

Question #	RFP Section Referenced	RFP Relevant Language	Page #	Questions	Answers	Amendment
1				Will the agency be selecting multiple bidders, or intend to limit to one bidder?	Please refer the RFP page 2, section Contract Duration.	
2				Question #1: HHS has a cap of 430 PMIC beds. Section 1.1 background states there are currently 399 beds licensed in the state. Not all beds in use due in large part to staffing challenges. a. Is the agency looking to add 31 PMIC beds? Alternatively, to convert existing beds? b. If current beds are not in use due to staffing challenges, can the bidder include items such as staff recruitment and staff retention in their cost proposal? Or are there items that cannot be encompassed in the per diem?	a). The agency is looking to utilize beds that are currently open and/or may open or be converted to serve Iowa Children in state. b). The agency is interested in receiving proposals regarding staff recruitment and retention strategies, included within the bidder's proposal.	
3				Question #6: Does the agency have a number of licenses that have been turned in?	No.	
4				Question #9: How will the agency be determining the number of beds needed by population? Can you clarify what you mean in that the requirements will change over time? How do you envision this changing, if the requirements change and the awarded bidder cannot meet those new requirements? Will there be additional RFPs based on the new requirements?	The agency anticipates that there will be variance in populations that need to be served. The agency is referring to the requirements related to the number of bed and population. The agency would expect that providers would continue to provide services within their scope and capacity.	
5				Question #12: Pertaining to services and supports for the youth and family outside of the PMIC - is the bidder expected to provide community supports post discharge? How do you envision care coordination to differ from care coordination and case management currently provided by each MCO or IHH? Will this be a billable service for providers post discharge from PMIC, or will the bidder be allowed to bill the enhanced rate post discharge for these services?	The PMIC would be expected to assist with discharge planning and provide a warm handoff to a youth and family transitioning back to the community. There would be no change in care coordination or case management that is currently provided.	
6				Question #31: States should be determined by medical necessity and the care team's recommendation. a. Currently, each MCO makes determination on continued stay in PMICs and days authorized. Does the agency intend on changing the continued stay process for enhanced PMIC beds, determined by medical necessity and the care team's recommendation? b. Can a youth be admitted under traditional PMIC beds, and transferred to enhanced PMIC beds if deemed medically necessary? Will there be a specific process or form for this?	a). No, the continued stay review process will remain the same and be based on medical necessity and the care team's recommendation in collaboration with the MCOs. b). Yes, youth can be admitted under traditional PMIC beds, and transferred to enhanced PMIC beds. There will further guidance provided on the process.	
7				Question #46: HHS will modify current PMIC REV and HCPCS billing. What timeframe will this information be made available so that MCOs and awarded bidders can update contracts and systems to avoid delays or payment issues?	This information will be provided to allow for contract updates and system updates.	
8				Question #47 states that psychiatry, mental health therapy- individual, family, group, OT and other specialized therapy - should be included in the per diem. These are not currently part of the PMIC per diem and are billable services by existing PMICs. How does the Agency intend to manage this from a billable side to avoid invalid denials as the bidder may have traditional PMIC beds and enhanced PMIC beds?	The agency will collaborate with the MCOs and the successful bidders on billing processes.	
9	Bid Proposal Certifications - section 2.1	26		Bid Proposal Certifications - section 2.1 [pg 26] a. The agency acknowledges in Background section 1.1 that many PMIC beds are not in use due to staffing challenges. It is also stated that the contract execution is slated for June 30th, and service provision July 1st. Is the expectation that the awarded bidder begins serving enhanced populations July 1? b. Bid proposal certification is asking the bidder to certify that they have sufficient personal and resources available to provide all services by the bid proposal. Does the agency expect the awarded bidder to address staffing challenges by July 1 in order to begin serving identified populations by July 1?	a). No, the agency expects that there will be a ramp up for providers. b). No, the agency expects that there will be a ramp up for providers.	
10				Does the Agency intend to have updated administrative rules and/or PMIC Provider Manual (based on House File 2402 signed by the Governor May 1, 2024) prior to awarding contracts?	The PMIC provider manual will be updated.	

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11				It is our understanding that PMIC providers do not currently have contracts with HHS, but rather are enrolled as a provider and then have subsequent contracts with the MCOs. Is that accurate, and if so, how will this contract for Enhanced PMIC be different than that?	The bidder would not be compensated through a contract but would instead operate as an enrolled Medicaid provider, contracted with the MCOs, and receive an enhanced reimbursement rate.	
12				While this RFP states the contracts will begin July 1, 2025, considering the short timeframe between contract award and start date as well as the expectations around licensing, approval of additional beds, certificate of need, staff training, onboarding specialty personnel, etc., what is the timeline expectation of having programs "live" (having beds available and providing programming for youth)?	The agency expects that there will be a ramp up for programs to go live.	
13	Section 3.1. Bid Proposal Formatting	17		Page 17, Section 3.1. Bid Proposal Formatting, the page limit for Tab 3 is listed at 300 pages. Is that a typo for 30 or the correct amount?	The page limit specified in the RFP represents the maximum number of pages permitted.	
14	Section 3.1. Bid Proposal Formatting	17		Page 17, Section 3.1. Bid Proposal Formatting, no line spacing is specified. Is there a preference for single, 1.5, or double spacing?	No, there is no preference regarding single, 1.5, or double spacing.	
15	Attachments	23-28, 32-33		Page 23-28 and 32-33, Attachments, it is possible to publish the required attachments in Word so we can add information easily?	The Word version of documents Attachment A: Release of Information, Attachment B: Primary Bidder Detail & Certification Form, Attachment C: Subcontractor Disclosure Form, Attachment D: Additional Certifications, Attachment E: Certification and Disclosure Regarding Lobbying Attachment have been posted on the state procurement website.	