



**GUAM BEHAVIORAL  
HEALTH & WELLNESS  
CENTER**

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**LOURDES A. LEON GUERRERO**  
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Deputy Director

**GBHWC RFP 11-2019**

**Professional Services Short Term Intensive Psychiatric Treatment Stabilization  
24-hour Therapeutic Group Home (TGH) setting for Children and Adolescents  
(Males and Females) Ages 9-17 Years with Severe Emotional Disturbance (SED)**

**TO: Registered Prospective Offerors  
GBHWC Website**

**QUESTIONS AND ANSWERS**

**1. Page 18, Paragraph F:**

Provide culturally and ethnic appropriate parent skills training in teaching discipline and managing challenging behaviors. This training must start, at 30 days from admission to accommodate family schedule and transportation/child care issues. The CASD-I *Famagu'on-ta* family partner assigned to the family must be notified to attend for support and reinforcement of skills being taught. (Copy of attendance record and skills taught to be submitted with the monthly report to GBHWC).

**Question:** If the family partner is unavailable on the date of the training, can the training proceed as scheduled?

**Answer:** Training can proceed provided there is documentation that the Family Partner had been notified in writing/email at least 2-3 days in advance via the Wrap Coordinator assigned to the youth.

**2. Page 19, Paragraph K.2:**

Each youth must have an IEP if they are to receive their educational instruction (home school) at the TGH facility. The Offeror shall work with the youth's school district in supporting the child's educational instruction in the least restrictive environment (school district) and in accordance with the student's Individualized Educational Plan (IEP).

**Question:** What is the process if the student is admitted and does not have an IEP?

**Answer:** One of the goals for the 120 days (4 months) of wraparound prior to referral to the TGH is among other things to identify the academic needs of the youth early on. The Wrap Team and family/CPS to initiate the IEP process, if it is needed.



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**Question:** Does the GBHWC and GDOE have a MOU in place that addresses educational services for students with and without IEP's in place?

**Answer:** GBHWC does not have an MOU with GDOE.

**3. Page 19, paragraph M:**

**Length of Stay.** Since this is a restrictive placement setting, maximum stay shall be up to 9 months with full discharge and transition to home. The Offeror shall have a discharge transition plan between 30-60 days from admission on each youth addressing the status of the child's comprehensive treatment and shall implement the discharge and transition with safety plan at the projected discharge month of up to 9 months from admission. A stay beyond the 9 months requires written request with justification from offerors and approval by GBHWC.

**Question:** Since GBHWC is part of the Wrap Team and the Wrap Team agrees to extend the treatment period beyond the contracted requirements, does this constitute agreement by GBHWC?

**Answer:** No. The vendor for TGH must request in writing for the extension beyond the contracted requirement and provide justification for the extension.

**4. Page 19, Paragraph N:**

**Monthly Reporting Requirement** includes the completion of youth progress tracking form and the clinical decision signature form along with other forms with the monthly invoice for payment to be executed. An orientation on the mandatory tracking forms will be given at the first initial meeting between contractor and GBHWC.

**Question:** How many GBHWC forms will be required to be completed with the monthly billing?

**Answer:** Each youth in the home would have a tracking (monthly status report) to be attached to the invoice.

**Question:** What items are being "tracked" in the youth progress form?



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**Answer:** Monthly status of what has been accomplished that month towards discharge.

**Q.c:** Are the mandatory tracking forms web-based?

**Answer:** Yes, available in Fiscal Year 2020

**Question:** Who is being referred as "clinical decision"?

**Answer:** The Wrap Team must be a part of the Clinical decision of the Vendor's.

**5. Page 20, paragraph I:**

The GBHWC understands the value of tele-medicine which should be used only for consultation, and not treatment. The practice of tele-medicine shall be in accordance with Guam applicable statute on licensure. Additionally, the Offeror shall comply at all times with federal and local statute on patient's confidentiality and HIPAA rules and regulations.

**Question:** What statute guides tele-medicine?

**Answer:** Guam Public Law 29-92; 10 GCA Health and Safety, Chapter 12, Medical Practice, §12202(b)

**6. Page 22, Paragraph II:**

Transportation. The Offeror is responsible to acquire and maintain appropriate transportation meeting ADA requirement, and provide transportation of consumers to access public health centers, recreation facilities, educational facilities, convenience stores and food and access to other locations as needed to provide for the well-being of the consumers, including transportation to Court hearings and faith based activities addressing the child's spiritual needs per parents' requests and as indicated in the consumer's Wrap Plan.

**Question:** Does an ADA compliant vehicle have to be acquired at the onset of contract?

**Answer:** Yes.



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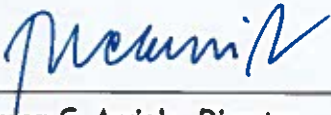
**Question:** Does GBHWC foresee the possibility of referring a client, who has a physical limitation that requires an ADA compliant vehicle?

**Answer:** Yes.

7. Page 43: Prevailing Wage Rate & Health & Welfare.

**Question:** What is the procedure for addressing and requesting for equitable adjustments for increased costs that are beyond the control of the contractor (e.g. local tax increases, increases to PWR and H&W rates during the period of the contract, etc.)?

**Answer:** Upon renewal of multi-year contracts, the most recent wage determination shall apply.

 8/23/19.

Theresa C. Arriola, Director      Date  
Guam Behavioral Health and Wellness Center