

WRAPAROUND AGENCIES REQUEST FOR APPLICATIONS

Questions and Answers

- Q1 Will a standardized budget development template or framework be provided to ensure consistency across submissions? If so, will it include predefined cost categories, allowable expense thresholds, and guidance on rate assumptions for personnel, infrastructure, and administrative overhead?**
- A1** A standard budget template will not be provided. Each proposer is expected to develop and submit their own budget format that clearly outlines projected costs and aligns with the requirements of this RFA.
- Q2 Given our existing operational footprint in the Lafayette region, can you provide data or projections regarding anticipated referral volume? Specifically, what referral thresholds are expected to sustain varying team sizes (e.g., 2–3 facilitators vs. 5–6), and are there geographic or demographic factors influencing demand distribution?**
- A2** The waiver program has a total capacity of 2,900 youth statewide. Each region is allocated a designated number of slots based on current enrollment. However, if a region reaches its maximum capacity, slots may be reallocated between regions based on need.
- Q3 Can you provide projected referral volume by zip code or parish, including historical trends and anticipated growth trajectories? Specifically, how do these projections inform recommended staffing ratios, and are there benchmarks or thresholds that trigger adjustments in team composition? Additionally, are there geographic disparities or underserved pockets that may require modified deployment strategies or enhanced outreach efforts?**
- A3** Historical enrollment trends are published by the CSoc Governance Board and can be found on the LDH website. Each wraparound facilitator is expected to maintain a caseload ratio of no more than 1 facilitator to 10 children (1:10).
- Q4 What is the expected or recommended timeframe for program ramp-up, including recruitment, onboarding, infrastructure deployment, and service activation? Are there milestone benchmarks or phased implementation guidelines to ensure alignment with referral flow and reimbursement readiness?**
- A4** Implementation will follow a phased approach based on the selected providers. After provider selection, Magellan will establish contract start dates to ensure a seamless transition of families from one provider to another.

- Q5 **Beyond the monthly bundled rate and the one-time transition payment, what mechanisms exist for billing other reimbursable services? Could you clarify the process for submitting claims for ancillary supports (e.g., crisis stabilization, transportation, or wraparound coordination), and whether these require separate authorization or documentation protocols?**
- A5 Please see the Louisiana Medicaid Behavioral Health Provider Services Manual located on the LDH website.
- Q6 **What criteria are used to determine optimal site placement (e.g., proximity to referral sources, transportation access, community need)?**
- A6 Since wraparound is a home and community-based service, each agency's site must be located within its assigned region that is easily accessible to families.
- Q7 **What mechanisms will be used to assess fidelity to the Louisiana Wraparound practice model, and how will agencies receive feedback?**
- A7 Fidelity is monitored through multiple methods, including reporting, certification, audits, quality management activities, and outcome reviews. Wraparound agencies receive feedback on these measures through both written reports and verbal communication.
- Q8 **Page 1 of the RFA gives a submission deadline. Is there a cutoff time on 9/26 for our submission?**
- A8 All submissions must be received by Magellan by 11:59 p.m. on 9.26.25.
- Q9 **Should we prepare entirely separate submissions if proposing to serve multiple regions? If only one proposal is required, do you want individual budgets for each region?**
- A9 Each agency is required to submit only one proposal, which must specify the region(s) for which they are applying. If applying for multiple regions, a separate budget must be included for each region and should include shared costs and resources across regions.
- Q10 **Regarding the Compliance Statement referenced on page 5 of the RFA, do you want a signature on the compliance statement? Do you need any other sections or forms signed?**
- A10 Yes, the signature of the party responsible on the compliance statement is the only required signature.
- Q11 **Page 4 of the RFA states that the proposer should “submit a detailed budget, ensuring alignment with Medicaid reimbursement guidelines.” Can you provide the estimated number of clients to be served by region so proposers can determine the potential funding to support the proposed budget?**
- A11 The waiver program has a total capacity of 2,900 youth statewide. Each region is allocated a designated number of slots based on current enrollment. However, if a region reaches its maximum capacity, slots may be reallocated between regions based on need.
- Q12 **Page 1 of the RFA gives an Anticipated Contract Start Date: January - March 2026. That is only 3 months, is that correct? What period should our budget reflect?**

- A12 Your budget should be for calendar year 2026.
- Q13 **Is there a budget template that should be utilized?**
- A13 A standard budget template will not be provided. Each proposer is expected to develop and submit their own budget format that clearly outlines projected costs and aligns with the requirements of this RFA.
- Q14 **Should a budget narrative also be provided?**
- A14 Any narrative provided will be reviewed along with the budget.
- Q15 **In terms of formal Fidelity Assessment, are applicants expected to go beyond full cooperation and collaboration with the annual Fidelity Survey conducted by Magellan, specifically the Wifi-EZ survey?**
- A15 Fidelity is monitored through multiple methods, including reporting, certification, audits, quality management activities, and outcome reviews. Wraparound agencies receive feedback on these measures through both written reports and verbal communication.
- Q16 **Who would be the Audience for the Finalist Presentations and where will the presentation take place? (Magellan, State of Louisiana, etc.?)**
- A16 Magellan will be the audience for the presentations, and they will take place virtually.
- Q17 **In general, is the term “High Fidelity Wraparound” including adherence to the Louisiana Model or will WAAs be required to use NWIC model with national consultants?**
- A17 Agencies are not required to use the NWIC model with national consultants. High-fidelity wraparound is defined by adherence to the NWI principles and standards of wraparound and the Louisiana Model of Coaching and Training.
- Q18 **Does Magellan have a training plan that would define all their required trainings and indicate if they will provide it or if the WAA will provide it?**
- A18 The Louisiana Model of Coaching and Training serves as the standardized training framework for the Coordinated System of Care, in addition to any agency-specific required trainings.
- Q19 **Magellan has previously discussed providing information about the Medicaid status of enrolled youth on a regular basis. Will this continue and at what frequency?**
- A19 Yes, all information currently shared with wraparound agencies will continue to be shared in 2026. Additionally, agencies are required to verify Medicaid eligibility through the MEVS system.
- Q20 **Will the Executive Director, Clinical Director and Quality Director be the only positions that require Magellan approval? What will be the process for this approval? Will the requirement for approval be on-going and if so, will the candidate have to be vetted by Magellan prior to making an offer?**
- A20 Yes, these three leadership roles are the only positions requiring prior approval by Magellan. Selected agencies must submit each candidate’s resume and supporting documentation (e.g., licenses,

certifications, background checks) for review. Magellan may request an interview or additional discussion to confirm the candidate's understanding of the role's responsibilities. Written confirmation of approval or denial will be provided by Magellan. Any offers should be contingent on approval by Magellan.

- Q21 For the Data Management Plan, most of this information has historically been reported using the Monthly Data Spreadsheet. Will this document be revised to include the data points not previously required? Other data has been reported using the “No Money/Penny” claims -- would it be expected that some of this data, such as Member-Level Provider Outreach for Care Coordination, would be provided in this manner? Will these “No Money” claims still be expected?**
- A21** The monthly data spreadsheet and ‘no money’ claims process will continue in 2026, although revisions to these methods of data collection may occur. Additionally, agencies may be required to submit new or additional data points to Magellan. Each site must have the capability to accurately track member-specific data and staff activities, compile this information, and submit it to Magellan in a timely manner.
- Q22 Show financial solvency and compliance with state and federal standards (e.g., 42 CFR 438.116). This standard applies to MCOs, PIHPs and PAHPs. Can Magellan explain how this standard applies to WAAs?**
- A22** The wraparound agencies should show they have sufficient net assets, equity, or reserve funds to meet obligations and sustain operations. This includes documentation showing adherence to state licensing requirements, regulatory approvals, and Medicaid provider standards, including policies and procedures reflecting compliance with federal regulations such as 42 CFR §438.116, which requires that MCO-contracted providers maintain financial solvency sufficient to operate the services for which they are contracted. They should also maintain documentation of internal controls, risk management, and financial oversight mechanisms.
- Q23 Specifically what state and federal standards are applicable to WAAs compliance with financial solvency?**
- A23** 42 CFR §438.116 – Financial Solvency Requirements
Requires Medicaid Managed Care Organizations (MCOs) and their contracted providers to maintain financial solvency sufficient to meet obligations under the contract. Providers must demonstrate adequate resources, reserves, and financial practices to deliver services without interruption.
- 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements
Applies to federally funded grants or contracts, including Medicaid.
Sets standards for financial management, internal controls, and allowable costs.
- Q24 Does Magellan want a budget for each region served or the overall budget for all CSOC regions served by the WAA?**
- A24** Each agency is required to submit only one proposal, which must specify the region(s) for which they are applying. If applying for multiple regions, a separate budget must be included for each region and should include shared costs and resources across regions.

- Q25 **Regarding the need to show a “Medicaid aligned budget”, is the expectation that the WAA demonstrate how the PMPM is used to sustain operations on an annual basis?**
- A25 Yes, this is the expectation of the budget.
- Q26 **Demonstrate established relationships and formal agreements with community stakeholders, behavioral health providers and child serving systems.
With regard to formal agreements noted in this requirement, what is Magellan expecting that the parties to the formal agreement agree to?**
- A26 The expectation is for a formal working relationship with these parties to ensure collaboration, coordination of services, joint planning, conferencing, etc.
- Q27 **All key leadership roles must be approved by Magellan prior to service launch.
Is Magellan seeking authority to approve job duties and/or approving the hiring of individuals for these positions?**
- A27 Yes, these three leadership roles are the only positions requiring prior approval by Magellan. Selected agencies must submit each candidate’s resume and supporting documentation (e.g., licenses, certifications, background checks) for review. Magellan may request an interview or additional discussion to confirm the candidate’s understanding of the role’s responsibilities. Written confirmation of approval or denial will be provided by Magellan. Any offers should be contingent on approval by Magellan.
- Q28 **Provide letters of support from community stakeholders and partners demonstrating support for the agency’s role: Is this different from the formal agreements requested in the RFA?**
- A28 Yes, these are letters of support from providers and community partners who are endorsing their confidence in the agency's ability to deliver on its proposed role as a wraparound agency.
- Q29 **What is the contract length and the renewal process?**
- A29 Contract lengths are three years. Certification is annual and re-credentialing happens every three years.
- Q30 **What will be the process for authorizing services under the new provider contract?**
- A30 Services for wraparound are based on the waiver and plan of care requirements.
- Q31 **What are the required certifications needed for staff before implementing the new provider contract?**
- A31 The staff requirements and qualifications are listed in the Behavioral Health Services Medicaid Services Manual.
- Q32 **Will the new provider be financially responsible for trainings, i.e. National Wraparound Model, CANS?**
- A32 Magellan will cover the cost of CANS training and will provide Train-the-Trainer sessions to prepare wraparound staff to deliver training on the Louisiana Model.

Q33 Are telehealth services permitted for any wraparound activities?

A33 No, wraparound services are required to be face-to-face.

Q34 What are the reimbursement rates?

A34 The current LA Medicaid rate for wraparound is \$36.16 per member per day.

Q35 Will there be performance-based incentives?

A35 Year one will capture baseline, and performance-based incentives will be considered for year two.

Q36 What is the expected timeframe for providers to be fully trained and ready for operation after the award is received?

A36 Implementation will follow a phased approach based on the selected providers. After provider selection, Magellan will establish contract start dates to ensure a seamless transition of families from one provider to another.

Q37 What does the finalist's presentation entail?

A37 The presentation will be an opportunity for the finalists to present their proposals directly to Magellan. There will be a detailed walk-through of the organization, staffing, data management plan, budget, and quality plan, as well as a case study.

Q38 Are providers expected to contact with the National Wraparound Initiative trainers?

A38 Agencies are not required to use the NWIC model with national consultants. High-fidelity wraparound is defined by adherence to the NWI principles and standards of wraparound and the Louisiana Model of Coaching and Training.

**Q39 Are there any additional application format requirements?
Page Limitation, Narrative questions and guidelines**

A39 No, there are no additional application format requirements.

Q40 Is there a number for participants to be served cap for the program?

A40 The waiver program has a total capacity of 2,900 youth statewide. Each region is allocated a designated number of slots based on current enrollment. However, if a region reaches its maximum capacity, slots may be reallocated between regions based on need.