

Comprehensive Homebased Services

Webinar Q&A

12/10/12

1. **Q:** How will a certified MI trainer be approved by DCS?

A: The training curriculum and trainer information should be submitted to DCS. This information may be submitted with the proposal.

2. **Q:** Can you give explanation as to why DCS will not support training costs for AF-CBT, when the majority of referrals we receive are to provide services directly to parents, where TF-CBT cannot be used?

A: DCS has limited funds to support training for Evidence Based Programs. DCS chose TF-CBT to ensure continuity for those children coming out of residential settings. In addition TF-CBT is effective when used with families with Domestic Violence issues. AF-CBT is appropriate for use with families, and has been added to the list of approved services. Training costs would be included in the budget and per diem rate.

3. **Q:** Can you send us a list of DCS approved MI trainers?

A: DCS will be selecting a provider to provide MI training. Providers will be notified of the training schedule.

4. **Q:** Is the \$8,600 for FTC per year?

A: Yes, this cost covers the licensing fee and the IT costs paid directly to FamiliFirst

5. **Q:** Can we do both hourly and comprehensive services concurrently?

A: In most cases no, you would not be permitted to provide comprehensive Homebased services under the per diem rate and hourly Homebased services. However, in some cases, if a provider did not include Homebased Therapy component under comprehensive services, it may be appropriate to provide both to meet the needs of the family.

6. **Q:** How can we become a "DCS approved trainer for TF-CBT and MI?

A: If the provider wants to provide their own training (outside of the DCS training) for TF-CBT and MI, the provider should submit the curricula and credentials of the proposed trainer. This may be submitted with the proposal.

7. **Q:** We still submit 1 separate proposal per service model (i.e. TF-CBT, FCT, MI), correct?

A: Some Evidence Based Practice models cannot be mixed with other models. In such instances, each stand alone model being proposed would require a separate proposal. Other Evidence Based Practice models can be used in conjunction with other models. In those instances, it is appropriate to propose multiple EBPs within a single proposal, with the proposed services being

tailored to the needs of the family. Providers should consult with the EBPs they intend to utilize to determine the appropriateness of developing an approach that includes multiple EBPs.

8. **Q:** How do you project the amount of staff needed without knowing the number of families who will be served?

A: The number of referrals will be dependent on the needs of the region, the model, and the target population chosen. Providers may be able to estimate need by reviewing the Practice indicators. <http://www.in.gov/dcs/2811.htm>

9. **Q:** How/where is the cost of the initial assessment accounted for?

A: The cost of the assessment should be built into the budget and Per Diem rate.

10. **Q:** Do you need the information related to MI providers prior to submitting the RFP?

A: Providers may submit this information with the proposal.

11. **Q:** Will there be an opportunity for training for trainers in the approved EBP training?

A: This depends on the chosen model. Some models have an opportunity for training of trainers.

12. **Q:** Are the screen shots from the webinar available for us to print/copy?

A: Yes, the PowerPoint will be posted to the rfp website.

13. **Q:** Can we have both contracts home base and comprehensive at the same time?

A: Yes

14. **Q:** Will new providers be considered?

A: Yes

15. **Q:** Are the clients referred for these services already in residential placement?

A: Some may be, but many may be in their own homes. This may depend on the model and target population chosen.

16. **Q:** For the total service days denominator Doug described, should we use 6 months total service days or 12 months?

A: 12 months of costs and 12 months of service days.

17. **Q:** Do you know when you will have training for TF-CBT?

A: This will be determined after the providers are selected.

18. **Q:** Will IT training be provided for agencies?

A: Many models will have IT requirements that are specific to the model. DCS will offer training for service entry into KidTraks.

19. **Q:** How do we address the training in the RFP if we do not know when the trainings will be held?
A: Providers should estimate these costs. If DCS feels the estimate is high or low, this will be negotiated.
20. **Q:** Do we need approval for other EBP from DCS before we write proposal?
A: No.
21. **Q:** Could you clarify the referral process, it sounds like you need 2 Assessments now? One for program appropriateness and then one for services?
A: The no cost assessment is to determine appropriateness for the program. Any service assessment would likely occur after the service referral is made.
22. **Q:** If we do not include HB therapy is now an optional service in the comprehensive budget. We contract for HB therapy at a unit of service rate, can we bill under a unit of service for HB therapy while providing Comprehensive HB?
A: In most cases no, you would not be permitted to provide comprehensive Homebased services under the per diem rate and hourly Homebased services. However, in some cases, if a provider did not include Homebased Therapy component under comprehensive services, it may be appropriate to provide both to meet the needs of the family
23. **Q:** Do you expect that trainings will be multi-day trainings? It will make a difference with regard to our budget.
A: Training requirements differ per EBP. Applicants will need to research training and certification entities for their chosen model.
24. **Q:** The training costs will be dependent on the location and duration of training. Will there be an opportunity to amend this after the training has been scheduled?
A: DCS supported trainings will be provided in multiple locations around the state. Days will be dependent upon the EBP being proposed. Applicants will need to research training and certification entities for their chosen model. If DCS feels the estimate is high or low, this will be negotiated.
25. **Q:** Can you please describe the extent of which transportation services will be needed? We are having difficulty projecting costs for this.
A: When accepting a family to the program, the provider is taking on responsibility for any transportation. In most cases, this would be provided by the direct worker as they are working with the family. The provider should also be working to connect the family to transportation resources within the community.
26. **Q:** Will RSC be making the contract award decisions?

A: DCS will determine the number of providers that are awarded, with assistance of the Regional Service Council, based on the needs of the Region.

27. **Q:** Do we need approval for other EBP from DCS before we write proposal?

A: No, providers should be clear and concise in their proposal. Providers may be asked to present additional information if not included in the submitted proposal.

28. **Q:** Did I hear correctly, there will be no subsequent RFP for a per diem involving MRO clients?

A: Correct, there will not be an additional RFP to combined Medicaid services with comprehensive Homebased Services. DCS has determined that the services that are provided under this service standard are not appropriate to be billed to Medicaid-Clinic option because they are not provided in a clinic setting. Some services may be billable through Medicaid Rehabilitation Option, however, DCS does not plan to refer MRO eligible children to the Comprehensive Home Based Services. It was determined that in most cases these children, would be best served through MRO by the Community Mental Health Centers.

29. **Q:** Will the slides presented today be available on the website?

A: Yes

30. **Q:** Are there any projections available regarding numbers of referrals by DCS Region/county, or is it just the providers' best guess?

A: The number of referrals will be dependent on the needs of the region, the model, and the target population chosen. Providers maybe able to estimate need by reviewing the Practice indicators. <http://www.in.gov/dcs/2811.htm>

31. **Q:** We already provide comprehensive services. Do we need to submit again for this rfp. Can we just do the EBP on our own and continue to bill hourly?

A: A provider that is already contracted for Homebased services can continue to provide services under those contracts and claim for payment under the hourly payment structure. But, if a provider wants to move to the per diem structure and is able to provide services as outlined in the Comprehensive RFP, then a proposal for Comprehensive HB Services will need to be submitted.

32. **Q:** Is there a way to receive the average number of projected clients in each region?

A: The number of referrals will be dependent on the needs of the region, the model, and the target population chosen. Providers maybe able to estimate need by reviewing the Practice indicators. <http://www.in.gov/dcs/2811.htm>

33. **Q:** Is there potentially a situation wherein an assessment is provided and then the family is not admitted to the program, thus the assessment cost would not be recouped via per diem?

A: There may be situations in which a family is deemed inappropriate for a particular EBP model. The costs to assess these families who do not enter into services should be included in the budget and therefore accounted for in the calculated per diem.

34. **Q:** How can I get a copy of the power point?

A: The PowerPoint will be posted to the comprehensive RFP website.

35. **Q:** Is it possible that fee for service will continue beyond the two year extension?

A: This has not been determined.

36. **Q:** We cannot read the entire QA document due to formatting of cells and cannot adjust as it is read only. Can this be changed?

A: The document has been updated to view all information in cells.

37. **Q:** Is the initial assessment face to face with family or is it a discussion with referring FCM or PO?

A: At this time there is no standardized assessment. The agency determines whether the family is appropriate for the program based on their program and/or EBP guidelines. If the EBP requires face to face time to assess the family this requirement should be followed and included in the per diem.

38. **Q:** Is this service model delivery being used in another state? It would be helpful to see examples of how this has been implemented.

A: Yes, applicants will need to research training and certification entities for their chosen model.

39. **Q:** Am I correct that home based therapy is NOT required under this RFP.

A: Home Based Therapy is no longer a required service under this RFP. However, when treatment/service models chosen and/or Indiana licensure/certification bodies require a higher level of staffing qualifications than above, those qualification requirements shall be followed.

40. **Q:** Is the per diem rate per client, or per family?

A: Per family.

41. **Q:** It was our understanding that regardless of whether we were providing EBP under the current contract, that we still need to write for the per diem contract. Is this correct?

A: A provider that is already contracted for Homebased services can continue to provide services under those contracts and claim for payment under the hourly payment structure. But, if a provider wants to move to the per diem structure and is able to provide services as outlined in the Comprehensive RFP, then a proposal for Comprehensive HB Services will need to be submitted.

42. **Q:** Isn't the fee for service contract ending after two year extension?

A: This has not yet been determined.

43. **Q:** If we do not go for the CHBS RFP and DCS moves to do away with HBS where that leave us?

A: It is up to each provider to determine what is appropriate for their agency. DCS plans to extend the current community based contracts for an additional two years. A provider that is already contracted for Homebased services can continue to provide services under those contracts and claim for payment under the hourly payment structure. But, if a provider wants to move to the per diem structure and is able to provide services as outlined in the Comprehensive RFP, then a proposal for Comprehensive HB Services will need to be submitted.

44. **Q:** Will families currently being served under a CB hourly contract be transitioned to the per diem based contract?

A: Not necessarily, DCS plans to extend the current community based contracts for an additional two years. Families could be served under these contracts or if appropriate a family could be served under Comprehensive Homebased Services.