**State** of Nebraska

Department of Health and Human Services

## REQUEST FOR INFORMATION

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| --- | --- |
| SOLICITATION NUMBER | RELEASE DATE |
| RFI 3664 | February 1, 2021 |
| OPENING DATE AND TIME | PROCUREMENT CONTACT |
| March 15, 2021 2:00 p.m. Central Time | Keith Roland  |

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

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| --- |
| SCOPE OF SERVICE |

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information RFI 3664 for the purpose of gathering information to determine interest and qualifications for Qualified Residential Treatment Programs.

Written questions are due no later than February 15, 2021, and should be submitted via email to dhhs.rfpquestions@nebraska.gov.

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time.

Sealed RFI responses should be received by DHHS by the date and time of RFI opening indicated above.

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1. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Department of Health and Human Services (DHHS), is issuing this Request for Information, RFI 3664 for the purpose of gathering information to determine interest and qualifications for Qualified Residential Treatment Programs (QRTP).

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT:** <http://das.nebraska.gov/materiel/purchasing.htm>l

* 1. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

|  |  |
| --- | --- |
| **ACTIVITY** | **DATE/TIME** |
| 1 | Release Request for Information | February 1, 2021 |
| 2 | Last day to submit written questions | February 15, 2021 |
| 3 | State responds to written questions through Request for Information “Addendum” and/or “Amendment” to be posted to the internet at: <http://das.nebraska.gov/materiel/purchasing.html>  | March 1, 2021 |
| 4 | RFI openingIn person viewing:Department of Health and Human Services301 Centennial Mall S., 3rd floorLincoln, NE 68508Remote viewing <https://nvcn-cio.webex.com/nvcn-cio/j.php?MTID=md3d02d0e4dd1c31b87ec767be42b26c7> | March 15, 20212:00 PM Central Time |
| 5 | Conduct oral interviews/presentations and/or demonstrations (if required) | To Be Determined |

1. RFI RESPONSE PROCEDURES
	1. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the State Purchasing Bureau. The point of contact for the RFI is as follows:

Name: Keith Roland

Agency: Department of Health and Human Services

Address: 301 Centennial Mall S.

 Lincoln, NE 68508

Telephone: 402-471-0727

E-Mail: dhhs.rfpquestions@nebraska.gov

* 1. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

* 1. COMMUNICATION WITH STATE STAFF

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

* + 1. Written communication with the person(s) designated as the point(s) of contact for this Request for Information;
		2. contacts made pursuant to any pre-existing contracts or obligations; and
		3. State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor’s response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

* 1. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a vendor regarding the meaning or interpretation of any Request for Information provision should be submitted in writing to the DHHS and clearly marked “RFI Number 3664; QRTP Questions”. It is preferred that questions be sent via e-mail to dhhs.rfpquestions@nebraska.gov.

It is recommended that Bidders submit questions sequentially numbered, include the RFI reference and page number using the following format.

|  |  |  |  |
| --- | --- | --- | --- |
| Question Number | RFI Section Reference | RFI Page Number | Question |
|  |  |  |  |

Written answers will be provided through an addendum to be posted on the Internet at <http://das.nebraska.gov/materiel/purchasing.html> on or before the date shown in the Schedule of Events.

* 1. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State reserves the right to conduct oral interviews/presentations and/or demonstrations if required at the sole invitation of the State.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State.

* 1. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be submitted by the RFI due date and time. Electronic submissions should use the following link: <https://nebraskastategov.sharefile.com/r-r49cd1ada4f6b44389f0efb1bebeb2132>

**A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.** RFI responses should reference the request for information number and be sent to the specified address. Please note that the address label should appear as specified on the face of each container. If a recipient phone number is required for delivery purposes, 402-471-0727 should be used. The Request for Information number must be included in all correspondence.

* 1. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska’s public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State’s definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

* 1. REQUEST FOR INFORMATION OPENING

The sealed responses will be publicly opened and the responding entities announced on the date, time, and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening. Vendors may also contact the state to schedule an appointment for viewing RFI responses.

1. PROJECT DESCRIPTION AND SCOPE OF WORK
	1. PROJECT OVERVIEW

DHHS is seeking information from potential Subrecipients who can provide Qualified Residential Treatment Program (QRTP) services across Nebraska to better serve youth. Respondents will be expected to describe how they would, as a Subrecipient, implement the requirements set forth in the anticipated Scope of Work below.

* 1. PROJECT ENVIRONMENT

The Family First Prevention Services Act (FFPSA) was signed into law as part of the Bipartisan Budget Act on February 9, 2018. Family First amended Title IV-E and Title IV-B of the Social Security Act to focus more on prevention services and keeping children and parents together when possible. There are five (5) approved placement types (other than foster family homes) where federal funds may be drawn down when a child cannot remain in the custody of their parent. One of these placement types include Qualified Residential Treatment Programs (QRTPs).

DHHS currently has one (1) Subrecipient providing QRTP services in Seward, Nebraska. DHHS is seeking to expand QRTP services throughout the State of Nebraska.

* 1. ANTICIPATED SCOPE OF WORK

Below is the anticipated Scope of Work for QRTP services, which is subject to revision in an actual subaward.

* + 1. Be licensed in accordance with section 471(a)(10)and be accredited by:
			1. The Commission on Accreditation of Rehabilitation Facilities (CARF)
			2. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
			3. The Council on Accreditation (COA) or;
			4. Any other independent, not-for-profit accrediting organization approved by the Secretary
		2. Work closely with the Department of Health and Human Services (DHHS) and the QRTP assessment contractor completing QRTP assessments to exchange information on youth and coordinate scheduling QRTP assessments.
		3. Transition the youth from the QRTP timely-if the QRTP assessment determines QRTP care and support is not appropriate, the court does not approve of the placement, or the youth is approved to move elsewhere, the youth will be moved from the QRTP within thirty (30) days from when determined QRTP care and support is no longer recommended and approved by the court.
		4. Provide trauma informed treatment to address the needs of youth with serious emotional and/or behavioral disorders.
		5. Have registered or licensed nursing staff and licensed/clinical staff provide care within the scope of their practice, are on site as consistent with the treatment model and available 24 hours per day/7 days per week.
		6. Facilitate family member participation in the youth’s treatment program, to the extent appropriate in the youth’s best interest. Facilitate outreach to the youth’s family members, including siblings, document how the outreach is made (including contact information) and maintain contact information for any known family of the youth. Document how family members are integrated into the treatment process for the youth, including after discharge and how sibling connections are maintained. Provide documentation on this to DHHS as detailed in the Minimum Reporting Requirements below.
		7. Provide discharge planning and family based aftercare for at least 6 months following the youth’s discharge from the QRTP. Discharge planning and family based aftercare will be provided to the youth and family. Aftercare will be provided at a minimum of once per month face to face or telehealth (if available) with the youth and family. Aftercare will be provided through evidence based practice. A copy of the discharge plan and aftercare documentation will be provided to the DHHS referring case manager as detailed in the Reporting Requirements below.
		8. Be, or be willing to become, a Nebraska Medicaid provider as a Therapeutic Group Home (THGH) and be willing to sign up with Nebraska’s Managed Care Organization networks.
		9. Must have sixteen (16) beds or less and cannot be considered an Institution for Mental Disease according to Social Security Act Section 1905(i).
	1. ANTICIPATED REPORTING REQUIREMENTS
		1. Provide monthly written youth progress reports and discharge plans to the referring case manager. This information shall be provided to DHHS within ten (10) calendar days following the month of service provision. This monthly report shall include, but not limited to:
			1. Information regarding the youth’s progress with achieving goals identified in their plan of care as well as discharge planning information and efforts.
			2. Provide information for the National Youth in Transition Database (NYTD) in a format approved by DHHS monthly for youth in care between the ages of 14- years-old and 19-years-old. This information shall be provided to DHHS within fourteen (14) calendar days following the month of service provision.
		2. Written normalcy update reports shall be submitted to the DHHS Subaward Manager within thirty (30) days of executing a subaward and by April 30th annually to specifically address:
			1. Compliance with each of the nine plan requirements listed below; and
			2. Compliance with a having a designated official who is authorized to apply the reasonable and prudent parent standard as well as notifying each child verbally and in writing of the process for making a request.
		3. Maintain a written normalcy plan describing how the facility will ensure that all children have access to age or developmentally appropriate activities as well as a normalcy report regarding the implementation of the normalcy plan. This should be completed in a format approved by DHHS. In accordance with Nebraska Revised Statute 43-4706, the normalcy plan shall specifically address:
			1. Efforts to address barriers to normalcy that are inherent in a childcare institution setting;
			2. Normalcy efforts for all children placed at the child-care institution, including, but not limited to relationships with family, age, or developmentally appropriate access to technology and technological skills, education and school stability, access to healthcare and information, and access to a sustainable and durable routine;
			3. Procedures for developing goals and action steps in the child-care institution’s case plan and case planning process related to participation in age or developmentally appropriate activities for each child placed at the child-care institution;
			4. Policies on staffing, supervision, permission, and consent to age or developmentally appropriate activities consistent with the reasonable and prudent parent standard;
			5. A list of activities that the child-care institution provides onsite and a list of activities in the community regarding which the child-care institution will make children aware, promote, and support access;
			6. Identified accommodations and support services so that children with disabilities and special needs can participate in age or developmentally appropriate activities to the same extent as their peers;
			7. The individualized needs of all children involved in the system;
			8. Efforts to reduce disproportionate impact of the system and services on families and children of color and other populations; and
			9. Efforts to develop a youth board to assist in implementing the reasonable and prudent parent standard in the child-care institution and promoting and supporting normalcy.
	2. ADDITIONAL REQUIREMENTS
		1. Comply with all of the applicable provisions of the Preventing Sex Trafficking & Strengthening Families Act of 2014 (P.L. 113-183/HR 4980) and provide services consistent with Neb. Rev. Stat. § 43-4706. Such compliance shall include promoting “normalcy” for youth in its care through the use of the reasonable and prudent parent standard when making decisions involving the participation of the youth in age or developmentally-appropriate activities that provide opportunities for youth to grow emotionally, socially, and developmentally and to have the most family-like experience possible. The Subrecipient shall notify youth, both verbally and in writing, in an age and developmentally appropriate manner, of the process for making a request to participate in age or developmentally appropriate activities. The process shall also be displayed in an accessible, public place in the facility. During all hours of operation, the Subrecipient shall have a staff person present and on-site who is authorized to apply the reasonable and prudent parent standard for youth in care. The Subrecipient shall provide the names and coverage hours of the authorized staff persons to the DHHS Subaward Manager or designee within seven (7) calendar days following the execution of the attached subaward. The Subrecipient shall provide the DHHS Subaward Manager with any updates or changes in the authorized staff persons within seven (7) calendar days following such updates or changes.
		2. Ensure staff receive twelve (12) hours of annual, ongoing training that enhances the staff’s ability to meet the needs of all youth for whom they are providing care. Ongoing training shall include but not limited to the necessary skills and knowledge for applying the Reasonable and Prudent Parent Standard and knowledge on recognizing signs of and responding to Human Trafficking.
		3. Develop and implement youth-specific plans of care designed to meet the unique and special behavioral needs of the youth, along with the educational and vocational goals of the youth. The Subrecipient shall conduct the Ansell-Casey Life Skills Assessment for youth 14 through 18 years old, and shall utilize the information obtained in the Ansell-Casey Life Skills Assessment, as well as other pertinent information, to assist the youth with meeting the goals identified in their Independent Living Plan. These plans of care shall be developed together with the youth, family, and DHHS case manager, and shall be monitored through monthly team meetings, as arranged by the DHHS.
		4. Shall be responsible for transporting youth in their care to the youth’s home school, to visits with family members, to activities and to services that are located within a 25-mile radius from the facility. Activities and services shall include, but not be limited to, pre-placement visits, behavioral health appointments, medical appointments, and extra-curricular activities. The facility discharge planning activities and recommendations shall be developed collaboratively with team members.
		5. Meet all applicable Nebraska DHHS Public Health Licensing requirements as a facility.
	3. ANTICIPATED PERIOD OF PERFORMANCE

Should DHHS choose to award to entities for this program, it is anticipated that subawards will be issued for a Period of Performance of October 1, 2021 through September 30, 2022. The parties will have the option to extend the Period of Performance for additional one-year periods. The Period of Performance for actual subawards is subject to change.

# Form AVendor Contact Sheet

Request for Information Number 3664

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor’s name and address, and the specific persons who are responsible for preparation of the vendor’s response.

|  |
| --- |
| Preparation of Response Contact Information |
| Vendor Name: |  |
| Vendor Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor’s response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

|  |
| --- |
| Communication with the State Contact Information |
| Vendor Name: |  |
| Vendor Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |