

Responses to Questions from RFA for Small Group Home in Region III

Question(s): Can the property be attached to an existing building (i.e. a wing of a hospital that is no longer being used)? If so, does there have to be a physical separation from the building?

Response: The intent of the program is to promote natural inclusion in the community and reduce the stigma of children with disabilities. It is to be a community based resource. If the existing building lends itself to that type of environment, meets all licensing & safety regulations and the programmatic intent, it could be acceptable.

Can the property be adjacent to provider's property?

Response: It would depend upon the details of the proposed location and specifically what it is on the provider's property adjacent to the proposed site for the small group home.

An IMD is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases. Whether an institution is an IMD is determined by whether it functions primarily as a facility established and maintained for the care and treatment of individuals with mental diseases; it does not have to be licensed as such. The Code of Federal Regulations (CFR) for Public Health (42) indicates that services provided at the location may not be eligible to Medicaid's Federal Match.

If the facility has more than 16 beds on the same campus or adjacent locations, (regardless of whether they are broken down into smaller physical units) (cottages) and has the same board of directors and/or executive director it is considered an IMD. In this case the use of the adjacent property would not be acceptable.

Question: Can the property be a modular home?

Response: Yes, as long as the home meets all licensing requirements.

Question: Can the service be provided in two separate homes of 3-4 beds each?

Response: This is not prohibited but may not be as economical as one 8 bed facility due to the potential for increased staffing and supervision costs in two homes instead of one home.

What time frame for startup is state looking at?

Response: The Requests for Applications states in section C.7 “The program must be ready to accept the first placement within 6 months of notice of selection.”

Will prior authorization have to be obtained every 90 days? Or will authorization be good for time of stay?

Responses: No, authorizations are generally 184 days/6 months when the youth clearly meets medical necessity. Continued stay requests will be required to determine if medical necessity for this level of service is still present.

Question: Will agency be able to bill for transportation to MDT meetings, medical appointments, counseling, etc. if over hundred miles? or will this be part of the per diem?

**Response: For information related to reimbursement for transportation for medical appointments see Chapter 524 Transportation Policy, BMS for any additional reimbursement that may be requested.
(See <http://www.wvdhhr.org/bms/> for details)**

Transportation for visits and or MDT meetings greater than one hundred miles will be a shared responsibility of the Department and the Provider.

Question: If there are visitations with child and family, will those be supervised?

Response: That will be determined by the visitation plan for the youth.

Question: Who will supervise visit?

Response: If visits must be supervised, the Department and the Provider will work share supervisory responsibility during visits.

Question: Will there be a separate authorization for visitation?

Response: No, there is no separate authorization for visitation. Those costs are part of the room/board/supervision rate paid by the Department.

Question: Will visitation be a billable service?

Response: No, the room/board/supervision rate covers the costs of visitation.

Question: Is visitation part of per diem?

Response: Visitation cannot be billed outside the per diem. It would be considered part of the per diem.

Question: What life safety regulations does this program follow?

Response 12.1.g. All residential buildings shall conform to the current Life Safety Code of the National Fire Protection Association, unless exempted by the State Fire Marshal. The website for additional information is <http://www.wvdhhr.org/ohflac/LS/Contact.aspx>

Question: Would this program also include those children that need short-term medication management/behavior management? (i.e. receive this service through a 90 authorization)

Response: It could as long as the identified child meets medical necessity and admission criteria for the program.

Will there only be an initial clothing voucher or will this be provided every year if child remains in placement for a year, two?

Response: Foster policy allows for an initial clothing voucher of \$300 when children enter foster care. The provider is then responsible for maintaining an adequate wardrobe during placement.

Question: Are the regulations the same as OHFLAC? Or different?

Response: The facility must meet Residential licensing standards and OHFLAC standards. Those regulations may be found at the following websites:

<http://www.wvdhhr.org/bcf/>

<http://www.wvdhhr.org/ohflac>

What will the startup per diem be?

Response: The initial per diem will be determined by the budget submitted and the current per diems for small group homes of this nature. Once sufficient cost information is available a per diem will be assigned based on cost reports. Cost reports are submitted twice annually and the per diem adjusted accordingly.

The initial total per diem(includes room/board/supervision/treatment) for the small group homes operating in the other regions of the state were between \$330 and \$340 for each resident.