1. **Will there only be one provider awarded?**

   Yes, only one provider will be awarded.

2. **Can the BHDD RTFA be outside of Philadelphia County?**

   No, as stated in Section 1.6 of the RFP, the BHDD RTFA must be located in Philadelphia County.

3. **Does the facility need to be licensed as a Personal Care Home to apply for this RFP?**

   The facility will need to be licensed as an RTFA through OMHSAS; however, it must be zoned as a Personal Care Home.

4. **Would providers have time to get zoned as a Personal Care Home, if they have a facility not already zoned that way? Can this timeline be negotiated?**

   The identified location must already be zoned as a Personal Care Home.

5. **Could you elaborate on the expectation of being "site controlled" by July 1, 2025?**

   It is the expectation that a provider either currently owns or leases a site or has identified a site where the lease will go into effect by July 1, 2025.

6. **If a provider does not have Joint Commission or CARF accreditation currently, can it be obtained as part of the application process?**

   Yes, providers can submit proposals as long as steps are being made towards accreditation.

7. **Are you expecting the RTFA to be freestanding? Can it be within a building with other types of programs?**

   Per the **RTF-A Bulletin 1995,** it may be a freestanding facility or exist within a larger entity. The facility should meet the requirements as indicated in Section 1.6 and 1.6.1. Any proposals which meet those requirements will be reviewed.

8. **The RTFA is an open unit. Do you expect this to be an unlocked unit?**

   The RTFA is an unlocked unit and should comply with state licensing regulations.

9. **Is CBH open to alternative proposals including multiple smaller spaces or homes where fewer individuals would receive services?**

   CBH is not open to multiple spaces that would be utilized. The RTFA must be able to serve individuals within the same facility.

10. **The RFP indicates single rooms, can more than one member reside in a room?**

    Single rooms are preferred and recommended given the functioning levels of the individuals being served. CBH would be willing to consider alternative room arrangements with no more than two individuals in a room. Providers should specify the number of single rooms versus double rooms they have within their facility.

11. **Can the property have multiple floors with ADA-compliant rooms on the first floor and additional non-ADA rooms on the additional floors?**

    The RTFA space and access to the RTFA space needs to be ADA-compliant. Floors above the RTFA space which do not impact treatment at the RTFA are not required to be ADA-compliant.

12. **Are there additional information and resources regarding the sensory room?**

    Sensory rooms can include elements such as calming lighting options, soft textures, soothing sounds, tactile items to explore, weighted blankets, fiber optic lights, bubble tubes, interactive touch screens, calming scents, sensory swings, and specialized seating designed to provide proprioceptive input, allowing individuals to engage with their senses in a controlled and relaxing environment. For more information, please see visit the **Sensory Friendly Solutions website.**

13. **Are there startup funds available?**

    The Division of Intellectual disAbility Services (IDS) will be providing startup funds from the Behavioral Health Developmental Disability (BHDD) reserve funds.

14. **What is the amount of startup funding available?**

    There is no set amount of startup funding as the total available funds are being split between other services which are part of the BHDD continuum of care.

15. **If startup funds are requested, should a separate start-up budget be submitted in addition to the CBH Provider Rate Request budgeting forms?**

    Yes, a separate startup budget should be included. It will be reviewed and approved by the Division of Intellectual disAbility Services (IDS) and invoiced separately to IDS, not CBH.

16. **Is a budget narrative required in addition to the submission of the *CBH Provider Rate Request budgeting forms* for regular operating budget and/or start up budget?**

    A narrative does not need to be provided.

17. **How can startup funds be used? Are there restrictions to startup funds?**

    Startup funds will be used for initial costs including renovations, supplies, equipment, communications, and staff hiring and training. The startup budget will be reviewed and approved by IDS and invoiced separately to them, not CBH.

18. **Can startup funds be used for renovations for ADA compliance?**

    Startup funds may be used for renovations, including renovations for ADA compliance.

19. **The RFP calls for anti-ligature features. Will there be funding to accommodate this cost?**

    The costs associated with anti-ligature features can be included as part of the startup costs related to licensing requirements. Anti-ligature policies are guidelines that dictate the design, installation, and maintenance of fixtures and products to prevent individuals from self-harm. These are licensing requirements.

20. **Is there an enhanced rate during the initial service implementation?**

    There is no enhanced rate during the initial service implementation phase.

21. **What is the CBH payment structure?**

    The BHDD RTFA will be paid a per diem rate once individuals begin admission to treatment.

22. **Is CBH the sole source of funding through the per diem rate for the proposed BHDD RTFA program?**

    Yes, this program is solely funded by CBH as a per diem rate.

23. **Will there be one per diem rate or will the rate vary by participant based on level of support?**

    There will be only one per diem rate.

24. **Will there be additional reimbursement for individualized 1:1 support?**

    Due to the staffing and scope of services outlined in the RTFA, it is expected that a 1:1 would not be needed; however, if a 1:1 is approved by a CBH physician, CBH has a 1:1 staff rate for RTFA programs.

25. **Will there be additional funding for increased staffing needs?**

    CBH anticipates there may be enhanced staffing given the needs of this population. Applicants should submit their budgets with their staffing pattern.

26. **Does CBH anticipate that all participants will require 1:1 staffing 24/7?**

    CBH does not anticipate that individuals receiving treatment in the BHDD RTFA will require 1:1 staffing.

27. **Are there recommendations or requirements for staff to resident ratio, specifically in 2nd and 3rd shifts?**

    CBH anticipates the need for additional staff during the first and second shifts but not as great of a need during the third shift. Providers may want to consider the use of enhanced staffing or a bridge shift between the first and second shifts to meet the needs of individuals.

28. **Can you provide recommended salary ranges for the required positions?**

    Salary ranges should be commensurate with experience and similar positions. Providers should include the anticipated salaries as part of their budget.

29. **Will vacant beds be funded while awaiting a new referral?**

    Vacant beds will not be funded as CBH does not have an open bed hold rate for RTFAs. CBH anticipates the BHDD RTFA will be at capacity shortly after opening as there are a number of individuals who would currently benefit from the service and meet the criteria for admission.

30. **What is the anticipated initial referral and admission ramp up period until the program is at full occupancy?**

    CBH has a predetermined list of individuals who will be referred to the BHDD RTFA. CBH does not anticipate that all individuals will be admitted to treatment at the same time. Admissions may depend on physician and nursing availability as well as other factors related to the milieu.

31. **If individuals are admitted to higher levels of care will the program be expected to hold the bed for return?**

    There will be no bed holds. If an individual needs to be admitted to a higher level of care, then another individual would be admitted to the BHDD RTFA so there are no open beds. If it is recommended that the individual who was previously at the BHDD RTFA returns to treatment there, that individual would require a new referral.

32. **What is the projected turnover time for a vacant bed (i.e., number of days from an individual discharging from the BHDD RTFA to the new individual being admitted to the BHDD RTFA)?**

    It is anticipated that a new individual will be admitted within 24 hours.

33. **Is a longer turnover/vacancy rate anticipated after the first cohort of program participants are admitted and successfully discharged?**

    It is expected that although multiple individuals may initially admit around the same time that they will not all be discharged at the same time. Referrals will be made to the BHDD RTFA prior to a bed becoming available.

34. **Could you elaborate on the admission requirements for the RFTA?**

    The individuals must have a co-occurring mental health diagnosis and developmental disability. They must be registered with IDS and eligible for waiver services through ODP. They must have a letter of acceptance from a community provider.

35. **Are there any specific diagnoses which will be ineligible for admission?**

    Individuals with active substance use disorder diagnoses will not be referred to the BHDD RTFA. There are no additional exclusionary diagnoses.

36. **Are there exclusionary criteria or exclusionary behaviors for referrals?**

    In addition to active SUD, individuals with significant medical issues will not be referred to the BHDD RTFA. All other cases will be reviewed by a physician and recommended by the BHDD Executive Clinical Leadership Group (ECLG) prior to admission to ensure they are appropriate for treatment on the unit.

37. **Does the BHDD RTFA have a no-reject policy?**

    Correct, there is a no-reject policy.

38. **What is the average length of stay?**

    The average length of stay is three to six months.

39. **Will longer lengths of stay be supported if determined to be clinically appropriate for an individual program participant?**

    Yes, longer lengths of stay will be supported if clinically indicated. This includes treatment progress, habilitation skill development, and successful completion of three therapeutic passes.

40. **The RFP states that these individuals are being discharged from higher levels of care. What levels of care are individuals being referred from?**

    Individuals will be referred from acute inpatient psychiatric services and extended acute care. There may also be referrals from RTFs for individuals who are aging out of treatment and state hospitals.

41. **Can an individual in a community-based setting who requires additional support but does not a require acute psychiatric services be considered for the BHDD RTFA?**

    The BHDD RTFA will not accept referrals from the community.

42. **How long is the turnaround time for decision on referrals?**

    CBH anticipates all individuals referred to the BHDD RTFA will be admitted. Current RTFAs have 48 hours to review the referrals; however, there are current clinical care coordination standards being developed for the specialized unit.

43. **Will there be individuals who are court-ordered to treatment at the BHDD RTFA?**

    The BHDD RTFA is not a court-ordered treatment facility. Admission to the program is voluntary.

44. **Can CRNP be used in place of any psychiatrist time?**

    No, a CRNP cannot be used in place of a psychiatrist at the BHDD RTFA.

45. **Can services be provided via telehealth? If so, which services and/or positions?**

    No, services must be provided in person.

46. **What types, if any, medical care will be seen at the RTFA?**

    The individuals that will be referred to the RTFA will not have complex medical needs. If medical conditions arise while in the RTFA, the RTFA will coordinate with appropriate medical providers to address those needs. The Supports Coordinator will also assist in coordinating any medical concerns that may arise.

47. **What types of medical care can the provider expect to be able to provide directly or through sub-contract?**

    The RTFA is not a medical RTFA but should have partnerships with medical providers and primary care physicians outlined in the individual's ISP. Supports Coordinators will be responsible for coordinating any type of medical care and will consult with Dr. Blerina Faruku from IDS who is a PhD Nurse Practitioner.

48. **Towards ensuring the site supports participant goals, will the provider be supporting the participants with ADL around meal preparation?**

    Yes, as part of the habilitation plan the BHDD RTFA staff will provide support to individuals around meal preparation if it can be done safely.

49. **What discharge coordination and supports are available to individuals receiving treatment at the BHDD RTFA?**

    An initial care coordination plan will be developed once an individual admits to the BHDD RTFA. Within three days of admission, there will be an onsite care coordination meeting with all parties including the community provider who already accepted the individual as a discharge placement from the BHDD RTFA. All individuals discharging from the BHDD RTFA will be referred to the START team which is currently being developed.

50. **Will ISP goals include community participation?**

    The RTFA is a stepdown program prior to community-home placement. In the scope of service, the RTFA will implement skill building strategies so that community participation can occur as part of the transition plan from the RTFA to the community-based placement.

51. **What criteria will be used to determine the readiness of participant to move to community provider?**

    Criteria includes three successful therapeutic day visits, completion of waiver packet, and approval of transition plan by IDS.

52. **How long is the therapeutic visit?**

    The therapeutic visit is a day pass and does not include an overnight stay. The goal is to help the individual in treatment as well we the community-based provider to comply with the transition plan. This includes going to see where the individual will transition and meet with the staff in that setting.

53. **How do community providers get trained?**

    There are training resources for community providers in Section 2.8.2 of the RFP. ODP is going to help with some of the training as a partnership with some of the startup funding and the BHDD ECLG will also provide additional assistance.

It is expected that, 30 days before discharge, the RTFA will provide training and technical assistance to all staff supporting the individual, including CLA providers, support coordinators, mental health providers, and family. This training and technical assistance will be part of the transition plan required for all IDS-registered individuals. This will include activities of daily living, leisure time use, assistance with therapy assignments, social skills training, implementing aspects of a behavior plan, assistance with using community resources, and facilitating family interaction, all while engaging the individual in the supportive goal-directed discussion.

54. **The potential referrals will have a letter of acceptance for a community residential placement. What will occur if this placement falls through during the individual's stay? What are the expectations of the RFTA provider in this situation?**

The Supports Coordinator is responsible for referrals to CLA programs and the ECLG will make referrals in the situation that a community placement falls through. However, the goal is that none of the community placements will fall through.

55. **Could the selected RTFA provider be involved in the process to assist in recommending their own community residential placement program to create a continuum of care for the individuals?**

At this time, that is not an option.

56. **What hospital program was used as a model for the BHDD RTFA?**

The BHDD RTFA is being modeled after **the Intellectual and Developmental Disabilities Unit (IDD)** at Kings County (315-247-2538) and the **Beacon Light Community Stabilization and Reintegration Unit (CSRU)**.

57. **When can we anticipate the threshold review to be completed and recommendations to be provided by the Review Committee?**

The threshold review will be part of the initial review process. Proposals that pass the threshold review will be included in the consensus review. CBH and DBHIDS leadership will make the final approval of which provider is awarded. The awarded provider will be notified on May 1, 2025.

58. **Please indicate if a timeline for the implementation plan can be submitted as an attachment rather than as part of the narrative portion of the proposal as stated in section 3.2.4.4.**

The timeline for implementation may be submitted as an attachment.

59. **The provider is required to submit "proof of payment of all required federal, state, and local taxes (including payroll taxes) for the past 12 months." What exactly is CBH looking for the provider to submit as proof?**

Providers should provide copies confirming that their tax returns have been filed, including copies of Federal Income Tax returns for for-profit agencies, or IRS Form 990 (Return of Organization Exempt from Income Tax), for nonprofit agencies. Either of these submissions must be for the most recently ended corporate fiscal year. If the tax return is not yet available, submit the return for the prior corporate fiscal year.

60. **What is considered appropriate documentation for attestation of ability to sustain operations for two weeks in the event of a delay in claims processing?**

    A letter signed by the organization's president, CEO, or CFO attesting the organization's ability to sustain operations for two weeks in the event of a delay in claims processing should be included. Any issues to sustain operations may be addressed in the letter.

61. **What is considered appropriate documentation for the attached statement that the provider and its staff, subcontractors, or vendors have been screened for and are not on any of the three Excluded Individuals and Entities list?**

    Please refer to the Credentialing Section in the **Manual for Review of Provider Personnel Files** (pages 5-6). Additionally, as indicated in Appendix U of the **Provider Manual**, all providers must have an Employee Screening and Sanction Policy which outlines how they ensure this.