



Responses to questions:

Q1. Does the contract rate of \$70.00 per day include the Medicaid billing maximum of 4 units per day?

R1. Yes.

Q2. Do we need to submit blind copies of proposals this time?

R2. No.

Q3. When is the mandatory meeting?

R3. There is no mandatory meeting.

Q4. If the grant proposal is approved, can the monthly allocation be direct deposited?

R4. No.

Q5. 1.8.1 REQUIRED COPIES FOR DEADLINES FOR RECEIPT OF PROPOSALS
Can proposals be hand delivered on the day of June 12th before noon at the receptionist desk of the Division of Resource Management Office of Procurement?

R5. Yes.

Q6. 3.3 CORE SERVICES FOR BASIS RESIDENTIAL PROGRAMS
I. Visits: Sometimes, there are issues of safety and security reasons why we are unable do supervised visits for families on site. We can provide on site accommodations for an outside agency to conduct the visits. We can accommodate families who have unsupervised visits on site. Our goal is to someday get additional personnel to work in this area. Can we make arrangements through DHR when the ISP team sees there is a concern for staff? (Visits at DHR, visitation center, etc).

R6. Vendors must provide visitation according to the ISP/ISP team agreement.

Q7. 3.3 CORE SERVICES FOR BASIS RESIDENTIAL PROGRAMS
G. Extra curricular activities: From time to time children come from school with school fees due the next day. Can the vendor pay the fees and then send the original receipt to the county for reimbursement?

R7. Yes, if prior permission has been granted by the county for the vendor to do so. The county's agreement to reimburse the vendor should be established and included in the ISP.

Q8. APPENDIX G: PERSONNEL ADDENDUM



Are the figures needed for the Cost Proposal Form and the Personnel Addendum to be for a 1 year or 2 year period?

R8. Vendors must submit a budget two (2) separate budgets: one budget for year 1; and another budget for year 2.

Q9. Will the contract beds awarded in this next renewal be restricted by geographic location?

Could any future allocation be distributed/utilized as needed, program-wide?

R9. Slots are statewide. Vendors propose the service location(s). Program-wide requests will be determined on a case-by-case basis. All decisions must be supported by the ISP Team.

Q10. 3.0

Is there a minimum IQ for this level of care and to be eligible to bill services under Chapter 105 medicaid?

R10. Per Chapter 105, page 105-5 Treatment eligibility is limited to individuals with a diagnosis within the range of 290-316.

Q11. Pg 15

If a program has already been running different levels of care, does SDHR still have to approve this again if vendor is selected?

R11. Yes.

Q12. 3.3 Core Services pg 17

A. When the treatment plan includes psychotropic medications what is the expectation of the Basic staff and vendor other than to monitor and administer the medication? Shouldn't it be the DHR worker's responsibility to provide the vendor with knowledge of side effects, normal dosage, etc. ?? Should youth on these medications be in Basic Residential? Will SDHR help in guiding what PRN medications are acceptable without informed consent?

B. What if a child no longer needs BLS one hour a day?

H. Can DHR worker facilitate monthly contact with therapist and Basic counselor to keep program informed of family's progress or child's progress?

R12. A. State DHR is in the process of developing policy and procedures for this Psychotropic Medication Protocol. There will be training for County DHR's and all vendors serving our children.

B. Document that fact.



H. Request the DHR worker to include the requirement in the ISP.

Q13. 3.4 Do the counties know they are responsible for all this?
I. What Caps is this section referring to?

R13. Yes. The CAPS are the Medicaid limits. The County office has to submit a request to the State Office-Family Services for permission to lift the limits.

Q14. 5.0 pg 25 Cost Proposal
What portion of the \$70 is state dollars and what portion is federal dollars?

R14. Room and board reimbursements, which are paid by the Department vary due to many factors associated with the child in care as does Medicaid reimbursable services.