Responses to questions:

Q1. Page 17 says, "Work with the placing DHR office to ensure that the EPSDT screening is completed according to schedule; update DXC Technology software with the provider number and screening dates, as appropriate; provide copy of screening to county DHR."

We have never had access to this software. Is there any information available about what type of equipment/framework/system is required to access DXC Technology?

R1. This is software used for Medicaid billing; however, please discard as Medicaid billing is no longer required for Basic program.

Q2. Page 18-B references providing 1 hour of independent living skills training each day. Can you tell us if there is a specific way we are expected to document this?

R2. Vendors are provided an ILP outcome form to submit this information.

Q3. Page 20, 3.5, section A- This references the Alabama Transition Plan and the ILP framework. We have not historically had access to this plan or the framework. Is this information going to be provided to providers? Or are we supposed to work with local DHR as DHR implements the plan and framework?

R3. Local DHR staff will make these documents available to vendors. All providers will have access to this plan and have an assessment developed in conjunction with the ILP Framework.

Q4. Page 21: Outcomes- Vendors are expected to stabilize and step down children to a less restrictive placement within 9 months. Basic is the lowest level of care. There is no step down. What is the expectation for this outcome?

R4. Basic residential is the lowest level of <u>congregate</u> care. For youth placed in a group home setting or similar, traditional family home settings, return to family, kinship guardianship and/or adoption would be considered least restrictive.

Q5. Page 21: Outcomes- How will the outcomes be reported? Also, if there is no "less restrictive" placement available, is there a code or some way to capture that information?

R5. See R4. It is anticipated that youth served will improve as a benefit of services being offered by the provider. These youth are also expected to step down to a less restrictive environment within the nine-month period. This data will be compiled by the program and reported to the Department.

Q6. 3.5 - Page 20 - Additional Services for Youth from 14-21 Years of Age.

Does caseworker furnish a copy of the Youth Assessment Summary or does the county ILP Coordinator provide this?

R6. This information is provided by the local DHR caseworker.

Q7. 3.5 - Page 20 - Additional Services for Youth from 14-21 Years of Age.

What would be the rate for the increased responsibility of a child managing their own needs (medical, educational, mental health, etc.), based on their age/own capability?

R7. Basic rate would remain the same.

Q8. 3.6 - Page 21 - Rejections/Closure Policy.

Concerning Rejections, it states that vendors will be able to reject no less then 10% of the referrals appropriate for Basic programs (as determined by DHR).

If a DHR worker calls for a referral and states a child is basic but the child has behaviors and diagnoses that would make them require a more intensive setting, does this still apply to the percentage of the rejection count if the child isn't meeting criteria for basic level placement?

R8. If after placement it's determined that a basic placement is not appropriate due to a child's behaviors and diagnoses, this would not be considered a rejection.

Q9. 3.6 - Page 21 - Closures:

For closure rates it states that an unusually high closure rate (more than 5%) for other then successful closure, will result in discussion about the continued viability of the contract agreement.

If a certain number of children are admitted to the group home during an annual year, for instance 19 children, and one of the children must leave as they are not benefitting from the programs' treatment mileau, this could be a higher percentage then 5%. Does this number still apply in situations like this?

R9. Yes. Although this may be discussed on a case by case basis, if additional factors/circumstances exist.

Q10. Program Requirements - Page 17 - P

Exit surveys are supposed to be done with the DHR caseworker, parent/guardian, and child upon discharge. It states another must be done six weeks later.

If the child/parent guardian or the caseworker have moved on and you are unable to contact them for the survey how should you proceed?

R10. Local DHR staff can assist with contact for surveys. For information not obtained, documentation of efforts would be required.

Q11. 3.7 - Page 21 - Outcomes -

It states that when children show progress after a certain time they should be moved to a facility with a lower level of care.

As a basic residential facility, we are the lowest level of care. Is this referring to having a child placed with a relative or foster parent once progression has been noted?

R11. See R4.

**Q12. 3.5 – Page 20 Additional Services for Youth from 14 to 21.
Will State License reflect approved agencies Independent Living ages.**

R12. The age range for youth requiring/participating in independent living skills develop is as stated in the RFP document.

Q13. 5.0 - Page 29. The daily rate has been changed from $70 a day to $56.00 per day based on what factors?

R13. The vendor will not be required to bill Medicaid.

Q14. 3.4 - Page 19 - #3 - Responsibilities of the Department of Human Resources - The County is responsible for being present when a child is having surgery, etc.

Does this mean that the County where the resident originally resides and if a child has to undergo surgery, is the Social Worker responsible for signing the medication consent form for the child to undergo anesthesia?

R14. The Department can allow for DHR staff in local area to sign for youth according to policy.