

Nicholas Residential Treatment Center – Frequently Asked Questions

Q: Can you share more about the population to be served – give a case scenario on what are a provider may see in terms of behaviors?

A: Highest needs kids as far as CSD – those they are asking for residential tx currently. Additional staffing requirements are in the guidelines. Could be sex offenders, fire starters and they will be checking the group. Per Shannon no adjudicated sex offenders – sex offender behaviors might be present.

Q: Will everyone meet the requirement of the 3.5 ASAM?

A: Those entering the group home will not meet ASAM 3.5 but those entering the other 3 units will meet criteria.

Q: Who will oversee admissions?

A: Treatment provider will work with MC Juvenile Court and Children Services Division to oversee referrals and intake process.

Q: What staffing with MC Juvenile Court provide at the facility?

A: Eric Shafer shared they have youth specialists with bachelor's degrees that are trained to handle the kids and will be very actively in daily schedule and their tx. Staff will be integrated into case planning and discharge. The youth specialists are on the units 24/7.

Agencies who apply need to meet the Family First Prevention Services Act (FFPSA) QRTP standards. Please review and make sure your services are in alignment. Additional information can be found at <http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx>

Q: Do Juvenile Court and CSD have specific progress report templates or do agencies need to create their own?

A: Juvenile Court and CSD have pre-established forms and you will be expected to use the form and language. It will be collaborative reporting with Nicholas staff.

Q: What exactly are providers bidding on or applying for since room and board is being taken care?

A: Agencies are applying for the funding for the provision of clinical services on all 4 units.

Q: With regard to 24/7 staffing if your youth workers are there would you want clinical staff there 3rd shift and 24 hours or just be on call for crisis be sufficient?

A: Eric Shafer responded, "tell us what you think", "we are open to your ideas". The youth specialist staff will be onsite during all 3 shifts; the days are very structured until they are sleeping.

Q: Can we have a walk-through tour of the facility?

A: Juvenile Court will provide a walk through tour for those that attended the bidder's conference. Please remember it is a hardhat construction site, renovations are not complete. Tour? February 13th at 2:30 PM – at facility go to the back of facility – will assemble where the trucks and trailers are –Look for Shannon and Eric

Q: Do we need to know where else they operate?

A: On the facility schedule tab, please list Nicholas Center as well as the agency's main mailing address or where you want to receive mailings.

Q: How many kids are expected to not have Medicaid?

A: All of CSD youth will have Medicaid. In the last 2 years, Juvenile Court has not had any private insurance or non-Medicaid youth, but this is expected to change with the additional levels of care being added. Most will likely have Medicaid.

Q: If we miss a service, can we add it post contract?

A: As this is a new program, if a missing code is found after service provision begins, ADAMHS will permit it to be added within the existing contract.

Q: What happens to youth who may need a lower level of care on the CSD unit?

A: The team (CSD, Juvenile Ct, Treatment Provider) would meet and consider other LOCs available on the unit and/or in the community. Please incorporate these types of scenarios into your service code identification.

Q: What code will be used for non-Medicaid type services?

A: ADAMHS will create a code titled "Nicholas Residential Treatment Center". In the week --, incorporate but include the codes you anticipate billings. Non-Medicaid type code will be created based on 12 units (i.e. 12 months). Invoicing for this code will occur monthly.

Q: Will we know application has been received?

A: When the Application Signer electronically signs the application, they will receive a confirmation email.

Q: Is there an IT person to ask silly questions?

A: Yes, Fred Tatum at ftatum@mcadamhs.org or 937-443-0416 Ext 106

Q: The guidelines state the funds will be awarded on April 15 and there is supposed to a point person identified on April 15, how will that work?

A: The agency point person can be a temporary person until the agency chosen can hire additional staff. Shannon from Juvenile Court stated, there is a need to have a treatment agency point person identified so they are part of designing the day-to-day operations of the facility as daily schedules are developed.

Q: How will aftercare work once youth meet the maximum length of stay?

A: Per Jewell Family @ CSD FFPSA has specific guidelines re: aftercare; please review those standards. Nicholas RTC would be the provider for the aftercare and PO would be involved. Jewell said treatment provider must provide the aftercare services with the family – kids would probably be involved in Drug Court – we want reunification with the family as soon as possible. Family dynamics need to be addressed.

Q: Do we know if treatment stays can be extended for SUD 45-day program?

A: It would be expected that the majority of the youth would complete the SUD residential treatment program within 45 days and then be transitioned to a lower level of care. There may be exceptions made on a case-by-case basis, but it would not be expected to be the routine occurrence.

Q: What is the layout of the school day for each unit and can a youth be pulled out for individual if necessary?

A:

- It is intended for youth in the 45-day AOD program to complete their home school assignments and not transfer to the Court's school system. This way, youth will not lose a quarter of school credit as partial credits are not accepted upon completion of treatment. The home school districts have the choice to send homework or have the work completed online under the guidance of a tutor from the home district. The tutor would be present, but the allotted days/times have not been determined yet. We'd need to see the plan for treatment and develop a schedule and a number of schooling hours that meets everyone's needs. During this time with the home school tutor, youth would not be able to be removed for individual.
- Education for youth in the ASAM 3.5 MH will require a structured school day with core curriculum per ODE regulations. It does not have to be a full traditional school day. This schedule, too, can be handled through collaboration after the treatment design is determined. This educational component would be handled by the Court's educational staff, so youth would be able to be removed for individual, if necessary.
- Traditionally placed NRTC youth have a traditional school day; M-F, from 8:30-2:45 with 5 periods lasting 45 minutes, and a lunch hour. This educational component is handled by the Court's educational staff, so youth would be able to be removed for individual, if necessary.

Upon award, NRTC would work closely with the treatment program to ensure education and treatment is appropriately scheduled while meeting the requirements of ODE.

Q: How many hours per day will youth be in school?

A: The educational plan will differ between the traditional referrals (delinquent/group home level), AOD and ASAM 3.5. Traditional youth will have a traditional all day school day, 8:30am - 2, onsite. AOD youth will be online or in person with a home school district provided tutor. ASAM 3.5 youth will be provided education by NRTC educational staff. ODE no longer has a 3-hour minimum schooling requirement for residential placements. They require only an individualized documented plan. Once the provider is decided, we will work with that provider to determine the appropriate number of schooling and treatment hours, and mode of education (in person, online, etc.) best suiting the youth needs.

Q: When will family visitation be held?

A: Visitation is currently offered on Saturdays from 6:00 PM – 7:00 PM and Sundays from 2:00 PM – 2:45 PM OR 3:15 PM – 4:00 PM

Q: Are youth in the boys ASAM 3.5 court unit able to be in group treatment with boys in the ASAM 3.5 Children's Services unit? Assuming that appropriate group sizes would have to be maintained.

A: All 3.5 youth can mix, it is intended that they do for treatment services such as groups and the education period. The majority of our CSD placed youth also have delinquency adjudications, not all, but most. The only mixing not allowable is Boys and Girls.

Q: The RFP states that for youth without Medicaid or private insurance the provider will be reimbursed through a contract with the ADAMHS on a fee for service basis. Would this include the per diem rate for ASAM Level 3.5 Clinically Managed Medium Intensity Residential Treatment – Co-Occurring Enhanced Program?

A: Yes, for Non-Medicaid eligible youth.

Q: Will the youth specialist provided by the court be able to distribute medication?

A: Yes, our Youth Specialist or Medical staff currently do and will provide meds if necessary.

Q: Is the provider responsible for arranging medical services (nursing and physician) not under the scope of ASAM Level 3.5 Clinically Managed Medium Intensity Residential Treatment?

A: Yes.

Q: The RFP states that onsite nursing services should be available 7 days a week (M-F 9-9, & S-S 9-5). Does this mean that a nurse should be scheduled to be onsite during all of these hours?

A: Yes, We will have a nurse on an on call basis in all the periods above, not necessarily onsite.

Q: From our research, it seems like this type of service would be H2036, Clinically Managed High Intensity Residential Treatment ASAM 3.5, which is billed on a per diem basis. With this code, other codes are not billed. Is it the understanding of the Board that only one code may be included in our program budget?

A: Yes, we are looking at ASAM 3.5 clinically managed MEDIUM intensity residential youth, not high.

Q: The RFP lists minimum services of:

- **Individual Therapy: 2 hours week per juvenile**
- **Family Therapy: 1 hour per week per juvenile**
- **Group Therapy: 3 hours per day - 1 hr. each**
- **Social Skills Building/Activities of Daily Living Groups: 2 hours per day – 1 hr. each**

For services listed “per day”, is that 5 or 7 days per week?

A: It may actually be five but we would need, I don't think there is a requirement for seven. I do know we would need access 7 days. AOD may be seven as it is only a 45-day program.

Q: The RFP states an expectation of 26 hours of treatment per week per juvenile. At 5 days of group service per week, it seems to sum to 28 hrs. of treatment per week per juvenile per week?

A: 26 hours is the minimum required for ASAM 3.5, more treatment can be provided.