS (after hours). If an LCS quits unexpectedly the agency is expected to have staffing redundancy built into their programming structure to be able to access a temporary LCS without a disruption in services. There is some flexibility in terms of hiring for a vacancy but the general expectation is within 30-60 days of the vacancy, all the while ensure there is sufficient staffing to not cause any disruption in service delivery.
		12. Does the state currently use an evidence base protocol for C.5. "Provide your strategy for delivering evidence-based group therapy, family therapy, and individual therapy sessions. How do you ensure fidelity to clinical models?"	No. It is up to the applicant to describe the evidence based protocol.
		13. Given the fixed annual compensation model, how does the State evaluate performance relative to service volume (e.g., caseloads, group sessions, crisis response), and are there minimum productivity benchmarks tied to contract compliance?	The service requirements are outlined in the scope. For example, the expectation is that each youth get 1x week individual, 3x week group and 2x a month family therapy. There are documentation expectations and timeframes noted as well. It is expected that the LCS will ensure fidelity and quality of programming and be able to provide evidence of such quality control measures that are expected of a LCS( e.g. case reviews with the team, regular supervision, policies, safety planning documents, treatment planning templates etc.)
		14. What specific electronic health record (EHR) or data systems must contractors' interface with (e.g., DCS systems), and are there interoperability requirements or	DCS has an electronic record system. The provider will have limited access to this system to input monthly records and access records as needed for a specific

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		onboarding timelines for integration with the Contractor's HIPAA-compliant case management system?	case. The provider is expected to maintain a separate HIPAA compliant EHR platform based on state, federal and mental health board standards for records storage, retention and accessibility. DCS staff will request documents as the would of any outpatient mental health facility with ROI or Memo in place for document share via secure email or other HIPAA-Compliant means.
		15. Can the State further define "reasonable timeframe not to exceed 15 minutes" for crisis response (e.g., call-back vs. active intervention), and clarify liability expectations for on-site/on-call clinical decision-making?	The expectation is that the appropriately licensed on-call clinician will call Wilder staff within 15 minutes in a crisis consult situation and provide risk assessments, guidance to on-site staff and determination of escalation (e.g. mobile crisis call). Wilder staff may independently call mobile crisis, with or without the agencies recommendation, but it is the responsibility of the contractor to have the appropriate staff respond to crisis consultation requests as specified.
		16. What key performance indicators (KPIs) or outcome measures will the State use to evaluate program effectiveness (e.g., reduction in incidents, treatment engagement, recidivism, hospitalization rates), and how will these impact contract oversight or renewal decisions?	There are no specific KPI's other than the ones previously noted for service delivery, time-frames for responses and LPS program fidelity maintenance. There is an expectation for continuous quality improvement as an overarching framework and approach. There are general expectations noted in the scope to collaborate with any quality improvement workgroup/request, collaborate with DCS to evaluate quality of the mental health care delivered and report on the effectiveness of the system.
		17. Does the State currently have a preferred Direct Messaging protocol that is already deployed and utilized by Agency staff?	There is no direct messaging electronic platform. The agency will get a secure state email address for each of the four (4) positions to communicate securely with Wilder

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		Approximately how many Agency staff members will require access to the Direct Secure Messaging platform?	<p>and can email information/ documents. The facility also keeps hard copy files so documents can be printed and put into the hard copy files if needed/ requested.</p> <p>All four (4) positions will require access to the platform.</p>

3. **RFQ Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFQ not expressly amended herein shall remain in full force and effect.