



Question #	RFP Section Referenced	RFP Relevant Language	Page #	Questions	Answers	Amendment
39	Attachment F: Bidder Proposal Form; question 7.i			Please clarify item i, which reads "Follow up after emergency department and/or hospitalization (connect to care from acute care to a lower level of care) Target population"	HHS expects the bidder to detail how they will monitor and follow up with a child who has transitioned to a higher level of care to ensure continuity. For example, if a child leaves the PMIC to go to the hospital.	
40	Attachment F: Bidder Proposal Form; question 7.j			What is the current percentage for each type of placement (ER, hospital, PMIC/PRF)?	Please refer to the HHS Child Welfare dashboard. <a href="https://app.powerbi.gov.us/view?r=eyJoiMzQyYQY4YUJhMGM5MDMjQwLkY3MTQ3NWRjMTk0YzE2ZTE3IiwidCBlbnk4MmM3YiRkLTANWENkYmVhN04NTM4YjYtC2ZDESyBkYSI9">https://app.powerbi.gov.us/view?r=eyJoiMzQyYQY4YUJhMGM5MDMjQwLkY3MTQ3NWRjMTk0YzE2ZTE3IiwidCBlbnk4MmM3YiRkLTANWENkYmVhN04NTM4YjYtC2ZDESyBkYSI9</a>	
41	Attachment F: Bidder Proposal Form; question 7.k			Can HHS provide data on the current percentages of youth under the age of 18 with behavioral health, intellectual disability or autism spectrum disorder in the general Medicaid population and the current percentages in the child welfare/juvenile justice system?	Please refer to the HHS Child Welfare dashboard. <a href="https://app.powerbi.gov.us/view?r=eyJoiMzQyYQY4YUJhMGM5MDMjQwLkY3MTQ3NWRjMTk0YzE2ZTE3IiwidCBlbnk4MmM3YiRkLTANWENkYmVhN04NTM4YjYtC2ZDESyBkYSI9">https://app.powerbi.gov.us/view?r=eyJoiMzQyYQY4YUJhMGM5MDMjQwLkY3MTQ3NWRjMTk0YzE2ZTE3IiwidCBlbnk4MmM3YiRkLTANWENkYmVhN04NTM4YjYtC2ZDESyBkYSI9</a>	
42	Attachment F: Bidder Proposal Form; question 8			Is HHS asking for bidders to offer alternative target populations or different program models or both? For example, could we make the case to target children with complex needs currently in a QRTF or shelter bed while waiting on a PMIC bed? Or could QRTF units be converted to enhanced PMIC step-down units for children exiting PMIC who still need a level of support not available in a family setting?	Yes, the agency is asking for both.	
43	1.3.3 Contract Payment Methodology		10	Will the enhanced rate be fixed for the duration of the contract, or will there be opportunities for rate adjustments based on cost increases?	Rate increases are dependent on appropriations.	
44	1.3.3 Contract Payment Methodology		10	The payment structure for PMIC services is based on an enhanced Fee Schedule. Where is this schedule located publicly? Can the agency provide us prior to bid?	There is no public fee schedule, and it will not be made available. The enhanced rate will be assigned to the successful bidder.	
45	1.3.3 Contract Payment Methodology		10	Can the agency clarify the report format the bidder shall report in monthly?	The agency will work with the successful bidder on this report.	
46	1.3.3 Contract Payment Methodology		10	Can the agency clarify if it will adjust/modify current PMIC REV & HCPCS coding to allow for enhanced PMIC rate direct billing or if enhanced rate will be applied following outcome measure reporting per youth?	HHS will modify current PMIC REV & HCPCS billing.	
47	1.3.3 Contract Payment Methodology		10	Could the agency please clarify what services are included in the per diem billing rate? Specifically, clarifying if services such as psychiatry, mental health therapy, psychology, occupational therapy, and other specialized therapies are covered under this rate, or if they are billed separately.	Psychiatry, mental health therapy-individual, family, group, OT and other specialized therapy should be included in the per diem billing.	
48	1.3.1 Staffing Requirements		8	Can the agency clarify if direct care staff with alternative qualifications are permitted based on work experience? If so, what are those requirements?	These will be evaluated on a case-by-case basis.	
49	1.3.1 Staffing Requirements		8	Can the agency clarify what specialized training expectations for Occupational Therapist? Does this refer to "A licensed occupational therapist that has specialized training or one year of experience in treating persons with mental illness," as outlined in the agency's PMIC Provider Manual, Chapter III.B.1. Coverage of Services.	Yes, the specialized training expectations are what is already outlined in the PMIC.	
50	1.3.1 Staffing Requirements		8	Are there preferred evidence-based continuing training modalities that the Agency encourages Bidders to use?	HHS expects the provider to stay current with industry standards in order to deliver the best training and services to children in Iowa, based on their agency's capacity.	
51	1.3.1 Outcome Reporting		9	Can the agency clarify their expectations of the Bidder for ages of youth to be serviced? The agency references youth aged "21 and under" in this subsection.	Correction 17 and under. Please refer to Amendment 1 and the redline version of RFP Attachment F, which have been posted on the state's procurement website.	Yes
52	2.31 No Minimum Guaranteed		15	Can the agency clarify if they will honor the exclusionary criteria established in the Bidder's proposal?	Yes.	
53	2.31 No Minimum Guaranteed		15	Will the state knowingly send the Bidder a client within the Bidder's established exclusionary criteria as identified in Bidder's proposal?	No.	
54				Is the bidder expected to serve all of the specialized populations outlined in the RFP, or can a bidder propose services focused on a specific population such as youth with intellectual disabilities?	The bidder will need to outline which populations they propose to serve.	
55				Will the awarded provider(s) operate under a no elect/no reject policy?	No.	
56	1.3.1 Deliverables and Attachment F		8, 2	The RFP outlines several performance metrics (1.3.1 Deliverables pg.8) that differ from those specified in Attachment F (pg.2). Can the Agency clarify which specific outcomes the Psychiatric Medical Institution for Children (PMIC) providers will be required to report on?	Sections 1.3.1.3 Outcomes Reporting and Attachment F, Question 7, should be aligned. Please refer to Amendment 1 and the redline version of RFP Attachment F, which have been posted on the state's procurement website.	Yes
57				Many of the outcomes focus on family stability and engagement. However, PMIC placement often involves youth who are adjudicated as Children in Need of Assistance (CINA), lack family involvement, or are awaiting adult placement. How will the Agency account for these cases when evaluating provider performance?	The agency will take these situations into consideration and expects that this will be clearly outlined by the provider.	
58				Certain outcome measures emphasize access to community services. Given the disparities in service availability between rural and urban areas, will the Agency establish different benchmarks for these metrics based on geographic location? Additionally, what steps is the Agency taking to bolster access to care in rural areas?	The agency expects the bidder to outline the challenges and opportunities based on their geographic location. The agency has a number of initiatives that are in flight to bolster access including but not limited to telehealth services, etc.	
59				Regarding readmissions and post-discharge follow-up, will this metric be time-limited to 30 days post-discharge from the PMIC, or will there be an extended timeframe for tracking outcomes?	Yes, this will be time limited for the bidder.	