

ADDENDUM ONE, QUESTIONS and ANSWERS

Date: March 1, 2021
To: All Respondents
From: Keith Roland, Buyer
Department of Health and Human Services
RE: Addendum for Qualified Residential Treatment Programs Request for Information
to be opened March 15, 2021 at 2:00 p.m. Central Time

Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Information. The questions and answers are to be considered as part of the Request for Information. It is the Respondent's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>DHHS Response</u>
1.			Can you help clarify if QRTP's are intended to replace PRTF's? Or are these models consider as one and the same?	Qualified Residential Treatment Programs (QRTPs) are not intended to replace Psychiatric Residential Treatment Facilities (PRTFs). They are not one in the same.
2.			How does the QRTP impact our plan to open a PRTF?	If a provider is interested in providing QRTP services, QRTP requirements must be met. Due to Medicaid regulations related to Institutes of Mental Disease (IMD), QRTPs cannot have more than 16 beds.
3.	C. Anticipated Scope of Work #5	4	Does the registered or licensed nursing staff need to be an employee of the provider or can this position be contracted?	This position can be contracted.
4.	C. Anticipated Scope of Work #5	4	Does the licensed/clinical staff need to be an employee of the provider or can this position be contracted?	This position can be contracted for QRTP purposes, but Therapeutic Group Home (THGH) regulations need to be followed for clinical/licensed staff. Please reference 471 NAC 32-006.
5.	C. Anticipated Scope of Work #7	4	How are aftercare services reimbursed?	Under the FFPSA QRTP provision, aftercare services are included in the overall rate for QRTP services.
6.	C. Anticipated Scope of Work #7	5	Which clearinghouse's ratings will be acceptable when providing an evidence based aftercare service?	DHHS does not use a clearinghouse rating; the provider should provide information that these services are evidence based and appropriate to meet the needs of the youth and family.
7.	Not labeled	Not labeled	What is the reimbursement structure for QRTP? If the service is not paid through Medicaid what is the form of payment?	DHHS will pay an out of home maintenance rate. Medicaid or other third party insurance is billed for treatment services. Treatment services are paid by DHHS if Medicaid or third party health insurance coverage is denied. Provider must provide proof of denial.
8.	Project Overview	4	Is the QRTP replacing PRTF?	No, QRTP is not replacing PRTF.

9.	Project Overview	4	Is the QRTP in addition to the PRTF?	QRTP and PRTF are separate services. A QRTP is a service through the Family First Prevention Services Act (FFPSA) that occurs at an approved child caring institution and allows states to claim IV-E federal reimbursement for treatment. A PRTF is a residential treatment facility. QRTP and PRTF have different program requirements.
10.	Project Overview	4	What is the daily rate for the QRTP?	The current daily rate for QRTP services is \$88.73 per youth per day for out of home maintenance. The current Medicaid treatment reimbursement rate is \$183.75 per youth per day. See answer to question 7 for additional information.
11.	Project Overview	4	What is the severity level of the individuals served?	The individuals being served by QRTP services are youth who qualify for THGH level of care and are also assessed through an independent evaluation process to determine if appropriate for QRTP services. Please see Nebraska Medicaid regulation 471 NAC 32-006 for youth admission requirements.
12.	Project Overview	4	What type of CONs are required?	If CON means Certificate of Need, please refer to Nebraska Medicaid regulation 471 NAC 32-006 for admission requirements. QRTP requirements also need to be met.
13.	Schedule of Events	1	Timelines: We have referenced the chart provided in the RFI packet, are there any additional details regarding deadlines past the March 15 th , 2021 date?	Any additional deadlines will be communicated with interested providers at a later date.
14.	III, B and C 2 and 3	4	Is the state able to estimate the number of youth, currently in out of home care, who will meet QRTP criteria? If so, how many QRTP beds are needed by the state?	DHHS anticipates approximately 150 youth at any given time could benefit from QRTP services. It is unknown at this time how many QRTP beds are needed. DHHS is looking to expand the program across the state.

15.	III, B and C 2 and 3	4	QRTP is being considered a Therapeutic Group Home level option. Will there still be placement options for non QRTP/THGH youth other than foster/kin care?	Yes, there are placement options other than foster/kin care.
16.	III, B and C 2 and 3	4	Will the state continue to contract for Group Home A as well as Group Home B beds?	Yes, DHHS will continue to contract with providers for Group Home A and B levels of care.
17.	III, C 9	5	Is a provider able to have 16 QRTP beds that serve Nebraska youth and have additional QRTP beds that serve youth from other states?	Due to Medicaid regulations related to IMDs, QRTPs in Nebraska cannot have more than 16 beds. THGHs may have other bed limit requirements by the Division of Public Health (because of being a Mental Health Substance Use Treatment Center-also known as a MHSU) and the Division of Medicaid that should be reviewed by interested QRTP providers.
18.	III, C 8	5	How does the state plan on paying for non-THGH, non-QRTP medical care for youth placed in a THGH/QRTP?	This question is not clear in what is being asked. The youth would need to meet the requirements for receiving QRTP services and meet medical necessity for placement at a THGH. Any additional medical care separate from THGH would be addressed through the youth's Medicaid or third party insurance. If denied medical insurance coverage, DHHS will pay treatment needs once medical insurance coverage denial is received.
19.	III, C 7	5	Will six months of aftercare be included in the per diem? If not, how will it be contracted?	Yes, it is included.

20.	III, C 8	5	How is a QRTP and a THGH similar? Different? Will the QRTP/THGH per diem be paid for through IVE/Medicaid or other?	<p>A QRTP is a service through FFPSA that allows states to claim IV-E federal reimbursement for treatment. QRTP is a service in an approved child caring institution. QRTP is a program in an approved congregate care facility. THGH is a type of MHSU facility licensed through the Division of Public Health.</p> <p>The per diem for out of home maintenance rate per child is paid by DHHS and IV-E is claimed when eligible. See question 7 for additional information.</p>
21.	N/A	N/A	Is there a formal certification and decertification process? If so, please describe.	<p>Please refer to Nebraska Medicaid regulation 471 NAC 32-006 on becoming a THGH. Providers will need to work with Division of Public Health for licensing requirements. Providers also must be enrolled in Nebraska Medicaid to provide THGH services and be willing to enroll with Nebraska's Managed Care Organization networks for reimbursement.</p> <p>QRTP does not have a 'certification' per se. However, requirements to become a QRTP are detailed in the anticipated Scope of Work indicated in the RFI. These requirements must be satisfied in order to enter into a sub award with DHHS for QRTP services.</p>

This addendum will become part of the response and should be acknowledged with the Request for Information.