



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES

**REQUEST FOR QUALIFICATIONS # 35910-15850
AMENDMENT # 4
FOR CASE MANAGEMENT**

DATE: SEPTEMBER 23, 2026

RFQ # 35910-15850 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		AUGUST 10, 2026
2. Disability Accommodation Request Deadline	2:00 p.m.	AUGUST 14, 2026
3. Notice of Intent to Respond Deadline	2:00 p.m.	AUGUST 18, 2026
4. Written "Questions & Comments" Deadline	2:00 p.m.	AUGUST 21, 2026
5. State Response to Written "Questions & Comments"		SEPTEMBER 23, 2026
6. Response Deadline	2:00 p.m.	SEPTEMBER 30, 2026
7. State Completion of Technical Response Evaluations		OCTOBER 7, 2026
8. State Notice of Intent to Award Released <u>and</u> RFQ Files Opened for Public Inspection	2:00 p.m.	OCTOBER 13, 2026
9. End of Protest Period		OCTOBER 20, 2026
10. State sends contract to Contractor for signature		OCTOBER 21, 2026
11. Contractor Signature Deadline	2:00 p.m.	OCTOBER 22, 2026

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

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

RFQ SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		1. Does DCS intend to award more than one contract under this RFQ?	This solicitation will result in a single award, with one (1) contract.
		2. If more than one contract is awarded under this RFQ, how will DCS determine and communicate capacity by provider? Will this be detailed in the contract?	Please see the response to question 1.
		3. If more than one contract is awarded, should respondents indicate their proposed capacity in their response?	Please see the response to question 1.
		4. Can DCS share the anticipated start date for this contract?	The start date of the contract is contingent of completion of the solicitation and finalization of documents. The official start date will be detailed on the final pro forma contract.
		5. Do all statewide providers need to show the ability/capacity to serve all 95 counties?	Providers should describe their ability and capacity to serve the full statewide service area. If there are limitations, phased implementation plans, regional staffing considerations, or areas requiring additional planning, those should be clearly identified in the response.
		6. Will provider(s) be required to adjust staffing patterns based on regional/county needs?	The selected contractor will not be expected to routinely adjust staffing patterns. Any requested adjustments would generally occur only in response to significant changes in DCS operational needs, regional, or county demand, or referral volume. Respondents should describe their approach to implementing such adjustments while maintaining timely and effective service delivery throughout the required service area.

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		7. If only one contract is awarded, is there an expected timeline for ramping up capacity to the full 238 case managers?	DCS recognizes that ramp up will require time for recruiting, onboarding, and training. DCS has not established a required timeline for achieving full staffing, but expects the contractor to scale capacity as expeditiously as practicable. Respondents should describe their proposed phase-in plan.
		8. Can DCS clarify when and how location-specific capacity will be determined and shared with the provider(s)?	Based on current caseload distribution, DCS anticipates the initial allocation of the 238 case manager positions to be approximately 22% in West Tennessee, 52% percent in Middle Tennessee, and 26% in East Tennessee. Within each grand region, case manager assignments will be determined based on operational needs, current and projected caseloads, and areas of greatest need. These percentages are planning estimates only and may be adjusted as needs evolve. DCS will communicate anticipated location-specific staffing needs to the awarded contractor during implementation, and as necessary thereafter.
		9. Does DCS anticipate capacity needs changing during the contract period? If so, when and how will this be determined and communicated to the provider(s)?	Please see the response to question 6. DCS POC for this contract will work with the contract awardee POC to communicate evolving needs.
		10. Does DCS plan to include a cost-of-living increase in years 2 and 3 of the contract?	DCS reserves the right to include a cost-of-living increase request in our annual budget request, but budget requests are subject to approval through the state legislature and should not be factored into responses for this RFQ.
		11. Can DCS provide additional information on minimum requirements for billing the	The monthly FSW rate applies when a full-time FSW is assigned

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		monthly FSW rate (e.g., a minimum number of days worked by FSW that month)?	and provides services for the majority of the billing month. The State will prorate payment for partial months, including new hires, separations, or vacancies.
		12. For an FSW who works a partial month (due to mid-month hire, termination, transfer/promotion, etc.), will the monthly rate be paid in full or prorated?	The monthly FSW rate applies when a full-time FSW is assigned and provides services for the majority of the billing month. The State will prorate payment for partial months, including new hires, separations, or vacancies.
		13. Will DCS pay the monthly rate for FSWs who are out on FMLA, since the provider is still responsible for the cases and continues to incur staff costs during this time?	The monthly FSW rate applies when a full-time FSW is assigned and provides services for the majority of the billing month. The State will prorate payment for partial months, including new hires, separations, or vacancies.
		14. Will DCS consider reimbursing a provider the full monthly rate for any case-carrying staff (e.g., if there is an FSW vacancy on a team and the Team Lead temporarily carries cases until the FSW role is filled)?	DCS will consider this on a case-by-case basis and only with written approval from DCS leadership.
		15. Can DCS provide information on the cost per user per month, and was this cost included in calculating the per-staff per-month rate?	The per-staff per-month rate is intended to cover all costs, including software licenses and technology expenses. DCS will not separately reimburse those items.
		16. Can DCS provide clarification on caseload expectations per case manager? The pro forma contract references a maximum caseload of 20, while question C.2. in the Technical Qualifications, Experience & Approach section asks for an approach to maintaining a caseload of 15.	Refer to Item #3 below.
		17. Can DCS provide additional information on the "regional caseload range" that is referenced in the pro forma contract?	The "regional caseload range" refers to the counties within each region that an assigned case manager is expected to cover. It's provided to describe the expected geographic coverage for planning

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			and staffing and does not represent a guaranteed or fixed caseload.
		18. How do services for “Targeted Case Management” differ from “Case Management” services as defined in the RFQ and/or defined in applicable DCS policies?	Targeted case management is a subset of case management services. While all targeted case management activities are case management services, only those activities that meet TennCare eligibility requirements and applicable federal and state requirements qualify as targeted case management. The contractor shall perform all case management services required under the contract.
		19. Can DCS provide details of the Contractor requirements for each service (i.e., Case Management, Targeted Case Management, and Q RTP case management)?	Please refer to RFQ 35910-15850 Amendment 2 – Attachment A.
		20. Can DCS please clarify the case managers' responsibilities for establishing eligibility for Targeted Case Management (TCM) funding from TennCare on each case?	Actions taken in the DCS Child Welfare system that allow claims for reasonable candidates who are at risk of placement and/or are receiving services. This is in compliance with the State Medicaid and Cost Allocation Plan.
		21. Can DCS provide the applicable DCS policies pertaining to Targeted Case Management, as referenced in the RFQ?	Please see the response to question 19.
		22. Can DCS provide information on the performance indicators and metrics, and how Contractors will be evaluated against them?	Please see the response to question 19.
		23. What is the targeted or goal metric for each of the ten (10) key performance indicators listed?	Please see the response to question 19.
		24. Can DCS provide the relevant policies that define the performance metrics and describe the evaluation of the delivery	Please see the response to question 19.

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		of case management services, as referenced and/or required in this RFQ?	

3. Delete RFQ 35910-15850 – Attachment C – Item C.2. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

	C.2.	Describe your organization's capacity to provide full-service child welfare case management in accordance with DCS policy, including your approach to maintaining a caseload of twenty (20) children per Case Manager. Detail staffing ratios, contingency coverage plans, surge capacity, recruitment strategy, and methods used to prevent service disruption.		15	
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4. **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.

Achievement of timely permanence for children and families.
- DCS Policy 16.31 https://public.powerdms.com/TNDCS/documents/2099506 - DCS Policy 13.1 https://public.powerdms.com/TNDCS/documents/2099670 - Protocol for Permanency Planning: https://public.powerdms.com/TNDCS/documents/2325955 - Family Permanency Plan Development Guide: https://public.powerdms.com/TNDCS/documents/2103865 - Guide to Full Disclosure https://public.powerdms.com/TNDCS/documents/2104413
Frequency and quality of face-to-face visits with children and parents occur at least once per month.
- DCS Policy 16.38 https://public.powerdms.com/TNDCS/documents/2099515 - DCS Policy 16.43 https://public.powerdms.com/TNDCS/documents/2099517 - DCS Policy 14.18 https://public.powerdms.com/TNDCS/documents/2099463 - Protocol for Family Support Services: https://public.powerdms.com/TNDCS/documents/2340618 - Visitation Guide: https://public.powerdms.com/TNDCS/documents/2104538 - Visitation Plan Work Aid: https://public.powerdms.com/TNDCS/documents/2104547
Completion of required assessments (CANS and FAST) within specified timeframes.
- CANS Manual: https://public.powerdms.com/TNDCS/documents/2105050 - CANS Protocol: https://public.powerdms.com/TNDCS/documents/2122479 - FAST Manual: https://public.powerdms.com/TNDCS/documents/2103803 - FAST Protocol: https://public.powerdms.com/TNDCS/documents/2103761
Timeliness of Child and Family Team Meetings (CFTMs).
CFTM Guide https://public.powerdms.com/TNDCS/documents/2105052
Adherence to DCS policies, procedures, and accreditation standards set by bodies like COA, CFSR, QRTP).
- DCS Policy 4.4 https://public.powerdms.com/TNDCS/documents/2099707 - DCS Practice Model https://www.tn.gov/content/dam/tn/dcs/documents/quality_improvement/child-welfare/DCS_PracticeModel.pdf - Family Support Practice Guide: https://public.powerdms.com/TNDCS/documents/2103469 - QRTP Protocol: https://public.powerdms.com/TNDCS/documents/2104507 - Case Process Review Guide: https://public.powerdms.com/TNDCS/documents/2227107
Accurate and timely data entry into the DCS electronic case management system.
- DCS Policy 31.14 https://public.powerdms.com/TNDCS/documents/2099716 - Protocol: https://public.powerdms.com/TNDCS/documents/2352652
Timeliness of case progression and closure.
- Protocol for Performance and Case Supervision: https://public.powerdms.com/TNDCS/documents/2326093 - Guidelines for Quality Case Conferencing: https://public.powerdms.com/TNDCS/documents/2102493 - Case Closure Protocol: https://public.powerdms.com/TNDCS/documents/2103844

Documentation of consistent and repeated attempts to engage parents and caretakers to achieve permanency, including reunification efforts.
- Conducting Diligent Search Protocol https://public.powerdms.com/TNDCS/documents/2099693 - DCS Policy 31.14 https://public.powerdms.com/TNDCS/documents/2099716
Compliance with funding requirements (e.g., TCM, QRTP) while prioritizing child and family well-being.
- QRTP Protocol: https://public.powerdms.com/TNDCS/documents/2104507 - Guidance in the State Medicaid Plan and cost allocation.
Effective caseload management of assigned cases, per regional caseload range.
Data reporting, contract monitoring, and review of staffing and assignment information. Provider will be required to submit routine reports showing active caseloads by case manager, vacancies, transfers, new assignments, closures, and any staff carrying cases outside of the expected range.