



# Department of Health

## **Request for Information (RFI) for**

Consultant Services to Inform Strategies to address the Institutions for Mental Diseases (IMDs) Medicaid exclusion as it relates to Congregate Residential Programs and the Development of Community Based Services for youth in Child Welfare

**RFI Number 20329**

**Issued:**

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# 1 Calendar of Events

<b>RFI 20329 – CONSULTANT SERVICES TO INFORM STRATEGIES TO ADDRESS THE INSTITUTIONS FOR MENTAL DISEASES (IMDs) MEDICAID EXCLUSION AS IT RELATES TO CONGREGATE RESIDENTIAL PROGRAMS AND THE DEVELOPMENT OF COMMUNITY BASED SERVICES FOR YOUTH IN CHILD WELFARE</b>	
<b><u>EVENT</u></b>	<b><u>DATE</u></b>
Issuance of Request for Information	4/4/2023
Deadline for Submission of Written Questions	Questions Due on or Before: <b>4/21/2023 by 5:00 p.m. ET</b>
Answers to Questions	On or about: <b>5/5/2023</b>
RFI Responses Due	Responses Due on or Before: <b>5/12/2023 by 5:00 p.m. ET</b>

# 2 Introduction and Purpose

**Introduction:**

The New York State Department of Health (DOH) with support by the Office of Children and Family Services (OCFs) in soliciting information for Consultant Services to Inform Strategies to address the Institutions for Mental Diseases (IMDs) Medicaid exclusion as it relates to Congregate Residential Programs and the Development of Community Based Services for youth in Child Welfare.

**Purpose:**

New York State is at a place of transformational opportunity. A key component of the State’s systems transformation necessitates establishing a highly integrated, trauma-focused, continuum of services to support the urgent and exceptional needs of individual children (foster care and non-foster care) with complex needs and to build capacity of community-based programs and services to support children and families with intensive care coordination and wraparound supports to ensure adequate availability of community-based services to avoid institutional placement whenever possible.

The purpose of the RFI is to develop an understanding of the vendor community who are able to provide technical assistance to the State and its stakeholders in developing a strategic plan, operational roadmap, and solutions to implement the system and program level changes to child welfare agencies that are determined to be IMDs. Further this RFI is intended to gather information on historical approaches to performing system and service transformation similar to DOH’s needs (see Background below).

RFI responses should include information on how respondents would develop and implement the restructuring of agencies/programs into program types that would comply with the regulations, as

well as assess funding solutions, and facilitate stakeholder engagement. Stakeholder engagement includes working subcommittees designed to assist in developing and implementing transition strategies (including community-based programs, preventive services, and or step-down/ aftercare services), while modifying program characteristics to address federal IMD criteria (Psychiatric Residential Treatment Facilities (PRTFs), reduction in beds, changes to licensure, and/or campus/agency set-up/structure). Engagement with individual organizations to determine solutions to their unique situation, needs, and the children/youth served will be important to building specific strategies to address agencies determined as IMD and subsequently, devise systemic changes. See Section 4: Questions for Vendors for additional information.

### **Implementation Goals:**

- New York is committed to ensuring quality programming during any transition, providing fiscal and programmatic support to providers, the workforce, families, and communities.
- New York is exploring ways to support system changes to ensure continuity of services and care to children/youth
- New York is developing a plan to minimize disruptions to families and children who may be affected by any necessary changes.
- New York wants to ensure that all children receive appropriate care and that services are available to facilitate a safe transition back into the community as quickly as possible.

### **Background:**

The Family First Prevention Services Act (FFPSA) made significant changes to improve the child welfare system, including limiting Title IV-E maintenance payments to no more than 14 days except for specified settings which includes facilities licensed as Qualified Residential Treatment Facilities (QRTPs) and QRTP-Exceptions. Section 1905(a) of the Social Security Act prohibits use of federal Medicaid dollars for any services provided to residents of IMDs. In September 2019, CMS issued guidance that stated QRTPs may be IMDs, and states need to analyze these settings to determine whether the facility meets the definition of an IMD. In October 2021, CMS issued further guidance that a QRTP will likely qualify as an IMD and encouraged states to submit an 1115 waiver to ensure availability of federal Medicaid funding for services provided to residents of these facilities. Under an 1115 Waiver, states may request federal Medicaid financial participation for services provided to Medicaid members residing in an IMD for an average length of stay of up to 30 days. For residents of QRTPs that are considered IMDs, the length of stay limitation is waived for the first two years of the demonstration. At the end of the initial two years of the waiver period, FFP will not be available for Medicaid members with IMD lengths of stay that exceed 60 days, or average length of stay of more than 30 days.

DOH is reviewing and assessing Child Welfare agencies that provide congregate residential services to youth in foster care and other residential placements (institutions) of children/youth. DOH and OCFS are proactively examining ways to assist child welfare agencies to build service capacity and funding solutions where the child welfare agency is an IMD and excluded from Medicaid funding streams, specifically federal financial participation. This information is being solicited to assist DOH and OCFS in providing technical assistance to child welfare agencies that are determined to be IMDs. Such technical assistance could include, but is not limited to, implementing operational changes to ameliorate conditions that resulted in the IMD determination

or development of adequate alternative and intensive, highly customized community-based supports and crisis response services to avoid institutional placement whenever possible.

An agency is considered an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental health needs, meaning that more than 50% of the population have a mental health diagnosis. An OCFS licensed residential program may be considered an IMD if certain criteria, as outlined by the Centers for Medicaid (CMS) manual, are met. These include:

- Program has 17 residential beds or more on a contiguous campus
  - Same CEO oversees all programs/components
  - Shared medical/clinical staff across programs/components
  - Shared administrative functions
  - Shared license across programs/components

This is not a solicitation for offers and no funding will be awarded based on responses to this RFI. Please monitor <https://www.health.ny.gov/funding/> for any changes or updates prior to submitting a response.

### **3 Who Should Respond**

Input from all applicable parties is welcome; however, DOH is especially interested in receiving feedback from those who have successfully performed large system transformations in child welfare and those familiar with New York State Medicaid child welfare systems. DOH is soliciting responses that include information on how the party would plan to build and implement the system transformation, inclusive of facilitating stakeholder engagement.

This RFI is seeking input from parties and/or respondents who possess a minimum of two (2) years' experience, to inform strategies to address the IMD Medicaid exclusion as it relates to congregate residential programs and the development of community-based services for youth in Child Welfare. Consultants should have demonstrated knowledge and skills with Medicaid and Title IV E funding.

### **4 Questions for Vendors**

1. Describe your experience and background performing system and service transformation, specifically in children's services and foster care/child welfare.
2. Describe your experience and background with Medicaid services and working with the Centers for Medicare and Medicaid Services (CMS).
3. Describe your experience and background working with managed care plans.
4. Describe experience working with Title IV-E funding and programmatic requirements, Child Welfare systems including prevention, foster care, residential systems, or institutional placement.
5. Do you have experience working with any of the following? Title IV-E funding, child welfare systems (prevention, foster care, residential systems or institutional placement)? Do you have experience working with the federal Department of Health and Human Services or the federal Administration for Children and Families Children's

Bureau? If so, briefly describe your experience.

6. Based upon the above knowledge and experience, what has been some successes in utilizing different funding streams to address the reduction in admission to Child Welfare residential programs, decreases in lengths of stay, and/or increasing the use of community-based programming?
7. What are some barriers encountered when trying to reduce admissions and decrease lengths of stay to Child Welfare residential programs?
8. What has been successful in building community-based programming?
  - a. From your experience, should reducing admission and length of stay, and building community-based program occur at the same time? Please explain your recommended approach on this transition. What were the barriers and/or successes you found in this approach?
9. When trying to reduce residential admission and build community-based solutions for this population, were there any capacity issues to building community-based programs?
  - a. Were there any barriers or lessons were learned regarding this transformation. Were there steps that could have been taken to decrease those barriers? What recommendations related to funding such transition could be utilized that would have reduced barriers, inclusive of Medicaid and Title IV-E funding?
10. Was there a difference in approach for reduction of Child Welfare residential programming for those that might not be IMDs (less than 16 beds) verses potential IMD or larger residential programs (more than 16 beds)?
11. Based upon your experience, did the rules on how funding could be utilized for the residential programs that were not IMD or potentially IMD impact the process.
12. From your past experiences, how did you utilize stakeholders (various providers, state agencies, and managed care organizations) workgroup(s) to assist with a large system transformation change/shift in programming?
13. What were the successes, barriers, and lessons learned from utilizing/working with stakeholders regarding a large system change?
14. From your experience, would you suggest a different approach to work/collaborate with foster care providers who operate residential programs versus other stakeholders?
15. What entities, stakeholders, and or providers, would you recommend being vital to the discussion regarding the transformation change? Please describe why for each entity mentioned?
  - a. How would you involve NYS DOH and OCFS within the stakeholder discussion?

16. Have you been successful in addressing system wide changes without having to have state regulation and/or federal rules changed/addressed?
  - a. If so, what do you account for this success?
17. Based upon this experience, what steps would you recommend NYS take to develop or leverage different funding streams for Child Welfare providers and system?
  - a. Would the steps taken be different for building community-based services vs. addressing the IMD restrictions for residential programs? If so, please explain?
18. Describe your experience and knowledge working on initiatives involving the Medicaid Institutions from Mental Diseases (IMD) exclusion in general and specific to the Child Welfare system? What is your past experience? How does your agency pay for consultant services in this industry, typically (e.g., hourly, deliverable based)? Are your consultants insured (e.g. liability)?
19. How many hours would you estimate for this type of consultation work? Based on similar projects what would you estimate the average length of time for completing this project?

## **5 Review Process**

This RFI is being issued with the intent to obtain information for use in Medicaid planning as it pertains to the IMD. Written responses to this RFI will be carefully reviewed and considered by DOH. DOH is under no obligation to use or return any information or material submitted in response to this RFI.

## **6 Instructions for Responding to this RFI**

### **6.1 RFI Responses/Electronic Submissions**

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State. Information gathered from responses to this RFI may be used by the New York State Department of Health at an unspecified future time to develop a request for proposals. The New York State Department of Health is under no obligation to use any information or material submitted in response to this RFI. This RFI is issued solely for informational purposes and does not constitute a procurement or solicitation. All responses should be limited to the information requested and submitted in the same order in which it is requested. DOH discourages overly lengthy responses. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective response are not desired. Elaborate artwork or expensive paper is neither necessary nor desired. Your response should contain sufficient information to assure accurate understanding by DOH. While additional data may be presented, material not relevant to this RFI will not be reviewed by DOH.

The following sections include the requested format and information to be provided by each vendor. The RFI responses must be returned in electronic format as outlined in section 7 of this RFI. DOH will accept responses in MS-Word, or searchable PDF files.

## 6.2 Cover Letter

Vendors should provide a cover letter that includes the following corporate information:

- Company Name
- Contact Name
- Contact Title
- Contact Phone #
- Contact E-mail address
- Mailing address
- (Optional) Attachment of no more than two pages, describing experience, staffing, ownership and technical maturity of the organization

## 6.3 Vendor Response

Vendor responses to the RFI questions outlined in section 4 should be submitted in an easy-to-follow format.

# 7 RFI Schedule & Response Due Date

## 7.1 Question Submission

Vendors must submit questions and/or requests for clarifications regarding this RFI via e-mail by the specified and time listed in Section 1, Calendar of Events. Questions should be submitted via e-mail to [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov) with the subject line "20329 RFI Question Submission".

The following **should be included** in the e-mail inquiry:

- Vendor name, contact person, telephone number and e-mail address as part of the sender's contact information;
- A description of the issue in question, or discrepancy found in the RFI;
- RFI section, page number, and/or other information to support identification of the specific problem or issue in question; and,
- The vendor's question(s).

At its discretion NYS DOH may contact vendors to seek clarification of any inquiry received. DOH will respond to questions and/or requests for clarification via addendum on or before the date listed in Section 1, Calendar of Events.

## 7.2 Response

The complete response must be received by the NYS DOH, no later than the Deadline for Submission of Responses specified in Section 1, Calendar of Events.

Responses may be submitted by email to [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov), with the subject line "20329 RFI". Submission of responses in a manner other than as described in these instructions will not be accepted.



**DOH requests that all organizations responding to this RFI designate a single contact within their organization for receipt of all subsequent information pertaining to this RFI.**

## **8 General Terms**

### **8.1 Reimbursement**

DOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI, including, but not limited to, attendance at potential meetings.

### **8.2 Freedom of Information Law (“FOIL”)**

All responses may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a response to any person for the purpose of assisting in evaluating the response or for any other lawful purpose. All responses will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. Any portion of the response that a vendor believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the response. If DOH agrees with the proprietary claim, the designated portion of the response will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

### **8.3 DOH’s Reserved Rights**

DOH of Health reserves the right to:

1. Reject any or all responses received in response to the RFI
2. Withdraw the RFI at any time, at the agency’s sole discretion
3. Seek clarifications of responses
4. Change any of the scheduled dates
5. Utilize any and all ideas submitted in the responses received
6. Request to meet with vendors.

### **8.4 General Information**

DOH may ask vendors to clarify the contents of their responses. Other than to provide such information as may be requested by DOH, vendors are asked to refrain from seeking to alter response or add information after the Deadline for Submission of Responses listed in Section 1 (Calendar of Events).