

Attachment F: Bidder Proposal Form

Instructions

This document provides questions and prompts for the Bidder to provide additional detail that will help the Agency understand and evaluate the Bidder's approach.

Exhibits or attachments should be clearly labeled for ease of reference and provided as separate documents. Please see RFP Section 3.1 Bid Proposal Formatting for more information. The content on this form may not be altered in any way.

Notes:

- Bid Proposal Form and related exhibits or attachments shall not contain promotional or display materials unless specifically required.
- Bidder responses to questions should provide sufficient detail so that the Agency can understand and evaluate the Bidder's approach.
- Bidders are given wide latitude in the degree of detail they offer or the extent to which they reveal plans, designs, examples, processes, and procedures.

Questions and Prompts

1. Briefly outline your organization, client base, and history including an overview of services that the Respondent currently provides. In the overview specifically identify and discuss your organization's experience with the population of youth identified in this RFP and your organization's current capacity to provide services to this group (e.g., how many of this youth population your organization currently serves, anticipated demand for the services, additional organization capacity to serve).
2. Discuss current unmet needs from your point of view related to psychiatric medical institutions for children (PMICs). Provide specific examples and data that help illustrate the need, if applicable.
3. Discuss how your organization would utilize enhanced funding to expand services for youth in this target population. Specifically address:
 - a. Evidence-based treatment modalities involving family systems support, behavioral health and substance use disorder treatment, proven treatments for children with a brain injury, intellectual/developmental disabilities, and children who have experienced sexual abuse and other trauma.
 - i. Indicate how the effectiveness of treatments will be determined and demonstrated.
 - b. Identify staffing models designed to support the population served. Include information related to staffing ratios and desired education or experience of the support staff that could impact the care provided to the youth.
4. Describe what levels of security, if any, should be contemplated based on tiered or targeted therapeutic modality and/or risk profile if a continuum of need-based care is leveraged.
5. Identify and discuss any national, state, professional, industry, or other evidence-based standards providers must comply with that impact the Bidder's ability to provide services for this youth population.

6. Provide the Agency with your approach for assessing the policy and cross-system design needs to address the service requirements of this specific population. This includes, but is not limited to, the plan for ensuring stable funding models, creating designs that incentivize or reward high-quality service delivery and consistent positive outcomes for youth, promoting family reunification where possible, ensuring access to specialty care, maintaining and operating facilities, establishing appropriate oversight authority, meeting licensing, accreditation, and certification standards, identifying specialization and training needs, addressing insurance considerations, workforce needs, liability, legal issues, and any other relevant factors you believe are important for meeting the service needs of this population.
7. The following metrics represent key priorities that will be collaboratively reviewed with providers throughout the duration of the contract. While not an exhaustive list, they highlight important performance indicators of interest to Iowa Medicaid.

Proposals must detail the Bidder's success in achieving positive outcomes related to the criteria listed below.

- a. Effective transition from acute levels of care to lower levels of care
 - b. Average length of stay for each acute level of care
 - c. Timelines between first engagement to safe discharge
 - d. Readmission to same or higher level of care
 - e. Timely access to a prescriber
 - f. Successful engagement and retention in lower level of care
 - g. Family stability
 - h. Family and member experience
 - i. Follow up after emergency department and/or hospitalization (connect to care from acute care to a lower level of care) Target population
 - j. Children covered by Medicaid and who are in an acute level of care (emergency department, inpatient hospital, PRTF)
 - k. Youth under the age of 18 with behavioral health, intellectual disability or autism spectrum disorder
8. Provide any additional alternatives that you believe would be beneficial to the Agency, based on your knowledge and expertise.