Behavior Psychiatric Medical Institution for Children (PSB-PMIC) Request for Proposal # MEDIOMC26011

Question #	RFP Section#	RFP Section	RFP Relevant Language	Page #	Questions	Answers	Amendment
1					Will the agency be selecting multiple bidders, or intend to limit to one bidder?	The Agency is seeking to select multiple providers to form a panel. The Agency intends to select one provider for services at this time.	
2		RFP Purpose		2	Page 2, section RFP Purpose – paragraph 4 states that enhanced beds must supplement, not replace existing PMIC capacity. a. Will the agency approve bidders to utilize closed units [beds currently licensed, but not in use]? b. Or will the agency approve bidders to convert other levels of care to this specialized population [i.e. ICF/IID, CSRS, QRTP, Shelter]	a. Yes, beds currently licensed but not in use may be considered. b. The Agency is open to conversion but capacity needs would be considered.	
3		Background		4	Page 4, section 1 background, paragraph 5 states that Iowa HHS will retain authority over Youth Placement approvals, treatment oversight, and funding determinations in collaboration with Iowa Managed Care Organizations. a. Will this specialized population no longer require a Certificate Need? b. Does this operate, as a no eject, no reject? c. How will concurrent stay reviews be managed?	a. The eligible youth would need a certificate of need. b. Yes, this will operate as a no eject, no reject. The Agency intends to work collaboratively with the provider on admissions and how youth are progressing. c. The Agency will work alongside MCOs to develop the concurrent stay review processes.	
4	1.3.2	Funded Services		6	Page 6, section 1.3.2 Funded services states that required services include A. Individual, group, and family therapy B. Psychiatric care and medication monitoring. C. Crisis stabilization (aligned with NASMHPD's Six Core Strategies) D. Education, medical, and rehabilitative services E. Recreational and vocational/life-skills programming F. Discharge planning with Youth and family involvement G. Ongoing family engagement and caregiver training H. Coordination with schools, outpatient providers, and HHS Are these required services billable, or part of the per diem?	The required services would be billed through the per diem. If the provider does not have the ability to provide a service, the provider may contract with an outside provider.	
5	1.3.3.1	Admissions		6	Page 6, section 1.3.3.1 Admissions, bullet B states that the Agency retains sole discretion to determine admission. a. How will the agency collaborate with providers on level of care certification? b. How will the agency collaborate with IME or MCOs on funding determination?	The Agency will work alongside MCOs to develop the concurrent stay review processes. Youth that are referred will have a Certificate of Need in place. Youth that the Agency has selected for admission are eligible for the enhanced rate.	
6	1.3.3.2	Outcomes Reporting		7	Page 7 section 1.3.3.2 under outcomes reporting, contractors are to submit monthly reports by the 15th of the following month. a. Is this in place of the concurrent stay review process, or in addition? b. Can you clarify the Agency's bed tracking system?	a. This is in addition to the CSR process. b. The Agency anticipates using CareMatch, which is the current child welfare bed tracking system.	
7	1.3.1.0	Medicaid Enrolled Provider and Contractor Certifications		6	Certified Trauma Professional definition; Does the Agency have any requirements of where this certification comes from? A clinician that is an LISW/LMHC with training in trauma work? Or certified through a certain organization?	The Agency does not have a requirement.	
8	1.3.1.1	Staffing Requirements		6	Only states "psychiatric providers with experience treating complex youth populations"; What are the parameters/credentials of this position? Do PMHNP's count? Physician Assistant? ARNP?	This experience is a qualified requirement for at least one or more staff on the treatment team.	
9	1.3.1.1	Staffing Requirements		6	This proposal does not require a Doctor or a Nurse full time/part time?	Existing PMIC requirements pertain.	
10	1.3.1.1	Staffing Requirements		6	It states that Direct Care Staff have to have one year (1-year) of behavioral health experience with youth or equivalent qualifications as approved by the agency. Do 4-year degrees count? What about 2-year degrees?	The Agency may evaluate substitution of education for experience on a case by case basis.	
11	1.3.1.0	Medicaid Enrolled Provider and Contractor Certifications		6	Can PSB QRTP beds be flipped into these PMIC enhanced beds?	The Agency is open to conversion but capacity needs would be considered.	
12	1.3.3.1	Admissions		6	It states: Agency retains sole discretion to determine admission; This is confusing as PMIC requires a Certificate of Need and approval from the MCO's requiring medical necessity. Is this the equivalent of "no reject/no eject" for PMIC? How does that work if the youth does not meet criteria, can the agency still place?	Please see the answer for question 3.	

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13	1.3.3.1	Admissions		7	It states: Admission to enhanced PMIC beds is contingent upon Agency qualification and referral. What other qualifications are required? Who can make the referral? Private? or has to have HHS involvement?	Referrals for admission will come from the Agency. Identification and referrals to the Agency may come from multiple sources.	
14	1.3.3.1	Admissions		7	Can a youth that meets criteria but is JCS invovled be admitted?	Yes	
15	1.3.6	Contract Payment Methodology		7	If 1.3.4 Performance measures are not met, does this state that we are not getting paid at all?	Payment is based on a daily rate and is not linked to performance measures.	
16		RFP Purpose		2	RFP reads, "The Agency reserves the right to modify age and gender parameters based on emerging needs..." As the Agency is responsible for placement, what conserations will be in place to assure the safey and risk concerns of mixed genders in the same environment?	The Agency will work collaboratively with providers to be cognizant of safety and risk concerns. The Agency will select a panel of providers and anticipates expanding the number of beds available out of approved providers within the panel.	
17		RFP Purpose		2	Current evidence-based programs for this population are gender specific. How will this be determined for this setting?	The Agency will consult with the provider and will be mindful of safety and risk considerations.	
18		RFP Purpose		2	RFP reads, "Enhanced beds must supplement, not replace, existing PMIC capacity in Iowa." Can these enhanced beds replace current PSB or General QRTP beds? Has HHS already discussed with internal partners within the Agency the probable reality of existing QRTPs bidding to flip current QRTP beds into enhanced PSB-PMIC beds?	Please see the answer for question 2.	
19		RFP Purpose		2	How will children who have an adjudicated offense be served in the same setting as a voluntary placement? Will the Agency only place children who do not have court involvement but meet MCO Medical Necessity requirements for Placement?	Decisions will be made based on the treatment needs of the youth, not their adjudicatory status.	
20	1.1	Background		4	How many females have been sent out of state for PSB treatment? Were these court-ordered or voluntary placements?	The procurement team is not aware of any females that have been sent out of state for PSB treatment.	
21	1.1	Background		4	It appears some of the RFP requirements are outside of typical Medicaid services. Will the Agency hold the provider harmless for recoupment of Medicaid dollars under audit?	The requirements outlined in the RFP are Medicaid services. The Agency is unclear what services the bidder is questioning as not reimbursed by Medicaid.	
22	1.1	Background		4	RFP reads, "Iowa HHS will retain authority over placement approvals," yet the parents have not relinquished their rights. Current PMICs accept voluntary youth with sexualized behaviors, without system involvement. Has the Agency evaluated whether current children awaiting placement have been referred to traditional PMICs in Iowa?	The Agency does not currently have a list of youth awaiting treatment.	
23	1.1	Background		4	Regarding HHS retaining authority over placement approvals, is the Agency willing to work with current QRTP PSB providers to replicate current QRTP PSB admission criteria?	The QRTP PSB admission criteria is not sufficient to obtain a Certificate of Need.	
24	1.1	Background		4	The Agency is requesting an environment that may combine youth with Developmental Disabilities and other specified paraphilia, nonconsent or Antisocial Personality Disorders. Will the Agency select multiple providers to assure the safety and model fidelity for the cohort?	The Agency is committed to safety and risk concerns at the point of admission.	
25	1.2	RFP General Definitions: "Problematic Sexualized Behavior" or "PSB"		5	Is the Agency asking for an environment that combines adjudicated offenders who are court-ordered to PMIC with voluntary youth that are displaying sexualized behaviors?	Adjudication is not a determining factor in eligibility requirements.	
26	1.3.2	Funded Services C. Crisis Stabilization Section		6	It is noted that NASMHPD's Six Core Strategies focus on the elimination of restraints and seclusion. Will the Agency screen out youth who are not ready to participate in treatment? Because the goal is to eliminate restraints and seclusions, will the Agency consider admission criteria to screen out high-risk behaviors? If not, is there an option for enhanced support that would be comparable to a Single Case Agreement in general PMIC?	The Agency will not screen out youth with high levels of behaviors due to behavioral presentation alone. The NASMHPD Core Strategies focus on agency practice to reduce the use of restraint and seclusion as well as provide a wide array of treatment.	
27	1.3.2	Funded Services D. Education, medical, and rehabilitative services		6	How does the agency define Rehabilitative Services?	Services that are provided to maintain function or the youth's ability to carry out activities of daily living.	

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28	1.3.3.1	Admissions A		6	RFP reads, "Diagnosed with PSB and possible co-occurring behavioral health, trauma-related, or developmental conditions requiring intensive out-of-home treatment." 1) Does this mean every referred youth must have both a diagnosis of PSB AND possible co-occurring issues? Or the referred youth can have EITHER a PSB diagnosis OR co-occurring issues? 2) A PSB diagnosis for this age range is not common among current QRTP PSB placements. At our organization, only 2 of 36 placements have such a diagnosis. Would the Agency consider applying current QRTP PSB criteria (in place of a PSB diagnosis) to admission decisions?	1. No, the youth must have a PSB diagnosis, but co-occuring conditions may apply. 2. No	
29	1.3.3.1	Admissions B		6	"Agency retains sole discretion to determine admission"; however, MCO approval is required for placement. What is the Agency plan for those children not authorized or those ready for discharge? What is the plan for payment?	The Agency will partner with MCOs on continued stay reviews.	
30	1.3.3.1	Admissions D		7	"Admission to enhanced PMIC beds is contingent upon Agency qualification and referral." Is there a pathway for referrals/admission for voluntary clients that would NOT go through the Agency? If so, would those voluntary clients be exempt for Outcomes and Performance reporting requirements to the Agency?	No, all referrals will come through the Agency.	
31	1.3.3.2	Outcomes Reporting		7	Reviewing the required monthly outcome reporting, has the Agency considered reviewing the Continued Stay Reviews completed for the MCO in order to continue authorizations? The submission of documents is duplicative in nature. Has the Agency considered a simultaneous review process with the MCOs? If current Continued Stay Reviews can be used, can a minimum of 45-60 days between Continued Stay Reviews with MCO funding authorization be required?	The Agency will partner with MCOs on continued stay	
32	1.3.3.2	Outcomes Reporting: A. Number of youth served in enhanced PMIC beds		7	Is the Agency referring to outcomes reporting for the PSB-PMIC enhanced beds as outlined in this RFP or reporting on all enhanced PMIC beds a contractor may have?	This reporting requirement is limited to the PSB - PMIC enhancement.	
33	1.3.3.2	Outcomes Reporting C: Youth-specific progress goals		7	Does the Agency expect to receive this information for voluntary placements? If so, what process would be used for getting releases from voluntary clients/families?	Not at this time.	
34	1.3.3.2	Outcomes Reporting E: Direct input into the Agency's bed tracking system (when available)		7	Is the Agency referring to CareMatch? How would voluntary client data be handled?	A. Yes, CareMatch will be used. B. The Agency is unclear on this question.	
35	1.3.4	Performance Measures		7	"100% attendance at required monthly meetings." What does the Agency mean by 100% attendance? A specific person on the IDT; a specific, role, youth, provider representative, MCO representative, HHS representative; or the entire IDT as a whole? Is this the monthly HHS contractor/provider meeting? Is this case-specific or program-specific?	The contracted agency designated leadership must attend the monthly meeting.	
36	1.3.6	Contract Payment Methodology		7	Has the Agency evaluated the rate for this program in comparison to other states, along with the outlined requirements?	A rate review has not been completed at this time.	
37	1.3.6	Contract Payment Methodology		7	RFP reads, "Inclusion on the panel does guarantee referrals or utilization." On page 2, RFP Purpose, it reads, "Inclusion on the panel does not guarantee referrals, funding, or service volume." Which is correct?	This error will be corrected through RFP amendment. Both references should say "does not."	1
38		Attachment I Bidder Qualification Attestation Packet: Section B: Organizational Capacity & Staffing		42	Checkbox 1 references the 1:5 ratio in a 5-bed facilty at all times, including at least two awake staff during overnight hours. Does the Agency anticipate fewer staff required during daytime hours?	No.	