Geography

1. **Question:**
   On pages 4-5, the RFA details the geographic focus for the project, indicating that providers that want to serve more than one region must submit separate applications for each region. Later in the RFA, there is an indication that providers must serve youth from throughout the State of WV. Does this mean that providers who only submit a proposal for one region could still be asked to serve youth from across the state? Please clarify.
   Response:
   Yes, providers who only submit a proposal for one region will be asked to serve youth from across the state.

2. **Question:**
   P 4, Section 1.1. A separation application must be submitted… We serve children in our residential program from all regions. Do we need to submit separate regional applications?
   Response:
   Yes, the applicant will need to submit separate proposals for each regionally-located facility. For example: Agency X has three facilities in three different regions. If applying for all facilities, the agency would submit three separate applications. It is understood that facilities serve youth from across the state.

3. **Question:**
   P 11, Section 2.2.7. The organization will serve youth from all counties in West Virginia, with emphasis on keeping children within their home region. If the agency serves children from all over the state, do we submit an application for each region or do we submit an application only for the region in which the facility is located?
   Response:
   The applicant will need to submit separate proposals for each regionally-located facility. For example: Agency X has three facilities in three different regions. If applying for all facilities, the agency would submit three separate applications. It is understood that facilities serve youth from across the state.

Submission

4. **Question:**
   In addition to the details on the submission guide, is there a page number limit or any additional formatting requirements (line spacing, font, margins) that responses should adhere to?
   Response:
   See Section 4.1 of the Request for Application: Applicants must use 12pt. Arial

or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

5. **Question:**
   Section 4.2, Pg. 13, Administrative Data, RFA Pg. 13, RFA states, “Applicant shall provide a narrative summary of the agency’s organization, its size, experience, and resources. The summary is limited to two (2) pages and shall include: 1. Identifying information 2. Date organization established 3. Type of ownership 4. Copy of current license to do business in the State of West Virginia 5. List of current services being provided 6. Organizational chart. {How can the Narrative Summary be 2 pages and include the License and Organization chart when most organization charts are several pages? Can that type of information be an attachment?}
   Response:
   The two-page narrative should include description of the organization, its size, experience, and resources. Attachments can be used for the list of services, licenses and the organization chart.

6. **Question:**
   P 13, Section 4.1. Applicants must use 12 pt. Arial or Times New Roman font, single line spacing…
   Is there a limit on the total number of pages?
   Response:
   No.

7. **Question:**
   P 16, Section 5.1.3. Budget submissions must include pro forma cost projections…
   Can you provide an example of the format for the pro forma budget?
   Response:
   Pro forma budgets are projected income statements that include the following: (a) projected revenue; (b) estimated total liabilities and costs; (c) estimated cash flows; and (d) a chart of accounts to carry out projects over a 3 to 5 year period.

8. **Question:**
   P 13, 4.2. The summary is limited to two (2) pages and shall include:
   Of the list of six items, which may be separate documents and what must be included within the two (2) pages?
   Response:
   The two-page narrative should include description of the organization, its size, experience, and resources. Attachments may be included for the list of services, licenses and the organization chart.

9. **Question:**
   P 15, 5.1.2. Applicants must describe the agency's participation in and understanding of System of Care values and philosophies…
   Where can one find the most current description of the System of Care?
   Response:
   https://wvsystemofcare.org/

10. **Question**:
    P 17, Section 6.3. No Debt Affidavit. What is this document? What does it cover?
    Response:
    Pursuant to West Virginia Code § 5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or a related party to the vendor who is a debtor to the state or any of its political subdivision and the debt owned is an amount greater than one thousand dollars in the aggregate. See,
    http://www.state.wv.us/admin/purchase/vrc/nodebt.pdf

Schools

11. **Question:**
    Is it acceptable for providers to develop QRTP capacity in a location separate from the on grounds school (but still within the provider network of care) and provide transportation to / from school as part of daily operations?
    Response:
    No.

12. **Question:**
    If youth have an Individual Education Plan that indicates they would be eligible to attend a public school, would they be able to while still residing within the QRTP?
    Response:
    Yes. This would also need to be reflected within the child's treatment plan.

13. **Question:**
    P 9, Section 2.2.3 …for an on-grounds school as outlined in the Handbook on Planning School Facilities…
    If you currently have an on-grounds school in the residential facility that is operated in conjunction with the county school system, do you still need to work with the Department of Education's Office of Institutional Education Programs?
    Response:
    Either a county-operated on-grounds school or Department of Education's Office of Diversion and Transition Programs-operated on-grounds school will meet this requirement.

Physical Structure

14. **Question:**
    Could a provider have QRTP beds allocated within a single physical structure that housed two different service populations? The structure would have shared use common areas but provide a physical subdivision of the bedrooms and living space as well as separate entrances?
    Response:
    This approach will be considered. The application will need to indicate how this scenario will be accomplished to ensure the safety of both populations.

15. **Question:**
    Table of contents 1.1, page 4, 1st paragraph (Refers to converting 25 beds). If the existing agency has both level 2 and level 3 residents, is it understood the QRTP residents will be on the same campus.
    Response:
    This approach will be considered. The application will need to indicate how this scenario will be accomplished to ensure the safety of both populations.

16. **Question**:
    Section 2.2.8, Pg. 11, Organizational Requirements, RFA Pg. 11, RFA states, "The organization must demonstrate the capacity to establish and operate a QRTP designed to serve children at-risk of out-of-state placement or children currently in an out-of-state placement. {Will the QRTP housing accommodations fall under the same guidelines as the Residential Programs? Example: If there is adequate space can there be two residents per bedroom.}
    Response:
    There are no restrictions on housing accommodations, as long as safety and well-being are ensured for each child.

17. **Question:**
    Section 4.5. Pg. 14, Budget, RFA Pg. 14, RFA states, "In order to receive startup funds, applicants must also submit startup funding budgets that include proposed use of the funds (see allowable uses below) and an estimate of the cost. Estimates must be based on professional expertise for the proposed allowable use. (Applicants need not submit actual professional estimates but reimbursement will be based on actual receipts for the startup work.). Allowable expenses of startup funding: 2. Equipment, 6. Security upgrades. {What are guidelines for securing the facilities for the QRTP targeted population?}
    Response:
    Section 472 (c)(2) of the Social Security Act stipulates that a child care institution shall not include detention facilities but gives no further guidance related to security of facilities. The applicant should detail its intent for enhanced security

measures while ensuring normalcy standards for children.

Transition/Discharge

18. **Question:**
    If a provider submits a QRTP proposal that displaces youth from one location, does the proposal need to identify a plan for the transition of those licensed beds or indicate where those beds will be transferred to?
    Response:
    Children who are in the facility prior to October 1, 2019, shall not be displaced but will remain until MDT agrees discharge is in the child's best interest and a discharge plan is developed.

19. **Question:**
    Referencing Pg. 10/2.24 Discharges-Question: The organization must describe the discharge planning process, which includes at minimum one of the following: #2. How will the DHHR handle the barriers providers are facing when youth have completed the Residential Treatment program, however, there is no realistic permanency option. When this occurs, the youth is getting "stuck" at the Residential Treatment program, even when treatment payment may expire placing providers in a difficult situation financially and setting youth back in their treatment progress. Youth begin to lose "hope" and if they continue lingering with no movement towards a permanent setting, their behaviors begin to deteriorate. Will there be more responsibility placed on the DHHR/MCO in securing proper step-down and/or permanent living environments for high risk youth? Will additional programs be developed to address this issue for youth that have no viable permanency options?
    Response:
    Aftercare will be funded through existing programs such as Medicaid, Socially Necessary Services, CHIP and/or private insurance. Each applicant who intends to subcontract aftercare services shall detail how this will be managed by the facility.

Aftercare

20. **Question:**
    Section 2.2.2, , Clinical Requirements, RFA Pg. 9, RFA states, "The organization must describe how they will provide at least six months of after-care services after a child's discharge and any changes that may be needed to the infrastructure/physical environment of the organization to support after-care services (i.e., office space for non-residential staff, recruitment of additional staff,

etc." Section 2.2.1., Pg. 7, number 4, Clinical Requirements RFA states, "QRTP facilities provide discharge planning and family-based after care for six months post discharge."
{Will aftercare be reimbursed? Can wages for aftercare personnel be included in the budget? Can aftercare be referred to an agency that provides services in the community where the youth lives?}
Response:
Aftercare will be funded through existing programs such as Medicaid, Socially Necessary Services, CHIP and/or private insurance. Each applicant who intends to subcontract aftercare services shall detail how this will be managed by the facility.

21. **Question:**
P 12, Section 2.2.9. The organization will describe the training plan for staff…family engagement training and after-care training. Is there a recommended model for after-care training for staff?
Response:
BCF is allowing provider discretion for this requirement.

Target Population

22. **Question:**
Target population, Table of contents 2.1, Page 6 Would the proposal be accepted should the agency opt to provide services only to a particular population (i.e. autism spectrum, females only, ages 12 thru 17 years old).
Response:
Yes.

23. **Question:**
Reference to Pg. 6/2-Program Requirements and Scope/2.1-Target Population - referencing age range of population (12-21); bullet 3 (Diagnosis listed and behaviors listed): Question: Due to the wide range of the identified clinical issues the target population presents with, does the provider have the option to carve out specific populations identified within the targeted population they have the ability to serve following best practice guidelines, clinical best practice and considering the overall safety and well-being of youth served. For example, mixing young youth (12 years of age) in the same living space with older youth (18-21 years of age) with intensive behavior issues is not clinical best practice. Mixing youth with lower IQ capacity and/or Autism Spectrum youth with higher functioning youth with specific behavior issues (sexual acting out, high levels of aggression) is not clinical best practice and posses a safety risk. Is the DHHR considering a provider's proposal to carve out populations that can live together in the same milieu considering safety, well-being, clinical best practice and

implementation of the proper treatment model all youth have the capacity to benefit from? In other words, is there an understanding not all of the youth identified in the target population can safely reside together in the same living space or benefit from the same type of treatment programming?

Response:

The applicant has the discretion to determine a specific population it wishes to serve within the scope of the population identified as eligible within the RFA.

Rates/Funding

24. **Question:**

P 9, Section 2.2.3. The organization must describe the manner in which on-site or off-site family engagement opportunities will be conducted in the child's family. If a child is in a QRTP facility and the family or individuals are in need of intensive clinical interventions, but do not have insurance coverage, how will agencies be reimbursed for services that are needed to stabilize the home environment for future reunification?

Response:

Family engagement will be expected as part of the per diem, as currently required within W. Va. C.S.R. § 78-3.13, as part of the child's plan of care. Aftercare services for family members can be billed to existing funding streams such as Medicaid and Socially Necessary Services.

25. **Question:**

P 7, Section 2.2.1

10. QRTP must itemize billing when submitting claims…

Is that itemized by client or by service?

Response:

The billing requirements of Medicaid or Managed Care Organizations must be followed when submitting claims for appropriate services.

26. **Question:**

Section 3, Pg. 12, DHHR Responsibilities, RFA Pg. 12, RFA states, "The Department will reimburse providers at an enhanced Level III daily rate established through the Office of Management Reporting and Accountability." {Will the payment for Level I, II and III, non-QRTP beds, stay the same or change? What do you mean by enhanced rate?}

Response:

Current Level I, II and III reimbursement will follow the same cost reimbursement structure. QRTP reimbursement will follow a cost reimbursement structure, comparable to Level III with enhanced funding.

27. **Question**:
    Section 3 DHHR Responsibilities includes the statement that "The Department will reimburse providers at an enhanced Level III daily rate established through the Office of Management Reporting and Accountability (RFA page 12). Section 4.5 Budget (RFA page 14) and Section 5.1.3 Budget: 20 Points (RFA page 16) both reference budget data/submissions that include cost projections. 5.1.3 Budget goes on to list evaluation criteria including "sufficient funding to support the program description; costs that are allowable and reasonable; and costs directly tied to service delivery. Will the funding for this RFA be based on the budget submission and cover all allowable projected costs? If funding is at an enhanced Level III rate, how will that rate be determined and will it include standards that cap expenses and potentially reimburse providers at less than actual costs?
    Response:
    QRTP reimbursement will follow a cost reimbursement structure, comparable to Level III with enhanced funding.

28. **Question:**
    P 9, Section 2.2.3. Failure to secure specific legislative funding would require… What does this mean and when would the applicants know if the funding is available?
    Response:
    Funding for on-ground school programs must be legislatively appropriated and will not be funded through the Bureau for Children and Families.

Services

29. **Question:**
    Reference to Pg. 7-8/2.2.2-Clinical Requirements-Medically-necessary services to meet the individual needs of each youth described above are: (See Listing of Behavior Health Services-Pg. 8) Question: Residential Treatment Providers have approached DHHR BCF and BMS about the Behavior Health Service Codes that currently do not meet the definitions of how Residential Treatment Providers for Children/Youth implement campus-based/residential care. There are some codes that are defined to meet Comprehensive Mental Health Center/Outpatient type programs/services methods of service delivery; therefore become non-applicable when Residential Treatment Providers attempt to capture or "itemize" services provided to youth in residential treatment care. BMS had communicated the service codes would be re-evaluated under the Children's Residential Treatment section of the Medicaid/Rehab Manual; however, there has not been movement on these changes. For example: Crisis Intervention is a service regularly provided in Residential Treatment/Care for children/youth; however, as currently defined in the manual, would not meet the way in which the service is delivered in a Residential Treatment program. Residential Providers are not itemizing this service via invoicing on ANY youth due to the definition of

the code not aligning with Residential Treatment/Care. Another service code: Skills Training and Development is very strictly defined; therefore unable to be implemented in Residential Treatment/Care. Is there a plan to re-evaluate the medically necessary service codes to more properly align them with Child/Youth Residential Treatment verses an Outpatient/Comprehensive Mental Health setting? If so, how quickly is it anticipated this can be completed so that proper services being provided in Residential Treatment can be itemized as delivered?

Response:

Outside the Department's statutory requirements for contracting with a managed care organization for the foster care population, there are no plans for re-evaluation of medically necessary services.

30. **Question:**

Can applications be submitted for treatment programs aimed to prevent out of home placement, or only residential programs?

Response:

This application is for residential programs only. Please refer to the Administration for Children and Families' program instructions and informational memorandum related to Family First qualified residential treatment programs which can be found here: https://www.acf.hhs.gov/cb/resource/pi1807 and here: https://www.acf.hhs.gov/cb/resource/im1802

31. **Question:**

P 10, Section 2.2.5. Number of referrals received. Does this mean any referrals or appropriate referrals—e.g., we may receive referrals for gender and/or age that are not the population the agency serves.

Response:

This data point is referring to the total number of referrals received. The agency may provide additional information regarding the number of referrals which did not meet the minimum standards of the agency.

32. **Question:**

P 4, Section 1.1 …soliciting application from West Virginia's licensed group and/or emergency shelter providers…

If we meet one of the qualifiers, i.e. pregnant and parenting or "at-risk for trafficking," then do we need to apply to be a QRTP? My understanding is that services the pregnant/parenting or "youth at-risk for trafficking," are separate from QRTF. Correct? Or will I need to apply for these at QRTF beds?

Response:

QRTP is a separate category from "at-risk youth" and "pregnant/parenting".

33. **Question:**

Section 5.1.2, Pg. 15, Work Plan/Narrative, RFA Pg. 16, RFA states, "Applicant must address how the organization will structure and develop the Model to meet the specific needs of the target population." {Can an agency place the QRTP

population with the level III population if the agency can structure and develop a plan to meet the specific needs of the both the QRTP youth and the level III youth placed in the same home?}

Response:

No. There will need to be a distinct separation between the living spaces, staffing and treatment modalities.

General

34. **Question:**

Is there a written format for the Family and Permanency Team process? If so, please share?

Response:

The Family and Permanency Team is defined by the Family First Prevention Services Act. Please refer to the Administration for Children and Families' program instructions and informational memorandum related to Family First qualified residential treatment programs and Family and Permanency Teams which can be found here: https://www.acf.hhs.gov/cb/resource/pi1807 and here: https://www.acf.hhs.gov/cb/resource/im1802 The Family and Permanency Team can be the MDT, with the ability for the family invite members of their choosing.