Questions for Mother and Infant Program RFP# GB2024-100-14

Question #	RFP Section	RFP Heading	Question	Answer
1	1.0	Project Overview	Does not make any reference to teen mothers or babies, it references basic residential services (the same as the 2019 Basic Residential RFP). Services will still include the infant placed with the mother, correct?	Please refer to the Scope in Section 3.0
2	3.3		If there is a new requirement for 24- hour awake supervision, is the Department willing to increase the rate to accommodate the additional staffing burden to meet this new requirement?	"Awake" will be removed
3	3.3		Are pre-placement visits still required for every placement?	"Require and conduct a pre-placement visit <u>ONLY</u> as determined appropriate by County DHR, ISP Team, and/or SDHR- Division of Resource Management."
4	3.3		The language in the section referencing psychotropic medicine is listed in both the responsibilities of the program and the department (also noted as a departmental responsibility under 3.4). Whose responsibility is this?	Both
5	3.3		Is there a format or a template for the Individualized Behavior Management plan?	No. However, the behavior management plans are to be individualized for each child, developed, and authorized in advance by the child and family planning team.
6	3.3		What language needs to be included in the ISP to clearly document how allowance will be administered to the child?	County staff will need to document any services/needs of the child with the ISP team.
7	3.3		EPSDT (also noted as a departmental responsibility under 3.4) – notes that providers are responsible for updating EDS. Is this referencing Medicaid and is this still a	Yes – this is a MS requirement but note that EDS says "as appropriate" because some providers may not have the ability to do this.

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			requirement if Medicaid is no longer billed for Mothers and Infants services?	
8	3.4		What is the plan for ensuring that the county worker will be present for planned surgeries? Will there be a means for providers to note attempts to have the worker present even though they are not?	County staff should be informed of any planned surgeries and make plans to be present. Providers can document attempts to have the worker present. Providers can also contact the county director.
9	3.4		Will providers be sited when a county does not provide or take responsibility for the EPSDT screening?	Per RFP and MS vendors are responsible also.
10			Is submission of the Electronic RFP in a PDF acceptable or is different format preferred?	Yes
11			If there are technical issues with electronically submitting the proposal (ex: file is too large to send via email), is there an appropriate point of contact to ensure timely receipt of the RFP or to resolve any technical issues	It is the vendor's responsibility to submit the proposal timely and to ensure that the file is transmitted electronically to the procurement officer. If multiple emails are needed to submit the proposal to the procurement officer or if a zip file is needed to be utilized, please contact procurement officer prior to submittal to ensure the emails are processed together.
12			If there are technical issues with electronically submitting the proposal (ex: file is too large to send via email), is there an appropriate point of contact to ensure timely receipt of the RFP or to resolve any technical issues	Procurement Officer will send an email once the proposal is accepted as complete.
13			How many slots are being awarded statewide?	A specific amount has not been allocated
14	3.2		Are Core Services being removed from this contract?	Vendor Responsibilities are in RFP
15	3.3		If a pre-placement visit is determined necessary, will the Vendor receive a DHR-1878 for payment?	Yes
16	3.3		Vendor will include up to two (2) hours per week of tutoring if it is part of the youth's ISP. Tutoring is not listed as a Core Service. How will the tutoring service be paid?	Tutoring is under Vendor Responsibility, so the Vendor is responsible for up to (2) hours per week if the youth require tutoring per RFP.
17	3.3		"Support sibling visitation with the opportunity to do visitation on campus." Will	This should be addressed in the ISP.

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			the county alert the Vendor when these visitations with siblings are scheduled?	
18	3.7	Outcomes & Referrals	"Submit Child Referrals to SDHR-Office of Resource Management" When a Vendor receives a referral from the County, are they being asked to add the referral to the Portal?	Vendors are required to put all county referrals on the portal.
19	5.0	Cost Proposal	"The maximum daily rate for providing mother and infant services shall be \$56.00 per slot." It then states, "The room and board rate is per mother and per child's slot." Does this mean that Vendors are paid a \$56 room and board rate for each mother and a \$56 room and board rate for each child placed?	This rate is \$56 per mother and \$56 per child.
20	Appendix F	Cost Proposal	The calculation is determined by the Number of Slots x the rate. Going back to question 6, we need clarification on how slots are calculated.	This should be the total number of mothers plus the total number of infant slots that vendor is requesting.
21	5.0	Cost Proposal	Medicaid language, stating, "All services billed as Medicaid rehab must be in compliance with Chapter 105 of the Medicaid Rehab Manual and are not to exceed the daily caps." Is this old language, OR can services be billed as Medicaid Rehab?	There is no Medicaid Billing – This language should be removed.