

Moderate Residential Services For Children



- Q1.** Agency currently is a child placing agency and has a license for Therapeutic Foster Care. If we are applying for the full continuum (i.e.; Basic, Moderate, Mother's and Infants, Transitional and Independent Living, and Traditional Foster Care), do we have to submit application for licensure on each of these individual programs?
- R1.** **If a provider is providing full continuum services and are going to use congregate settings, the provider must have a Child Placing Agency license and a Residential License. Licenses can be for several levels or care.**
- Q2.** Appendix F page 33 - Is there a personnel addendum form available for download or where does this document come from.
- R2.** **Yes. The form will be made available for download.**
- Q3.** 4.2.1 page 18 - When using tabs that correspond with the bolded sections and subsections to which the information pertains, is the section and subsection to be used on the tab? Concern, large enough tabs to type all of the information.
- R3.** **Yes.**
- Q4.** 1.2 page 7 - What is the Certificate of Need on emergency placements?
- R4.** **A certificate of need is not necessary for Moderate Residential Programs**
- Q5.** 4.2.5.3.4 page 21- Are Vendors to serve Counties in the Region, choose the county(s) to be served or how is this determined?
- R5.** **Vendors may choose which region they choose to serve, and it should be identified in their proposals.**
- Q6.** Section 1, Page 7, Part 1.2 Licensure/Certification/Credential Requirements: Your licensing requirements state that the vendor must be licensed by DHR, MH, JACHO, COA or CARF and complete the Certificate of need on emergency placements. We have 3 programs that fall under the Intensive RFP, 1 program under the Moderate, and 1 under the Sexual Behaviors. Three of our programs are licensed by the Department of Mental Health (New Beginnings, Courtland and New Direction) and one is licensed by DHR as a Child Care Institution (Madison DHR unit). New Beginnings is also CARF accredited. We also know that Mental Health does not accept dual licensing.
- a)** Do our current licenses issued by the Department of Mental Health meet the RFP requirements you have for the vendors?
- b)** Will Madison's license issued by DHR as a Child Care Institution meet the RFP requirements?
- c)** Do we still need to complete the application for a Child Placing Agency for all programs? If so, where do we get the application?

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d) Also, when will the Certificate of Need have to be completed for emergency placements?

- R6. a) Yes
b) Yes
c) No
d) **Not necessary for Moderate programs**

Q7. Section 3.0; page 15; paragraph 5
Vendors, who propose to provide more than one level of service at a single location, must provide each level of service in a separate building or wing.

Section 5.0; page 23; 3rd Sentence

If a Vendor provides more than one level of service at a single location, each level of service must be provided in a separate building or wing. SDHR must approve the plan if the services are to be provided within the same physical building.

Can we have both Moderate and Basic contracts in the same home as long as we provide the additional services required for Moderate Core Services (see reference below)?

Most of our group home facilities only have one hallway, not 'wings'. Our group homes are designed to be as homelike as possible with a live-in houseparent, not shift staff. I am concerned that if a resident changes from Moderate to Basic mid-treatment due to their MAT score, changing homes will disrupt the consistency and bonding that raised the level of success that allowed them to qualify as Basic.

Description in How Differences in Core Services Would Be Addressed:

There are 5 Moderate Core Services that are above the Basic Core Services Contract (RFP No: 2007-100-05; Pgs 16-17; Section 3.3). We have successfully implemented these 5 services in our day-to-day programming and through staff professionals hired to provide therapeutic and tutoring services.

The 5 Moderate Core Services (RFP No: 2007-100-01; Pgs 16-17; Section 3.3; Items B, H, J, K, & L) above Basic Core Services are:

- B. Provide basic living skills training a minimum of 2 hours daily in accordance with the outcomes identified in the ISP to include, but not limited to: behavioral education, money management, social skills, shopping, healthy lifestyles, stress management and personal hygiene.
- H. A minimum of a bi-weekly contact with the therapist of the child or family to monitor progress or outcomes in counseling.
- J. Consistent with the ISP, provide bi-weekly group therapy sessions for children.

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K. Consistent with the ISP, provide 2 hours per week of tutoring by a person qualified to offer specialized assistance in a certain subject; monitor the tutoring for the achievement of outcomes in the child's educational setting.

L. Provide up to 4 hours per week of crisis intervention, as needed.

R7. Moderate and Basic children can not be house on the same hallway. They may be in the same building, but separate locations or wings within the building. They must have separate staff/employees for each program.

Q8. Page 7, Section 1.2 states that vendors must have a Child Placing Agency license. If you only have moderate programs and are licensed by DHR do you also have to be licensed as a Child Placing Agency?

R8. If services are provided in a congregate setting, a Child Placing Agency license is not required.

Q9. In RFP 2007-100-01, Moderate Residential Services, Section 3.3, pg. 15, states "Vendors must attest that they will provide all of the services identified below", and a series of very specific requirements follows. Section 4.0, pg. 18, states "Statements that the Vendor understands, acknowledges, or can comply with the requirements/specifications and statements paraphrasing the specifications are considered inadequate...". Some of the requirements are very specific, which makes it difficult to do more than paraphrase and still include all the elements you request. Is paraphrasing acceptable in those instances, such as in Section 3.3, where requirements are very specific?

R9. Yes.

Q10. Section 1: Project Overview and Instructions, page 7, Item 1.0.

In this section vendors are instructed to "indicate which regions of the state they are willing to serve" however on page 21, Section 4: Proposal Format, Item 4.2.5.3.4 vendors are instructed to "identify the geographic area to be served by naming the specific county/counties within which the service is proposed".

a) Are we to identify the region or the specific counties?

b) Also are we to indicate the number of slots we are requesting in the geographic area or is it sufficient to indicate the areas we are proposing to serve?

R10. a) The region, unless a provider wants to serve only specific counties. This could possibly severely limit the number of slots awarded, however.

b) The number of slots per region

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Q11. Section 1: Project Overview and Instructions page 7, Item 1.2 Licensure/Certification/Credential Requirements

This item states that “Vendors must complete the Certificate of Need on emergency placements”.

a) What is this and what is the process for doing this?

In the same section and item it states “Vendors must have a Child Placing Agency license through the Department of Human Resources”.

b) Since this RFP is for congregate care why is the child placing license required?

c) Shouldn't the facility be licensed as a group home or other residential facility?

R11. a) This statement should not appear in this RFP, as a Certificate of Need is NOT required for moderate care programs.

b) It is not required

c) Yes

Q12. Section 3: Scope of Project, item 3.2 Program Requirements, 16 page, D.

In this item vendors are instructed to follow a timeline that indicates the Initial Treatment Plan is to be done within 10 days of admission date and the Comprehensive Treatment Plan to be completed within 30 days from admission date and a Treatment Plan Review held every 90 days hereafter. This contradicts the Medicaid requirement that Treatment Plan Reviews are to be done 90 days from the Initial Treatment Plan. Medicaid does not have a requirement for the Comprehensive Treatment Plan. This is a DHR requirement. According to Medicaid requirements, Treatment Plan Reviews must be done every 90 days from the date of the **Initial Treatment Plan**, which means this initial plan needs to be the working plan. Since “All services billed as Medicaid Rehab services must be in compliance with Chapter 105 of the Medicaid Provider Manual (this requirement is found as a note on the bottom of page 17 of RFP Number 2007-100-1), we must necessarily do our treatment plans reviews as required by Medicaid.

a) Can this be restated in the RFPs so the DHR requirements and Medicaid requirements are in sync?

b) Can the Comprehensive Treatment Plan be eliminated?

R12. a) If the initial treatment plan is comprehensive, there will not be a need for another treatment plan until the review date. The reviews must be held 90 days from the initial treatment plan, not the 30-day comprehensive plan.

b) Only if the initial plan covers all the child's needs and is comprehensive in scope.

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Q13. Section 4: Proposal Format and Instructions, Item 4.2.3 Taxpayer Identification Number, page 18

In this section vendors are instructed to place the request for *Taxpayer Identification Number*, Appendix B following the Table of Contents however on page 22 of the same section, **Item 4.2.5 Attachments** we are instructed to place all attachments i.e., attachments A,B,C, etc. following the Technical Proposal. Where should Appendix B, the Taxpayer Identification Number Form, be placed in the proposal?

R13. Refer to page 18 Section 4.2.3 of the RFP document for instructions on where to place the Taxpayer Identification form (Appendix B of the RFP document). Proposals should be formatted according to the instructions in Section 4.

Q14. Appendix A: Standard Terms and Conditions, page 26, *Failure to Honor Proposal*

Does this statement mean that vendors who submit proposals for more than one service area to be located in the same facility could not choose to provide only one of the services assuming slots were awarded for both service areas? For example, if a vendor submitted proposals for 6 moderate residential slots and 6 basic residential slots for the same facility and was awarded slots for both would the vendor not be allowed to choose which of the services they wished to provide?

R14. The vendor may choose.

Q15. Will a transcript of the Pre-Proposal Conference be available? If so, how will that be obtained after the conference, and how will the cost be determined?

R15. Yes.

Q16. Page 3 (same page number for all RFPs), Section 4.2.5 – Technical Proposal and 4.2.5 - Attachments

In the table of contents for all above listed proposals – Section 4 – PROPOSAL FORMAT AND INSTRUCTIONS – Section 4.2.5 is listed as TECHNICAL PROPOSAL – then further down on the section listed as ATTACHMENTS, the section number is again 4.2.5. Is this correct? We will have duplicate tabs for this section 4.2.5 and for the subsections 4.2.5.1. – 4.2.5.4

R16. This is not correct, you should not have duplicated tabs. ATTACHMENTS should read Section 4.2.5.5; Legal Status should read 4.2.5.5.1 and so on to Immigration Status Form section 4.2.5.5.5.

Q17. Is a certified teacher with the capability to teach a variety of subjects “qualified to offer specialized assistance in a certain subject”, or is a certified math teacher required to teach math and a certified English teacher required to teach English?

R17. If a person is proficient in several subjects, that person may be used to tutor in various subjects.

Q18. How many slots will be awarded for each service in each region?

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- R18. That number has not been determined and will be based on utilization numbers for that region**
- Q19.** Is the per diem rate for core services in any way contingent upon the vendor billing for Medicaid Rehabilitative Services?
- R19. Yes, part of the rate will depend upon vendor billing for Medicaid Rehab services.**
- Q20.** Will the Vendor be reimbursed at 100% of the Medicaid rate for all authorized and delivered core services? Will there be any cap on billable services per child or in an aggregate of all children covered by this contract?
- R20. The vendor will be reimbursed up to a capped amount for Medicaid billable core services.**
- Q21.** Is there a requirement to bill Medicaid for Core Medicaid Rehabilitative Services or is the Department proposing to pay vendors the per diem rate agreed to in the contract? Please explain why Chapter 33 of the Medicaid Provider Manual is referenced in the second paragraph?
- R21. There is a requirement to bill Medicaid for core services and a portion of the rate will be determined by the amount of services billed up to a capped amount. I apologize for Chapter 33 being cited, it should be Chapter 105.**
- Q22.** What commitment can the department make with regard to the timeliness of payments to vendors? Please explain this in regards to direct department payments and/or for Medicaid reimbursements.
- R22. The department can make a commitment of timely payments for the state portion of the rate but the Medicaid portion of the rate is determined by DHR's receipt of the money from Medicaid.**
- Q23.** If an agency is not accredited or licensed, approximately how long will it take for DHR to complete the licensing procedure?
- R23. This timeframe varies. It depends on how long it takes for the prospective provider to submit a completed application with all required supporting documents.**
- Q24.** Does SDHR initiate processes for the Civil Rights Certification as a part of SDHR licensing?
- R24. Yes- Once a completed application is submitted with all required supporting documents, SDHR will contact the Office of Civil Rights/Equal Employment regarding scheduling a joint site visit.**
- Q25.** Has SDHR received any "new" Applications for Licensure as a Childcare Institution from current or potential vendors in Region 1 and, if so, what vendors?

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R25. That question has no relevance to this RFP

Q26. Section 4.25 on page 19 is identified as TECHNICAL PROPOSAL and Section 4.2.5 on page 22 is identified as ATTACHMENTS. Will these Section numbers and subsequent numbers up to Section 5.0 (COST PROPOSAL, page 23) be revised?

R26. This is not correct, you should not have duplicated tabs. ATTACHMENTS should read Section 4.2.5.5; Legal Status should read 4.2.5.5.1 and so on to Immigration Status Form section 4.2.5.5.5.

Q27. Our *detailed* job descriptions for positions necessary to operate are expansive. May this policy and/or resumes of key personnel be included as Attachments?

R27. Yes.

Q28. Is it acceptable to utilize state and/or county DHR personnel as references?

R28. Yes.