

Addendum to RFA# 67-189
Autism Diagnostic Clinic and Caregiver Support (ADC) Program

Date: April 1, 2025

Addendum Number: 1

Addendum Changes: this addendum is to provide answers to all questions per the RFA Potential Applicant letter.

- 1) Can you provide more details about what the deliverables are for this program?

Answer: Deliverables for the ADC program are specified in pages eight through 15, Section B.4. Deliverables of RFA 67-189.

- 2) Could you please provide more info on this funding request?

Answer: For details regarding the ADC and implementation applicants are encouraged to review Attachment 1 – Evaluation Report: Autism Diagnostic Clinic and ABA Parent Coaching Program and Attachment 2 – Program Replication Guide: Autism Diagnostic Clinic and Parent Coaching Program.

- 3) What is the amount of the funding and what is the funding for?

Answer: The funding amount by state fiscal year is specified on page 20, Section C.2.e. Budget Detail and Budget Narrative. From RFA 67-189 page 20:

Overall Summary October 1, 2025 to June 30, 2028 \$575,000.00

Year 1 Summary October 1, 2025 to June 30, 2026 \$175,000.00

Year 2 Summary July 1, 2026 to June 30, 2027 \$200,000.00

Year 3 Summary July 1, 2027 to June 30, 2028 \$200,000.00

Per the RFA, Part One, Section A, page 5, the Department is interested in funding applications addressing access to diagnostic services for ASD and developing support systems for caregivers of children diagnosed with ASD. The overall goal of this funding is to provide access to autism diagnostic evaluation services along with community-based resources and education.

- 4) Can the funding be used only to pay professional salaries to conduct autism diagnostic evaluations?

Answer: No, funding can be used to acquire materials, services, or other supports necessary to fulfill the deliverables identified in Section B.4. Deliverables of the RFA. Proposed Budget Detail and Budget Narrative submitted in the RFA application should specify how payments directly support the deliverables, as stated on pages 20 through 22 Sections C.2.e. Budget Detail and Budget Narrative and C.3.a. Budget Definitions.

- 5) Can the funding be used to pay ABA teams to begin working on behaviors in the home but only for the 18 month-3 year age range?

Answer: No, as stated in the RFA in Section A. Information for Applicants on page 3, the ADC program is designed to collaborate with Early Intervention services to screen children for autism spectrum disorder (ASD), "...to expedite the diagnostic process for children aged 18 months to 3 years." Once a child is identified with ASD through the ADC program the family should be offered enrollment in the caregiver support program, though it is permissible for other caregivers of newly diagnosed children to also participate in the caregiver support component of the ADC program.

- 6) Can the funding be used to hire a Board Certified Behavioral Analyst (BCBA) to work in a hospital or clinic?

Answer: Potentially. The intent of the ADC is to provide services as often as possible within the home or community where the child and caregivers reside, as stated in Section A. Information for Applicants page 4: "Awarded applicants shall implement an Autism Diagnostic Clinic using telehealth technology to provide access to early diagnosis services to the child and their family in their home." and "Awarded applicants shall provide appropriate community resources to the family in their local community." Applicants are encouraged to demonstrate how providing BCBA services within a hospital, clinic, or in any location outside of the home/community would increase access to or promote participation in the program within the narrative of the application.

- 7) Are we eligible to apply for this funding?

Answer: Per the RFA Section A. Information for Applicants page 6, "Applications are welcomed from Pennsylvania-based, community-based organizations or health care providers that are currently providing or have the capacity to provide services to the ASD community in Pennsylvania. Awarded applicants shall provide these services to residents of Pennsylvania only."

Any organization that can meet these criteria and are able to carry out tasks necessary to complete the deliverables in Section B.4. Deliverables of the RFA are eligible and are encouraged to apply.

- 8) Is there flexibility in which professional can do the autism diagnosis screening and which measures are utilized?

Answer: Yes, the RFA only requires that the diagnostic tool used be appropriately vetted and evidence-based for virtual assessment and approved by the Department Project Officer prior to implementation. Applicants can see (starting on page 9) Section B.4.B.1. Telehealth diagnostic evaluation and caregiver training. and B.4.B.2. Diagnostic and supportive services for requirements related to this deliverable.

- 9) Can the parent training program be an evidence-based parent training program?

Answer: Yes, as stated on page 11 of the RFA Section B.4.B.2. Diagnostic and supportive services outlines the criteria for the caregiver support curriculum. Applications can also review Attachment 2 - Program Replication Guide: Autism Diagnostic Clinic and Parent Coaching Program for further details. Awarded applicants will be required to submit any curriculum to the Department Project Officer for approval prior to implementation.

- 10) Is there a license required for Autism Diagnostic Clinic Program?

Answer: The ADC program does not require an applicant to be licensed in order to implement the model. This does not remove any requirements for professional licensure in order to provide a diagnosis of ASD or other services through this program.

- 11) How will we get contracts with the MCOs as most don't have a way to connect where someone responds to new inquiries in the Southeast region. Will we be directed to a specific email, number, or person within the MCOs?

Answer: The Department of Human Services provides contact information for vendors to connect with the Managed Care Organizations (MCO) through the Pennsylvania Medicaid Managed Care Directory, this contact information can be found at: [Pennsylvania Medicaid Managed Care Directory \(https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/providers/documents/managed-care-information/pennsylvania-medicaid-managed-care-directory.pdf\)](https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/providers/documents/managed-care-information/pennsylvania-medicaid-managed-care-directory.pdf)

If an awarded applicant would have difficulty in establishing contact with an MCO, the Department Project Officer could be contacted for technical assistance and support.

- 12) Will we need to add these new vendor services to our current Medicaid contract? If so, what are the codes?

Answer: Yes, if an awarded applicant is currently accredited by an MCO, insurer, or other payor and these services are not included in that contract, the awarded applicant will need to take the appropriate steps to include these services. The ICD-10 (International Classification of Diseases, Tenth Revision) codes would be based on the awarded applicants implementation of the deliverables and would need to be identified once the program was established, and verified with the MCO, insurer, or payor.

- 13) As noted, the goal of the project is to increase access to diagnostic evaluations and care for young children with autism and their families. On page 4 it states that awarded applicant shall start with one county in year one and expand services to a minimum of two additional counties each year of the agreement. Are there particular counties that are currently underserved where the DOH is interested in improving access to services?

Answer: The ADC Program serves the counties of Berks, Lehigh, Northampton, Carbon, Monroe, and Pike through the pilot program. Applicants are encouraged to propose the counties or regions or both, in which they will offer services, and they must justify the need in those areas based upon data analysis and knowledge of the unmet needs as stated on page 17 of the RFA Section C.2.d.2. Goals and Objectives, "The applicants shall demonstrate why the initial county for services was selected, how new counties will be selected for expansion, and what expansion efforts will be achieved in State Fiscal Year Two and in State Fiscal Year Three." Applicants must make efforts to avoid service overlap in the counties listed above, and awarded applicants will collaborate with the Department Project Officer and other awarded applicants to expand services while minimizing program overlap in Years 2 and 3.

- 14) On page 14, the details for the sustainability planning and actions are outlined. Are there expectations for building systems to sustain the Client Assistance Fund following the conclusion of the grant terms?

Answer: Yes, as stated in Section B.4.B.10 of the RFA, applicants whose proposals demonstrate the ability to support any and all deliverables at the conclusion of the Grant term, are eligible for higher scoring related to Section C.2.D.3 on page 18 than applicants that are unable to do so.

- 15) Are we only to serve 1 county in the first quarter or are we able to serve multiple counties throughout the contract term?

Answer: Yes, as stated on page 11 in Section B.4.B.2. Diagnostic and supportive services awarded applicants shall serve only one county in year one of the resulting grant agreement. Beginning in Year 2 of the resulting grant agreement, awarded applicants shall serve a minimum of two additional counties, so it is possible to serve more than two additional counties after Year 1 and to exceed the minimum of five counties by the end of Year 3.

As stated in Question 13 (above), applicants must make efforts to avoid service overlap in the counties listed above, and awarded applicants will collaborate with the Department Project Officer and other awarded applicants to expand services while minimizing program overlap in Years 2 and 3.

- 16) How long is a client a part of the ADC Program after they have been evaluated?

Answer: As stated in Section B.4.B.v. on page 11, the Parent Coaching component must consist of "a minimum of one coaching session per month and completing a minimum of six sessions to each family whose child has received a diagnosis of ASD. Parent coaching sessions shall be offered within three months of the child's diagnosis." Applicants' proposed curriculum must demonstrate the anticipated time needed for caregivers to complete the sessions.

- 17) Do internal referrals from the partnering clinic/diagnostic entity count toward quota expectations?

Answer: Referrals do not count toward the required number of completed ASD diagnostics. Only completed ASD diagnostics are to be counted, regardless of the result of the diagnosis (whether or not the child receives a diagnosis of ASD), as stated on page 11 in Section B.4.B.2. "Awarded applicant(s) shall provide in-home diagnostic services..."

- 18) Can an entity or collaborator (clinic, psychiatrist, or psychologist) outside of the Commonwealth of Pennsylvania, but within the United States, bid on the project?

Answer: No, as stated on page 6, Section A. Information for Applicants, "Applications are welcomed from Pennsylvania-based community-based organizations or health care providers that are currently providing or have the capacity to provide services to the ASD community in Pennsylvania." only Pennsylvania-based organizations may apply for this RFA.

- 19) Are there any prohibitions against providing telehealth if entity is not in the Commonwealth of Pennsylvania?

Answer: As stated on page 6, Section A. Information for Applicants, "Applications are welcomed from Pennsylvania-based community-based organizations or health care providers that are currently providing or have the capacity to provide services to the ASD community in Pennsylvania." only Pennsylvania-based organizations may apply for this RFA.

An out of state telehealth provider working for a Pennsylvania-based community-based organizations or health care providers that are currently providing or have the capacity to provide services to the ASD community in Pennsylvania is acceptable provided that the telehealth provider providing the services meets any and all requirements/accreditations for that service in Pennsylvania, such as but not limited to being licensed in Pennsylvania in order to provide a diagnosis of ASD. An out of state telehealth entity is not eligible to be an applicant.

- 20) What is the estimated number of children to be diagnosed Statewide, per Region, or per County?

Answer: As identified in the chart on page 11 and 12, Section B.4.B.2 each awarded applicant shall provide diagnostic services for a minimum of 35 children in Year 1, 130 children in Year 2, and 210 children in Year 3.

- 21) If a referral for an evaluation is made when a child is for example 34 months and the child turns 3 before the evaluation is able to occur, can the evaluation still occur as part of this program

Answer: Yes, as stated on page 3, Section A Information for Applicants, paragraph two in sentence three "...which then schedules an evaluation for the child to be conducted within six months of the referral." Provided the screening and referral are completed prior to the child's third birthday the child would be eligible for the diagnostic service for up to six months following the screening. An extension to the six months may be requested for extenuating circumstance, these will be reviewed and approved by the Project Officer.

- 22) We are supporting several potential PA community applicants as a vendor for FDA authorized diagnostic for autism with a discounted rate, are there any special considerations that we should be aware of?

Answer: The Department Project Officer would need to review the full FDA authorized program to assure there are no conflicts between the two programs.

- 23) Which Wavier would we apply for Wav11, wav16, wav15 for Medicaid?

Answer: The program's ability to apply for waivers would be based on implementation. The Bureau is not party to the waiver application or review, but the Project Officer could provide technical assistance to support the award applicant in applying.

- 24) What is the fee for Services rate for Medicaid?

Answer: The Bureau is not party to the development or implementation of Fee for Service rates. Awarded applicants would need to apply and negotiate with insurers, payors, or other parties independently, but the Project Officer could provide technical assistance to support the awarded applicant in this process.

- 25) Where would we get information from for child not serviced that would be reliable, is there an organization that tracks unmet service needs or a department that handles overflow of children needing these services?

Answer: Per Attachment 2 – Replication Guide, the awarded applicant would be developing partnerships with local early intervention services to identify and refer children to the program. The Bureau is not aware of any Statewide organization or Department that tracks unmet services needs related to these services.

- 26) Can parent coaching be provided in a group format?

Answer: Per Attachment 2 – Replication Guide, yes. The parent coaching component can include individual, or group service delivery based on the needs of the community and families served.

- 27) Can referrals for children within the age range be included in the ADC if they are referred a different way than through EI? PCP or family referral for instance?

Answer: Yes, per Attachment 2 – Replication Guide, a best practice would include developing partnerships with local Early Intervention providers to screen a child prior to referral. This process could be expanded to any provider of early intervention services (which may include primary care physicians). Family referrals would need to be directed to a partner capable of screening the child for autism spectrum disorder (ASD) prior to referral, screening for ASD prior to referral is to aid in directing the child/family to an appropriate diagnostic process.

- 28) Primary care providers can refer a family to the ADC even if the family is not enrolled in EI? And those count toward the program goals?

Answer: Per Attachment 2 – Replication Guide, a best practice would include developing partnerships with local Early Intervention (EI) providers to screen a child prior to referral and for EI to initiate additional services with the child and family. Screening for ASD is required prior to referral for the ASD diagnostic services. Any child that completes the ASD diagnostic service is counted towards program goals, regardless of the outcome (if a child is not diagnosed with ASD they are still counted in the program data collection).

- 29) Are successful applications meant to be an exact replication of the pilot program, or is there flexibility to make certain alterations to fit the needs of a particular institution? The RFA indicates that applicants are encouraged to be creative.

Answer: No, awarded applicants are not expected to be a replica of the pilot project. Attachment 2 – Replication Guide provides best practices and a platform for more uniform service delivery. It is anticipated that applicants will incorporate the principles and deliverables into the applicant's current program or services.

- 30) The RFA states telehealth and in home services to be provided. Are in person in home services supposed to be provided? Or can they all be done via telehealth?

Answer: The intent of the ADC is to provide services utilizing telehealth technology as often as possible within the home or community where the child and caregivers reside, as stated in Section A. Information for Applicants page 4: "Awarded applicants shall implement an Autism Diagnostic Clinic using telehealth technology to provide access to early diagnosis services to the child and their family in their home." and "Awarded

applicants shall provide appropriate community resources to the family in their local community.”

Yes, all services can be done via telehealth. The ASD diagnostic service is required to be completed utilizing telehealth, parent coaching deliverables should utilize telehealth as often as possible (to best support parent participation, with Project Officer review and approval).

31) Is there clarification of what [client assistance fund] CAF can be spent on?

Answer: Yes, per page 12, Section B.4.B.3., CAF can be spent “...to address the unmet needs of financially eligible individuals, support recipients attending appointments, and support complying with care to improve quality of life, which shall include, but is not limited to, adaptive technologies, home modifications, and follow-up appointments that a family may be financially unprepared to address.”

**Except as clarified and amended by this Addendum, the terms, conditions, specifications, and instructions of the RFA and any previous addenda remain as originally written.*