

**RFP 2181**  
**Questions & Answers**

**Vista Care**

1. The RFP states a preference for 6-bed ICFs and with as many as 18 participants. Is it possible to have three different providers involved, each operating a 6-bed ICF?

Yes, based on RFP responses, multiple providers may be awarded.

2. The SDDC currently has a range of behavioral severity. Within this range what is the Department's vision for the acuity appropriate for admission to the ICFs, and what acuity will remain more appropriate to remain at SDDC?

The regional ICFs will be required to deliver the same specialized intensive supports as is rendered at the SDDC. Regionalizing ICFs will enable individuals who are currently residing at SDDC who have ties to the east or west areas of the state, the opportunity and choice to be served closer to their home community and their family support system. Proceeding initial admission, once vacancies occur, the regional ICFs may admit individuals based off the agency's admission policy/criteria. Admissions may include individuals from SDDC or other resources.

3. Assuming there are sufficient applicants with medical challenges, is the Department considering a specialized ICF focused on primarily Medical, as is perhaps suggested in a bullet point of 3.3?

The regional ICFs will be required to deliver specialized intensive supports due to substantial behavioral, medical, physical, co-occurring, and cognitive disabilities. Medical needs may include, but are not limited to: Autism, diabetes, injections, and seizures. Behavioral challenges may include, but are not limited to: difficulty managing anger, aggression towards self and/or others, property destruction, PICA, elopement, and difficulty forming and maintaining healthy relationships.

4. Will the SDDC serve a role as a possible short-term stabilization site for severe behavioral exacerbation at the ICF?

No. As an ICF, the expectation would be that the skilled staff would have the ability to care for the same individuals that could be served at SDDC.

5. Are ICFs the preferred service modality for the future?

No. The intention of the RFP is to create regional access to the highest level of care/services.

6. Are additional ICFs projected for development in the future?

There is no plan for additional ICFs at this time.

7. Will there remain an active effort for more transfers from SDDC to HCBS settings?

Yes.

8. There has been discussion of reducing SDDC census to about 60, is that number a floor?

No.

9. Will the daily rate for years 2+ be sufficient to capture necessary future reinvestment costs, specifically capital items such as furniture, mechanicals, etc.?

The rate will be set based on each agency's cost report data after the initial start up costs are recouped. All costs must be allowable per Title XIX.

10. Where would providers find the year 2+ ICF rate structure and its inflation allowances?

The rate will be set based on each agency's cost report data. It is not based on individual acuity. Inflation allowances are set by the South Dakota Legislature.

11. What is projected to be the process and criteria for the annual negotiations? If agreement on continuation cannot be achieved, what is the process for termination of services?

Upon further review, the wording in the RFP Section 1.11 was incorrect. It is the intent of the State to enter into a multi-year contract with the awardee(s). Rate setting will occur on an annual basis. Termination clauses will be negotiated with the awardee(s).

### **Align**

12. Is it possible for an affiliated company of a current provider (CSP, Case Management, etc.) to be awarded this RFP provided the appropriate separation and safeguards are put in place to keep those entities separate?

Yes.

13. Is the intention of these facilities to be permanent placement of individuals or will they be used as a transition for individuals either coming from HCBS settings to stabilize and return to HCBS? Would these facilities be used as an intermediate placement for a person from SDDC as a "stepping stone" to HCBS services?

Initial occupants will be individuals from the SDDC with ties to the east or west areas of the state, and who wish to receive their ICF services closer to their home community. It is expected that these will likely be long term placements as their care needs are extensive. It is always the goal to support individuals in reaching their treatment goals, increase their independence, and facilitate transition to an HCBS setting whenever possible. After initial occupancy, as vacancies occur, openings may either be filled with additional individuals looking to transition from SDDC or from other referral sources. The regional ICFs are not intended to be an intermediate placement between SDDC and HCBS or a short-term stabilization unit.

14. Will these homes be subject to Electronic Visit Verification or are they excluded due to their ICF status?

ICFs are not subject to EVV as payment for services is a set daily rate.

15. Will the provider and the homes be required to maintain CQL accreditation?

ICFs are certified by the Department of Health in lieu of CQL accreditation.

16. What type of background searches (state, county, local, federal) are required for potential employees.

Currently, the specific type of background check for potential employees is not dictated in either federal regulation or state administrative rule. However, the Department will review and may propose further guidance in the future.

17. The RFP stated South Dakota would use "Attachment A" as the standard contract. Is there availability for potential providers to see a copy of the South Dakota Standard Contract?

Attachment A can be found on [open.sd.gov](http://open.sd.gov) by searching RFP #2181.

18. Does South Dakota have any allowance or prohibition regarding a positive net income for a provider of ICFs?

No prohibition, but since Medicaid reimbursement is based on costs, the Department would not expect to see a large positive net income.

19. According to 3.3, "Once start-up costs have been recouped, the daily rate will move to a standard calculated ICF rate based on cost report data." Can you clarify where is this data coming from? What are the costs measured against? Is there a margin or rate bonus based upon comparison to the median, e.g. other small ICFs?

The data will come from the provider's attested cost report submitted to the Department. All costs must be allowable by Title XIX. Instructions for completion of the annual cost report will be provided to the awardee(s).

#### YAI

20. Does the offeror need to be registered with the state of South Dakota as a business prior to submitting a proposal, or can this be done later if the offeror is awarded a contract?

No, this can be completed if the offeror's proposal is selected for award of a contract.

21. Does the scope of services include day services to be provided as part of the ICF?

Yes.

### **Black Hills Works**

22. Please identify differences in regulations between ICF and HCBS.

Federal guidance for ICFs is located at: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Intermediate-Care-Facilities-for-Individuals-with-Intellectual-Disabilities-ICF-IID>. State regulations for ICFs are contained in ARSD Article 46:17 and ARSD Chapter 67:54:03, which can be located at: <https://sdlegislature.gov/Rules/Administrative>.

23. What services will be expected to be covered by daily rates?

All ICF services provided are captured in the daily rate.

24. Please identify other resources/revenue available for services not covered by daily rate.

All ICF services provided are captured in the daily rate.

25. Are nursing services expected 24/7 and if so, is this cost included in the daily service rate?

Nursing services are required based on service needs and defined in federal regulation 42 CFR §483.460 and ARSD 46:17:05:03. Yes, nursing services are included in the daily rate.

26. (a) 46:17:05:02 describes physician services. In one portion it says a PA or CNP can be utilized, but later says a physician must participate in interdisciplinary team. Can you clarify the roles/requirements of a physician?

Currently, state administrative rule requires a physician to participate in the interdisciplinary team process. However, in the near future the Department intends to review and propose changes that will make the rule more consistent with federal regulation 42 CFR §483.460.

(b) Physician and dental services must be accessible 24/7. Do community resources such as urgent care and on-call dentistry meet this need?

ICF Physician requirements are located under federal regulation 42 CFR §483.460. See also ARSD 46:17:05:04.

ICF dental services requirements are located under federal regulation 42 CFR §483.460. See also ARSD 46:17:05:02.

27. Can the physician be a contracted position, or do you foresee the need for the ICF to employ a physician?

Contracted or on staff are both acceptable options.

28. Are there professional requirements of who can complete a Comprehensive Functional Assessment and other required assessments?

The CFA must be completed by a QIDP in conjunction with other professionals. Professional requirements are defined under federal regulation 42 CFR §483.430.

29. On page 5 of RFP it states the daily rate will move to a standard calculated rate based on cost report data. Can you provide clarification on how this rate is determined?

The rate will be set based on each agency's cost report data. It is not based on individual acuity. Inflation allowances are set by the South Dakota Legislature.

30. The RFP states that construction costs can be recouped through the daily rate. What is the time frame for these costs to be reimbursed?

Final timeframe will be determined through contract negotiation with the awardee. The Department plans to reimburse start up costs with the first two years of operation.

31. Given the current building climate (high costs, limited resources, low availability of contractors) is there ability to extend the 12-24 month expectation for operationalization?

No.

32. Do conflict free case managers play a role on the interdisciplinary team?

In an ICF, the designated QIDP performs case management duties. When an individual is going to transition out of an ICF into an HCBS setting, transition case management can be utilized. QIDP requirements are located under federal regulation 42 CFR §483.430.

33. One of the key behaviors listed was elopement. What are the rules regarding locking of egress doors/windows in an ICF?

Monitoring of restrictive behavior management practices and issues involving client rights are located under federal regulation 42 CFR §483.450. The awardee must also comply with Life Safety Code regulation and be compliant with any and all state and federal regulations and statutes applicable to the operation of an ICF/IID.

### Lifescape

34. RFP states initial occupants will be residents of the South Dakota Developmental Center (SDDC) who wish to receive services closer to their home community. Will the selection of individuals transitioning from SDDC be determined by the State or will the selection and acceptance process for placement in the regional ICF be mutually determined by referring and accepting parties?

Once the project is awarded, the awardee and SDDC will work together to identify individuals with the regional ICF location preference, treatment needs and consider housemate matching to develop a positive transition for each individual.

35. Will operational start-up costs be allowed to build the census of the home over a period of time versus requiring everyone to relocate and occupy the new home at one time?

The awardee will be responsible for incurring start-up costs. The starting daily rate will include both start-up and operational costs. Reimbursement will begin after Medicaid certification has been obtained.

36. How frequently will the providers cost report be used to review and adjust future daily rate payments for the delivery of ICF/IID services?

Cost reports are submitted and reviewed on an annual basis. Any increases in overall reimbursement are subject to budget availability and requires the approval of the SD Legislature.

37. The RFP identifies a standard cost proposal will be based on a 6-bed ICF/IID with the option to provide additional alternative cost proposals. Will there be preference given to standard cost proposals over alternative cost proposals?

No. The standard 6-bed cost proposal is needed for cost comparison.

38. The RFP identifies the ICF should be able to meet the needs of both increased medical and behavioral needs for residents within the facility. These two models can require very different environmental and support systems. Will the State allow for different "daily rates" for ICF/IID services focused in different clinical and applied areas?

No. The regional ICFs will be required to deliver specialized intensive supports due to substantial behavioral, medical, physical, co-occurring, and cognitive disabilities. The rate will be set using the agency's cost report data. The rate is not based on individual acuity.