

## Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

**Instructions:** Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers
<i>Example</i>	<i>Page 7, section 1.15, C</i>	J. Vendors may submit multiple bid	<i>May vendors submit more than one bid?</i>	<i>yes See section 1.15, J</i>
1	Page 10 section 2.1	"seeks qualified vendors to provide Comprehensive Residential Treatment and Sexual Rehabilitative Services..."	Are contractors expected to provide BOTH residential treatment and sexual rehabilitative services? Or can they provide one or the other?	Prospective Contractors may bid on comprehensive residential treatment and/or sexual rehabilitative services.
2	Page 11-12 section 2.4.3, 2.4.4, 2.4.5 & 2.4.6	2.4.3 Identification of levels of care. 2.4.4 "The following requirements are applicable to all levels of care."	Section 2.4.3 clearly defines levels of care by facility. Section 2.4.4, 2.4.5 and 2.4.6 state requirements for all and then sub-acute and acute settings respectively. PRTF facilities are not indicated as having any requirement beyond 2.4.4 as this is written as PRTF and sub-acute are referenced as different levels of care. Is this correct?	Acute, sub-acute, and PRTF must follow CRT general requirements. Additionally, both Sub-acute and PRTF must adhere to requirements in section 2.4.5. Acute care must adhere to requirements in section 2.4.6.
3	Page 12 section 2.4.4 C	"The contractor shall administer tests, acceptable to DCFS, to determine each client's specific needs."	"Administer tests" is a broad statement. Is this referring to medical tests, educational tests, standard assessment and evaluation, or psychological testing?	In this section, "tests" refers to all applicable diagnostic tests necessary to meet the client's needs.
4	Page 12 section 2.4.4 C	"The contractor shall administer tests, acceptable to DCFS, to determine each client's specific needs."	In reference to the response to the question above, is there a list of "DCFS acceptable" tests?	No. This requirement refers to the administration of any type of diagnostic test necessary to determine a client's need and acceptable to DCFS.
5	Page 12 section 2.4.5 F	"Requirements in IFB Section 2.4.5 (F-W) apply to both acute and sub-acute care."	Section 2.4.5 does not have sections F-W. Is this intended to be requirements in section 2.4.6?	Yes. The requirement listed in section 2.4.6 (F-W) are applicable to section 2.4.5 sub-acute care. Refer to Addendum 1
6	Page 12 section 2.4.6 D	"A DCFS client shall not be discharged without DCFS written approval."	Is there a limit to the length of time a child can remain on contract?	DCFS begins discharge planning early in each placement. However, there is no formal limit to the length of the placement in this service.
7	Page 13 section 2.4.6 I	"Contractor shall, in conjunction with DCFS, seek, facilitate, cooperate, certify and promote the use of Medicaid and/or PASSE funds for whatever services are applicable..."	How would this apply if the contractor's treatment team concludes that further services are unlikely to provide additional benefit such that application for additional Medicaid and/or PASSE funds is not clinically justified? Or similarly if treatment goals have been met but placement after discharge is not available?	In order to bill for services under this contract, all placed clients will require a PASSE denial. For clients who continue to demonstrate medical necessity, an appeal also must be submitted. If upheld, DCFS will submit the denial and appeal to Medicaid if the client is meeting medical necessity.
8	Page 13 section 2.4.6 L	"Certification of medical services must be submitted to DCFS with monthly billing."	Is certification of medical services a specific document that will be shared? Or is this supposed to be the Certificate of Need (CON) or the Certificate of Compliance (COC)?	Certification of medical services refers to the Certification of Compliance that will be provided by DCFS. Refer to Addendum 1
9	Page 14 section 2.4.6 U Written Questions and Answers	"Certification of medical services must be submitted to DCFS with monthly billing."	If the answer to the question above is Certificate of Need, what is to be done when DCFS is requesting placement (not treatment) for a child that doesn't meet medical necessity?	Not Applicable

10	Page 14 section 2.4.6 U	"The Contractor shall notify and provide a written discharge summary report to the DCFS Family Service Worker of the anticipated discharge date."	Discharge summaries do not include anticipated discharge dates as they are completed post discharge to summarize care. What alternative is afforded?	As part of the contractors notification, the contractor shall produce a letter of recommendation for the mental health treatment team to review. Discharge summaries may be provided at the date and time of discharge to the DCFS family service worker. Refer to Addendum 1
11	Page 14 section 2.4.6 W	"Contractor shall submit a written request to DCFS for authorization prior to providing services along with a copy of the physician orders."	Physician's orders cannot be postponed and services delayed pending a prior authorization. Will consideration be given to services that are ordered and provided as required while determination is made, even if denied?	In circumstances where a physician's order requires treatment, this should be billed primarily to the PASSE. In order to bill one-to-one treatment under this contract, written authorization is required in advance.
12	Page 14 section 2.4.6 W	"If one-to-one treatment is provided, the hourly rate billed must not exceed the Qualified Behavioral Health Professional (QBHP) rate."	Can you clarify if this is the Medicaid reimbursement rate for QBHPs? Medicaid reimburses QBHPs based on procedure code for the service. This is an ambiguous term that applies to multiple services and doesn't pertain to inpatient care and treatment. Specifically, what's the cap for one-to-one treatment?	Contractor shall not bill more than the hourly rate of non-licensed direct care staff for one-to-one treatment. Refer to Addendum 1
13	Pages 14-15 section 2.4.7 A	"Based on this recommendation placement with an acute or sub-acute treatment service is determined."	Is there a designated referral contact for all placements and or a referral form or format that will be used?	The designated contact is the Assistant Director of Mental Health.
14	Pages 14-15 section 2.4.7 A	"Based on this recommendation placement with an acute or sub-acute treatment service is determined."	Regarding the recommendation from a mental health therapist: will a copy be submitted with the referral information?	A recommendation may be verbal or written. If a written recommendation is provided, a copy of the recommendation can be sent to the contractor.
15	Pages 14-15 section 2.4.7 A	"Based on this recommendation placement with an acute or sub-acute treatment service is determined."	Are there written criteria for admission?	The Contractor will determine criteria for admission based on the client's symptoms and in line with applicable acute and/or sub-acute licensing and regulations.
16	Pages 14-15 section 2.4.7 A	"Based on this recommendation placement with an acute or sub-acute treatment service is determined."	Are there restrictions or written guidelines for exclusionary criteria or is that at the discretion and per policy of the provider?	Criteria for exclusion or restrictions would be determined by the provider and that are in line with applicable acute and/or sub-acute licensing and regulations.
17	Pages 14-15 section 2.4.7 A	"Based on this recommendation placement with an acute or sub-acute treatment service is determined."	If a client is placed in a PRTF and during their course of treatment, requires a stay at an acute psychiatric hospital, will the days the client is absent from the PRTF be paid or will it be necessary to discharge the client at that time?	Services are not required during the time a client is absent and therefore not billable for the duration of the absence.