

Level II Residential Treatment Program Type

Questions & Answers

1. Do you have to be accredited before being awarded a contract with Trillium?

No

2. Do I have to have a letter of support from a DSS director if I am a new provider? Also will that hinder me from receiving a contract with Trillium?

Yes, you must have a letter of support on letterhead from a DSS Director within Trillium's catchment.

3. By medical necessity and gender, has the LME established the number of children in need of this service at any point in time?

This data is not applicable to the RFP process.

4. Has the LME established a preferred bed capacity for each home based on perceived or known need for the services in the catchment area?

Providers should include proposed bed capacity as part of the RFP submission application project plan.

5. What is the Medicaid rate for residential care per day and how much of that will be paid to the service provider?

Please refer to the Rate Sheet posted on the Trillium webpage.

6. What is the individual Medicaid rate for individual therapy sessions per 15 min and how much of that will be paid to the service provider?

Please refer to the Rate Sheet posted on the Trillium webpage.

7. What is the group Medicaid rate for group therapy sessions per child per 15 min and how much of that will be paid to the service provider?

Please refer to the Rate Sheet posted on the Trillium webpage.

8. What is the anticipated length of stay at the residential facility for each child?

Length of stay is based on the Member's clinical need and level of functioning over the timeframe outlined in the Member's Person Centered Plan. Providers should follow the Trillium Benefit Plan for required documentation and authorization guideline.





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9. What is the monthly DSS funding rate to the provider for each child in the Level II residential program?

DSS utilizes the standard board rates.