

MULTISYSTEMIC THERAPY REQUEST FOR QUALIFICATION QUESTIONS & ANSWERS

Q. Are trauma informed practices incorporated into the MST model? If they are not would this be considered compatible with the MST model?

A. While MST is not a treatment model designed to provide trauma-focused care, the short answer is—yes. To understand how MST would respond to a youth who experienced emotional and physical distress, we should first define trauma. Then we have to take a look at how trauma impacts young people and plays a role in delinquent behavior. Then we must ascertain if it is related to anti-social behavior for each child we serve.

Q. In the RFQ we are asked to submit resumes for the clinical staff (page 4 Staff Qualifications second paragraph). In all likelihood these will be individuals newly hired to the agency. May we submit the resume of a Program Director that this service would likely be under? Or is this to be provided at the time of hire?

A. Yes

Q. For Probation services there is an expectation that the agency bears the cost of interpretation for non-English speaking families. We have some bilingual staff (Spanish and Vietnamese). While we want to serve various populations it is an added expense to serve linguistically diverse families. Would the grant consider assisting with this cost?

A. Currently, Probation requires that providers interact in ways that are individualized, strength based, culturally sensitive, developmentally appropriate, and trauma informed. Provider shall utilize clear and understandable language when discussing issues related to informed consent, treatment and programming. The provider will take all the steps necessary to communicate with the client (arranging and paying for interpreter services). Interpreters must be certified or authorized from a language line to ensure comprehension by client. The provider shall verify certification and maintain documentation in the client's file. Providers shall not utilize family members of the client for interpreting.

Q. Since working with the system that surrounds the young person is so important to the success of MST will indirect costs be covered by the Medicaid rate, Probation or the grant? AND Q. It has been stated that the MST model includes non-direct time. What is considered non-direct time and how is this time compensated?

A. MST is a direct and indirect periodic service where the MST worker provides direct intervention and also arranges, coordinates, and monitors services on behalf of the recipient. This service is provided in any location. MST services are provided in a range of community settings such as recipient's home, school, homeless shelters, libraries, etc. MST also includes telephone time with the individual recipient and collateral contact with persons who assist

the recipient in meeting their goals specified in their Person Centered Plan. The proposed MST rate is inclusive of both direct and indirect service time.

Q. What is the expected timeline for training and implementation in Lincoln?

A. Anticipated early 2017.

Q. It is understood that the Medicaid Rate (at this time of \$38.28/15 minutes) covers the MST therapist's time. If a family is not covered by Medicaid, will probation cover this therapist's time and at what amount?

A. As stated in the RFQ, "it is anticipated that probation's rate will mirror the final rate established by Medicaid." If no other funding sources are available, state appropriated funds will cover service delivery for probation youth.

Q. What is the maximum number of billable hours per week?

A. *PENDING further clarification from Nebraska Medicaid.**

8/4/2016-Medicaid does not currently have a maximum number of billable hours per week identified; however there is potential that the Managed Care Organizations could institute a maximum.

Q. Please discuss the data system in a bit more detail. What is the system used? Approximately how much time would it take an administrative assistant to input data on a family and what type of time would be needed to add in follow-up data?

A. *PENDING further clarification from MST Services International.**

8/4/2016-For additional information, including time allocation required and information about call center costs for therapist adherence measure (TAM) and follow-up interviews please visit the website (mstinstitute.org). Links to a couple of documents attached here for easy reference:

http://www.mstinstitute.org/qa_program/pdfs/TAMAdministration.pdf

<http://www.mstinstitute.org/contact/pdfs/MST%20FU%20Interview%20Services.pdf>

Q. Through the process of assessment, if it is determined a client is not eligible for MST, what would next steps be? Would the psychologist be able to refer to other services approved by probation?

A. If a client does not meet the MST eligibility criteria, evaluators would recommend the appropriate treatment.

Q. Is the initial assessment also covered by Medicaid or if the family does not have Medicaid would the assessment be covered via a probation voucher the voucher system?

A. *PENDING further clarification from Nebraska Medicaid.**

8/4/2016-Yes, the initial assessment is also covered by Medicaid. "It is anticipated that probation's rate [structure] will mirror the final rate established by Medicaid."

Q. Is the use of the Organization-Wide Budget by Source of Funds, document SPO-H-205A, required? AND Q. Is it feasible to submit a 2016 budget book that gives a clearer breakout of the budget within an organization? Form SPO-H-205A does not capture everything necessary to clearly explain budgeting.

A. The specific document is not required to be submitted. This serves as a sample if you do not have another method of highlighting financial stability.

Q. Is the information requested for MST Service Requirements starting on page 16 such as budget cycle documentation required to be submitted with our response to this RFQ? Or are these requirements listed for our understanding of what will need to be submitted if our RFQ is initially accepted?

A. Yes, budget documentation shall be submitted with RFQ response.

Q. Page 4 – states that Medicaid will (also) be utilized as a payer source for youth who are Medicaid eligible. How will eligibility be determined for referred youth? Given the potentially lengthy determination process, is CIP anticipating that all youth referred to MST will be screened for eligibility before initiating services? If yes, how will youth's service needs be addressed during that waiting period?

A. It will depend on whether or not the youth is enrolled in Medicaid at the time of admission into MST. Please also see the "Pre-planning and Applying for Medicaid & Magellan Financial Assistance" Guide located at <https://supremecourt.nebraska.gov/10797/juvenile-funding>. Juvenile Justice Resource Supervisors and Providers also have the ability to check Nebraska Medicaid Eligibility System.

Q. CIP may require providers and individuals working in judicial facilities or having access to judicial information to provide identifying information for the purposes of conducting a criminal history records check for security purposes (this may be in addition to the background check requirements specified below). Provider agrees to cooperate with such requests and understands that the provider may be removed from the Qualified Provider Listing for MST services if the results of the criminal history records check would disqualify the Provider or Provider's employee(s) and there is no alternative. What kind of results would disqualify a potential candidate? Would CIP require copies of these background checks?

A. A criminal history or history of child abuse or neglect and crimes of violence (rape, sexual assault, or homicide). Potential candidates should not engage in or have a history of behaviors which would injure or endanger the physical, mental health or safety of children. Staff who work directly with youth should also not be currently sentenced to probation supervision and/or services.

Q. Conduct a discharge interview with the family to summarize the progress made during treatment, options to maintaining progress, and the family's satisfaction with the MST services provided. The Probation Officer should be invited to the discharge interview. Can the discharge interview be conducted via phone as long as the probation officer is also invited to attend? Is someone other than the MST team able to complete this discharge interview?

The discharge interview should be completed in person, by the primary clinician.

Q. What is the MST Medicaid service reimbursement rate? Has NE created the opportunity for pre-authorization of services? What unit of service (e.g., weekly or monthly) is currently in place? Could the relevant section of the state's current Medicaid plan be made available online by CIP, as well as any pending State Plan Amendments under review?

A. See RFQ / MST Service Requirements (H. Rate). No. Medicaid is in the process of adding MST to the State Plan with a proposed 15 minute increment unit of service. Medicaid's current state plan can be found on their website: http://dhhs.ne.gov/medicaid/Pages/med_xixstateplan.aspx. The pending State Plan Amendment has not been made publically available.