

## **Questions and Answers for Medically Supported Foster Care Program RFP# GB2025-100-10**

Question #	RFP Section	RFP Heading	Question	Answer
1	3.3	Responsibilities of Program	Is the vendor responsible for tutoring or just homework assistance?	3.3 Responsibilities of the Program has this information
2	3.5	Additional Services for Youth 14 to 21	Are children older than 16 made to work or volunteer if they are not medically able?	No
3	Appendix G	Budget Form	Are the dates that are pre-filled, correct?	Addendum has been submitted for this form.
4	Appendix G	Budget Form	Are two forms to be completed, one for each year or combined here and just split on Appendix F?	Vendors can do a combined budget or yearly budget. The dates of the budget must be specified at the top of the form by vendor.  Cost Proposal (Appendix F) has been updated to specify Daily Rate submission by vendors.
5	Appendix G	Budget Form	Are the budget forms available in Excel?	No
6	Appendix G	Budget Form	Can additional line items be added to the budget form?	In the other section any item can be added but must have an explanation with that item.
7	Appendix G	Budget Form	Does the foster parent pay go on the subcontractor schedule of the budget? If not, where does that go?	Yes

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8	3.3	Responsibilities of Program	Is there a case load size cap for clinical staff?	Staff Caseload must meet all requirements in Child Placing Agency Minimum Standards and any requirements specified in the RFP.
9	3.3	Responsibilities of Program	What are the requirements for staff credentials and training? What degree or specialties are required?	Staff must meet all requirements in Child Placing Agency Minimum Standards and any requirements specified in the RFP.
10	Appendix F	Cost Proposal	How many slots will be available?	This has not been determined.
11	3.3	Responsibilities of Program	Is there a curriculum of required trainings for foster parents?	No
12	5.0	Cost Proposal	Are vendors allowed to bill Medicaid with this program?	No
13	5.0	Cost Proposal	In section 5: Cost Proposal, the levels of care list a 1:1 supervision of 12 and 24 hours. Is this pertaining to staff only, or does this also include the supervision provided by the foster parent?	This is the foster parent supervision required in the home.
14	3.0	Scope of Project	What is the estimated number of available slots for the service (by regions)?	Slots are not by region
15	3.0	Scope of Project	How is it determined if a youth is placed in the Medically Supported Foster Care Program or TFC-E?	TFC-E children must meet TFC requirements.

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				Medically Supported Foster Care children are complex medical issues only.
16	3.0	Scope of Project	Will Medically Supported Foster Care replace TFC-E as a placement type for youth with medical needs?	Children with Complex medical issues are intended to be served under this RFP.
17	3.3	Responsibilities of Program	Clarify transportation expectations-if the child has Medicaid, can we request Medicaid Transport? (What about emergencies?)	Vendors are responsible to ensure the transportation needs are met per RFP. How the vendor does this is decided by the vendor.
18	3.3	Responsibilities of Program	What is the expected length of stay?	This is a child-by-child decision
19	3.7	Outcomes and Tracking	The RFP says, "Vendor will track the children and families who have received services through their program." What type of tracking are you seeking? Does it include post-discharge?	3.7 explains what tracking is required and survey information
20	3.7	Outcomes and Tracking	What is the expected outcome/discharge when there is transfer to another home or when the client remains in the current home?	3.7 explains all outcomes required
21	3.7	Outcome and Tracking	How will outcomes be measured (+/- discharges)?	3.7 explains all outcomes required
22	5.0	Cost Proposal	Is there a stepdown process and/or rate?	The two rates that will be used for this RFP will be Level 1 and Level 2. The provider will be required to submit a quarterly report to SDHR-

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				RM which will be reviewed to determine continued requirement of Level 1, Level 2, or the program.
23	5.0	Cost Proposal	Will the rate remain consistent throughout the stay?	The two rates that will be used for this RFP will be Level 1 and Level 2. The provider will be required to submit a quarterly report to SDHR-RM which will be reviewed to determine continued requirement of Level 1, Level 2, or the program.
24	5.0	Cost Proposal	Should we include the expenses as part of the rate or a reimbursement process? Can we include expenses for the child's care (medically necessary items and special equipment- swings, chairs, car seats, food, diapers, etc.) in the placement rate? Some of it is Medicaid-covered, but a lot is not.	The ISP team can still approve necessary items outside the normal care items. Listing extra items on the budget is okay, but please remember that this is a per day per slot reimbursement.
25	5.0	Cost Proposal	Knowing that we are to submit a budget for each fiscal year, it is not clear what the method of payment for services is. Will this be cost reimbursement, or will there be a per diem paid by DHR? Please specify the payment structure.	There is an amendment to Cost Proposal (Appendix F) that clarifies this is a Per Day Per Slot reimbursement.
26	5.0	Cost Proposal	Would we be able to bill Medicaid Rehab Services for applicable services (including but not limited to: Basic	No

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			Living Skills, Psychoed Services, Treatment Plan Review, MH Care Coordination, etc.)	
27	5.0	Cost Proposal	Would start-up costs be reimbursed separately from the budget?	Start-Up Costs are not reimbursed. This RFP is a per day slot amount.
28	5.0	Cost Proposal	What are the qualifying medical conditions and who determines these?	All referrals must be approved by SDHR-RM.
29	1.0	Project Overview	Does this RFP replace the current county level “medically fragile” foster home or will those remain in place but licensed by the county?	No
30	1.0	Project Overview	If a sitter required, who pays for the sitter?	Sitters should not be required with the parameters of the supervision required by the foster parents and provider in this RFP. If a sitter is used, then that is at the expense of the provider.
31	3.0	Scope of Project	How is the determination made that a child will be TFC-E vs. Medically Fragile?	TFC-E and Medically Fragile children are not a part of this RFP.
32	3.5	Additional Services for Youth from 14–21-year-old	How does the state anticipate transitioning older teens that are Level 1 or Level 2? RFP states ILP services and completion of transition plan. If adoption by foster parent is not an option, will there be some requirement	If the child qualifies for Medicaid Waiver services, the Department will apply for those services. The ISP team will determine other services and the plan for the child.

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			on the part of the county to actively work towards Medicaid Waiver services before the child turns 18?	
33	5.0	Cost Proposal	Could you define “12- and 24-hour supervision”? Would 24-hour supervision require “wake night” staff?	24-hour supervision does not require wake staff. This is in reference to at least 1 foster parent being in the home 24-hours a day with the child. 12-hour supervision does not require wake staff. This level does allow children to be in school and the foster parent to be employed, so this is the requirement outside of that.
34	5.0	Cost Proposal	How is a determination made if a child has all the indicators for Level 1 but does not require two medical visits a week?	All referrals are approved by SDHR-RM.
35	1.0	Project Overview	If a medically fragile (Level 1 or 2) child develops significant behavioral issues, but also continues to have medical issues, will the child be moved to TFC-E?	This would be looked at case by case.
36	N/A	N/A	Will TFC-E continue to be a part of the TFC contract?	This question does not pertain to this RFP.
37	1.0	Project Overview	If a medically fragile child develops behavioral issues that override the	This would be looked at case by case.

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			medical problems, what will the process be to transition the child from medically fragile to TFC-E or TFC? In addition, if the provider does not have a TFC contract, how will the above issue be managed if the child can stay in the same home?	