



Official Response To Submitted Questions RFP # 20130531

Long Term Services and Supports Information and Tracking System

Question #	RFP Section #	RFP Page #	Question	DOM Response
1.	General		Will the State consider delaying the proposal due date?	The Proposal due date is delayed until July 23, 5:00 p.m. CDT. All other dates on the Procurement Timetable will remain the same.
2.	1.4	8 - 12	What is the approximate number of anticipated consumer/individual served that will be covered under the RFP, including the expected number of visits per Member to be delivered, daily, weekly, and monthly?	<p>These numbers have been rounded to the nearest 100.</p> <p>Assisted Living – 500 Elderly and Disabled – 14,000 Independent Living – 2,300 Intellectually/Developmentally Disabled – 1,900 Traumatic Brain/Spinal Cord Injury – 800 MYPAC – 250</p> <p>Participants in each waiver on average take advantage of the following number of covered services which involve varying periods of service delivery.</p> <p>Assisted Living – 1 Elderly and Disabled – 3 Independent Living – 2 Intellectually/Developmentally Disabled – 2 Traumatic Brain/Spinal Cord Injury – 1 MYPAC – 2</p>



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3.	1.4	8	What is the quantity of anticipated users? Is it the intention of DOM that the users of the technology will be those agencies and departments referenced on The Mississippi Division of Medicaid's Balancing Incentive Program Application, dated May 2012 as referenced on Appendix D & E? Will the users of the technology also include Providers and consumers/individuals served?	<p>DOM is not able to estimate the number of users.</p> <p>There are thirty (30) Medicaid Regional Offices assisting the current twenty thousand (20,000) participants.</p> <p>In addition, DOM staff and agency partner staff at Mississippi Department of Mental Health and Mississippi Department of Rehabilitation Services will be system users.</p> <p>It is anticipated that DHS office staff throughout the state will also be users along with an unknown number of potential participants and their representatives.</p>
4.	1.4.4	10	Is it anticipated that a Provider will submit a claim from the EVV system?	<p>The Offeror is encouraged to provide innovative solutions to the requirements of this RFP.</p>
5.	1.4.4	10	What is the projected annual volume of claims that DOM anticipates will be affected by the requirement for electronic claims and billing support?	<p>The number of claims is not available at this time. There are approximately 20,000 waiver participants.</p>
6.	1.4.2	9	Is it anticipated that the Contractor awarded will provide a format of a standard assessment, or, will DOM provide a standard assessment? If so, will the providers be required to utilize the assessment? Will DOM expect the Contractor to develop the content of the assessment tool or will this be done in collaboration with DOM?	<p>The Contractor shall provide the core standardized assessment and algorithms. DOM will provide some direction in development.</p>



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7.	BIP App		Is it the intention of DOM that the users of the technology will be those agencies and departments' reference on The Mississippi Division of Medicaid's Balancing Incentive Program Application, dated May 2012 as referenced on Appendix D & E?	Yes, but there may also be other users.
8.	1.4	8	Can you provide additional information for initial training and ongoing training? What are the minimum expectations of training? Can you clarify specific audience, providers, agencies, any consumer/individual served etc.? Can you advise if this is required to be face to face, web-based, and/or telephonic?	The Offeror must propose a training plan. Training will not include consumers.
9.	5.8.6	53	RFP suggests that a minimum of 15 days review time be allowed for DOM for submission of each deliverable. Is there a maximum time that we should consider?	An agreement will be reached within thirty (30) days unless another time frame is agreed upon by DOM and Contractor.



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10.	1.4.5	11	<p>Statement “implementation of an approved <u>program</u> shall become effective not later than 30 days following execution of this contract”. However in 1.4 on p. 8 there is a statement that Data Collection and Continuous Quality Improvement <u>Program</u> will be implemented <i>subsequent to</i> No Wrong Door, Standardized</p> <p>Core Assessment and Conflict-free Case Management Support. This sounds inconsistent. Are these two different programs? Please explain.</p>	<p>Data Collection and Continuous Quality Improvement Program is a high level assessment requirement and has a different requirement than the other four programs listed in Section 1.4</p> <p>This program will be developed with feedback from DOM during the implementation period.</p> <p>Core Standardized Assessment and Conflict-Free Case Management Support are two discreet requirements of the Balance Incentive Program.</p>
11.	1.4.5	11	<p>Please explain the quality of care review process desired and identify the pertinent local and national standards. Is the Contractor expected to provide the content of the quality of care review?</p>	<p>The Contractor shall provide the content of the quality of care review.</p>
12.	1.4.5	11	<p>Please explain the expectations for Corrective Action Plans and the service providers to whom these plans apply.</p>	<p>The purpose of the Corrective Action Plan is to correct deficits in providers’ use of the LTSS System.</p>
13.	1.4.5	11	<p>Please explain what is expected in the 1st bullet: “Design and implement a Continuous Quality Improvement (CQI) process and outcome evaluation plan for the development, utilization, and impact of the system”.</p>	<p>The Contractor shall design, implement and operate a process of assessing utilization of the LTSS, impact of the LTSS on health outcomes and recommending future development of the LTSS.</p>



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14.	1.4.5	11	Please explain what is expected in the 2 nd bullet: “Identify and report all required service, quality, and outcome measure data collection”. Does this pertain to the responsibilities specified in this contract?	Yes.
15.	1.4.5	11	Please explain what is expected in the 3 rd bullet: which consumers/individuals served are to be recipients of satisfaction surveys? What is the subject or focus of the surveys?	The Contractor shall develop and administer consumer satisfaction surveys whose focus is the services provided through Long Term Services and Supports.
16.	1.4.5	11	Please explain what is expected in the 4 th bullet – what types of incidents are the focus of the requested reporting protocol/process? Are there existing protocols/processes or rules you can share?	The Offeror must determine what incidents are pertinent to the integrity of LTSS.
17.	1.4.5	11	Please explain what is expected in the 5 th bullet: please identify the intended focus of the Quality Assurance monitoring and reporting.	The Contractor shall design and implement quality Assurance monitoring and reporting procedures focused on improving healthcare deliver and outcomes.



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18.	App. A	59	Can the responder re-create the Budget Summary as long as same elements are covered? Can you provide this document in a separate attachment?	The Offeror may re-create the Budget Summary as long as there is no substantive change to the form. A corrected Appendix A – Budget Summary is now on the Procurement Webpage.
19.	App. B	60	Can you provide this Appendix in a separate attachment or will you support re-creating this document to be included with our response?	The Offeror may recreate the document.
20.	Exhibit 1	69	Can you provide Exhibit 1 in a separate attachment or will you support re-creating this document to be included with our response?	The Offeror may recreate the document.
21.	Exhibit 2	72	Can you provide Exhibit 2 in a separate attachment or will you support re-creating this document to be included with our response?	The Offeror may recreate the document.
22.	1.1	6	Regarding a “collaboration of partnering entities”: is a letter of intent from a sub-contractor sufficient for the proposal, with the actual sub-contract document submitted for DOM approval after contract award?	Only the primary contractor is required to submit a letter of intent. The primary contractor should identify subcontractors in its proposal as specified in Section 7 of the RFP.



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23.	1.2	6	Page 2, 9 & 10 of Mississippi's BIP application discusses a Strategic HCBS Plan. Has this plan been developed or drafted? If so, will DOM provide a copy for bidders?	The Strategic HCBS Plan has not been drafted.
24.	1.2	6	Page 2, 9 & 10 of Mississippi's BIP application discusses a Strategic HCBS Plan. Does DOM envision that the contractor will play a role in the development of the plan and should allocate resources accordingly?	No.
25.	1.2	6	Page 8 of the BIP application discusses a Multi-year HCBS Research Project. Does DOM envision that the contractor will play a role in that project? If yes, then for budgeting of resources, what would that role be?	No.
26.	1.2	6	Page 8 & 9 of the BIP application discussed HCBS Quality Assurance Improvements. <ul style="list-style-type: none">- What is the status of these efforts?- Which of the items a. to e. does DOM envision that the contractor will assist in the development? If DOM envisions that the contractor will have a role in development, what does DOM envision the contractor's role to be?- Does DOM envision that the contractor will be responsible for the operation of any of these initiatives?	The Offeror should respond to the requirements of the RFP.



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27.	1.2	6	<p>Page 22 of the BIP application discusses the development of an electronic portal with the state Exchange.</p> <ul style="list-style-type: none"> - Does DOM still plan on developing this portal? - If so, would the contractor be expected to play a role in developing the portal? If so, what role? - Would the contractor need to be able to receive data from that portal? If so, please provide details. 	<p>Details of the portal have not yet been developed. The Contractor may be asked to provide input regarding functionality of the portal; and must have the capability of receiving data from the portal when developed.</p>
28.	1.2	6	<p>In order to enable fair and comparable bids for a firm fixed price contract, bidders should be supplied estimated volume and level of effort data. Please provide the current 2013 LTSS consumer count for each of the five waivers:</p> <ul style="list-style-type: none"> Assisted Living (AL) Independent Living (IL) Elderly & Disabled (E&D) Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Intellectual/Developmental Disabilities (IDD) 	<p>These numbers have been rounded to the nearest 100.</p> <p>Assisted Living – 500 Elderly and Disabled – 14,000 Independent Living – 2,300 Intellectually/Developmentally Disabled – 1,900 Traumatic Brain/Spinal Cord Injury – 800 MYPAC – 250</p> <p>Participants in each waiver on average take advantage of the following number of covered services which involve varying periods of service delivery.</p> <p>Assisted Living – 1 Elderly and Disabled – 3 Independent Living – 2 Intellectually/Developmentally Disabled – 2 Traumatic Brain/Spinal Cord Injury – 1 MYPAC – 2</p>



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29.	1.2	6	What is the current 2013 LTSS consumer waiting list count for each of the five waivers?	<p>Approximately:</p> <p>Assisted Living – 100 Elderly and Disabled – 3,500 Independent Living – 3,000 Intellectually/Developmentally Disabled – 2,000 Traumatic Brain/Spinal Cord Injury – 250</p>
30.	1.2	6	Does DOM plan to increase LTSS slots in the future? If so what is the planned increase for each of the five waivers?	Expansion in these programs is anticipated. Details are not available at this time.
31.	1.2	6	Because this will be a large infrastructure development project, is DOM planning to submit an Advanced Planning Document (APD) to obtain the 90% federal match? If so, will DOM require the assistance of the contractor to develop the APD?	An Advanced Planning Document is not required.
32.	1.4.1 Bullet #3	9	<p><u>No-Wrong-Door: Access ... to a menu of Medicaid and non-Medicaid Support Services:</u></p> <p>Regarding the phone requirement, does DOM envision IVR capability for recipients to phone in and access a menu of support services?</p>	Yes.



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33.	1.4.1 Bullet #3	9	<p><u>No-Wrong-Door: Access ... to a menu of Medicaid and non-Medicaid Support Services:</u></p> <p>Does DOM anticipate that this will include a database that describes programs, resources, and providers similar to the information and referral (I&R) databases being developed by many ADRCs?</p>	Yes.
34.	1.4.1 Bullet #3	9	<p><u>No-Wrong-Door: Access ... to a menu of Medicaid and non-Medicaid Support Services:</u></p> <p>If this does involve an Information & Referral database, does this database currently exist, and who is responsible for its operations (the ADRCs)?</p>	There is no currently viable information and referral database.
35.	1.4.1 Bullet #3	9	<p><u>No-Wrong-Door: Access ... to a menu of Medicaid and non-Medicaid Support Services:</u></p> <p>If compiling this I&R database is a new effort:</p> <ul style="list-style-type: none"> - Would the contractor be expected to contact providers and other resources to put the database together? - Would the contractor be responsible for working with providers and others to make sure the information is up-to-date? - How often will it need to be updated? - Has DOM identified exclusion/inclusion criteria? 	Information will be provided by DOM and partner agencies. There would need to be verification of some of the information.



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36.	1.4.1 Bullet #3	9	<p><u>No-Wrong-Door: Access ... to a menu of Medicaid and non-Medicaid Support Services:</u> Will the database need to be consistent with Alliance for Information and Referral Specialist (AIRS) taxonomy and other requirements?</p>	Consistency with AIRS taxonomy and requirements is the preferred solution.
37.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Do any of the existing HCBS waivers currently have self-directed participants? If so, how many by waiver? If not when does DOM plan to implement a self-directed component and at what volume?</p>	<p>Currently only the Independent Living Waiver includes self-direction.</p> <p>Self-direction may be expanded in the future to other programs where appropriate.</p>
38.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Can DOM provide more information on current self-direct efforts including whether there is an existing fiscal management service (FMS) provider and what IT supports that provider has.</p>	<p>This Long Term Services and Supports Information Tracking System is the first major project towards enabling self-direction and improving financial management services.</p> <p>DOM has not contracted with a Fiscal Management Service contractor.</p>



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39.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Should program participants be able to view information on this system?</p>	Program participants should be able to view their own appropriate financial management data.
40.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> How will information about spending on self-direct services be updated in the system (e.g., will it come from the fiscal management service (FMS) provider? Will individuals be reporting it directly to the contractor?</p>	This has not been determined.
41.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Will the system need to be able to receive information from timesheets or other documentation of services provided?</p>	Yes.
42.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Will the system need to track spending on services and goods and if so, will the contractor be responsible for receiving documentation on that spending? What is the process for adjudicating these claims? Will it be the contractor's responsibility?</p>	<p>The system must track spending related to Fiscal Management.</p> <p>The Contractor shall be responsible for receiving documentation regarding funds spent on services and goods in the support of the participant.</p> <p>The Contractor shall not be responsible for Adjudicating claims.</p>



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43.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Will the system need to flag potential cases of over and/or under spending and if so, what will be the contractor's responsibility in notifying participants or others and in taking corrective actions?</p>	<p>The Contractor shall be responsible for identifying and reporting instances of over and/or under spending.</p> <p>Corrective action??</p>
44.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Will the contractor be required to make payments to providers or will claims be submitted to the MMIS vendor for provider payment?</p>	<p>The Contractor will not be responsible for adjudicating or paying claims.</p>
45.	1.4.1 Bullet #7	9	<p><u>No-Wrong-Door: Integrated Financial Management System:</u> Will the contractor be responsible for other fiscal management service functions, such as preparing forms for IRS submission and helping to arrange worker's compensation?</p>	<p>The Contractor will not be responsible for payment to providers or reporting to IRS.</p>
46.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> Has this assessment instrument been developed or should the contractor include this in the scope of work?</p>	<p>Development of the single core standardized screening and assessment instrument is a deliverable to be provided under this RFP and resulting contract.</p>



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47.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> Has DOM analyzed the extent to which current instruments will need to be modified to include all CMS required domains or will the contractor need to do this? If DOM has conducted this analysis, has DOM developed any additional items that will need to be added or will this be a contractor responsibility?</p>	DOM has not conducted analysis or formed detailed requirements beyond what is provided in the RFP.
48.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> The RFP does not discuss other populations that are included in the BIP effort notably individuals with mental health issues and children with special health care needs. Please confirm that ensuring that the BIP required domains are included in those assessment instruments is not part of this scope. If this is part of the scope, what will be the contractor's responsibilities?</p>	The Offeror shall provide a solution that initially targets Assisted Living Waiver, Elderly and Disabled Waiver, Independent Living Waiver, Intellectually Disabled/ Developmentally Disabled Waiver, Traumatic Brain Injury Waiver, MYPAC and Bridge to Independence. The solution should be capable of expanding to include mental health and other programs.



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49.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> The BIP plan discusses making the assessment process more person-centered. Does DOM have a vision for how this would work or is development and implementation of a plan part of the contractor's responsibility?</p>	<p>DOM has not developed specifications regarding the assessment other than those in the RFP.</p> <p>The Offeror shall provide its best solution.</p>
50.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> Does DOM anticipate that the new instrument will need to be piloted? If so, does DOM have a plan for piloting the instrument or is this a contractor responsibility? Should the contractor include resources and scheduling for piloting the instrument?</p>	<p>The Offeror must determine how best to respond to the requirements of the RFP.</p>



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51.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> <i>Reconciling the tool with existing eligibility determination and/or resource allocation outcomes:</i> Will the contractor be responsible for helping to determine if and how the new tool will impact eligibility determinations for IDD? If yes, does DOM have a strategy they would like to use for doing so or would developing and implementing the strategy be part of the contractor's scope?</p>	The Offeror shall provide a solution that meets the requirements of the RFP and describes its anticipated impact on HCBS programs.
52.	1.4.2 Bullet #1	9	<p><u>Core Standardized Screening and Assessment Instruments: Single Core ...Assessment Instrument:</u> Are there any other resource allocation approaches (e.g., the assignment of hours or budgets) that may be impacted by changing the IDD tools? If so, does DOM have a strategy for testing and addressing these changes or would development and implementation of a strategy be part of the contractor's responsibility?</p>	The RFP does not stipulate approaches and strategies for the development and operation of the Core Standardized Screening and Assessment Instruments.
53.	1.4.2 Bullet #2	9	<p><u>Core Standardized Screening and Assessment Instruments: Pre-Assessment tool:</u> Please confirm that the mini-PAS tool described on page 7 of the BIP application is the same as the "screening (pre-assessment) tool" required on RFP page 9, Section 1.4.2 Bullet #2.</p>	Confirmed.



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54.	1.4.2 Bullet #2	9	<u>Core Standardized Screening and Assessment Instruments: Pre-Assessment tool:</u> Has any work been completed on developing this tool and if so, can this be shared with bidders?	No.
55.	1.4.2 Bullet #2	9	<u>Core Standardized Screening and Assessment Instruments: Pre-Assessment tool:</u> Can DOM provide any more guidance regarding the purpose of the tool? For example, will it be establishing priority for who will be assessed or affect the assignment to a wait list? Will it determine if an assessment is appropriate?	The pre-assessment tool should indicate the need for an assessment.
56.	1.4.2 Bullet #2	9	<u>Core Standardized Screening and Assessment Instruments: Pre-Assessment tool:</u> Does DOM envision that the screening tool will also identify other services individuals may need, such as state-only funded services, mental health services, SNAP, SSI, etc.?	Yes.



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57.	1.4.2 Bullet #2	9	<p><u>Core Standardized Screening and Assessment Instruments: Pre-Assessment tool:</u> Does DOM anticipate that the pre-assessment tool will need to be piloted? If so, does DOM have a plan for piloting the tool or is this a contractor responsibility? Should the contractor include resources and scheduling for piloting the instrument?</p>	The RFP does not stipulate plans or strategies for the development and implementation of the pre-assessment tool. The Offeror must determine how best to respond to the requirements of the RFP.
58.	1.4.2 Bullet #4	9	<p><u>Core Standardized Screening and Assessment Instruments: Wait-List Management:</u> Can DOM describe the current Wait-list management procedures for the waivers included in this effort?</p>	Currently there are a variety of manual processes in place for individual waiver waiting lists.
59.	1.4.2 Bullet #4	9	<p><u>Core Standardized Screening and Assessment Instruments: Wait-List Management:</u> Does DOM envision that this effort will basically be automating the established wait-list management business processes or will the contractor be expected to work with DOM in developing new or substantially altering existing practices?</p>	The RFP requires a new wait-list management solution.



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60.	1.4.2 Bullet #4	9	<p><u>Core Standardized Screening and Assessment Instruments: Wait-List Management:</u> Is the “acuity score” referenced referring to the existing acuity score currently assigned by the PAS tool?</p>	No.
61.	1.4.2 Bullet #4	9	<p><u>Core Standardized Screening and Assessment Instruments: Wait-List Management:</u> If the reference “acuity score” is new, does DOM anticipate that the contractor will be developing a new algorithm that will be used for establishing priority for the wait list? If so, what data can DOM make available for developing that score?</p>	The Contractor will be responsible for developing and maintaining Wait-list management including any algorithms and criterion necessary.
62.	1.4.2 Bullet #4	9	<p><u>Core Standardized Screening and Assessment Instruments: Wait-List Management:</u> Is there a comparable acuity based score for the IDD waiver? If not, does DOM envision that the contractor will develop an acuity based score for this population?</p>	The Contractor will be responsible for developing and maintaining acuity based scores for all waivers included in this project, including the ID/DD waiver.
63.	1.4.3	10	<p><u>Case Management Support: Care Plans</u> Regarding the requirements that the case management system “<i>should support independent individualized care plans</i>”, does DOM have a current format for these care plans that the contractor would be automating?</p>	Current formats will not necessarily be used in the future but will be provided to Contractor for reference.



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64.	1.4.3	10	<p><u>Case Management Support: Care Plans</u> If DOM has a current format for these care plans, is it the same format for all of the relevant programs or do they differ by program? Can DOM provide copies of this format or formats?</p>	The Case Management solutions should provide independent individualized care plans and management services.
65.	1.4.3	10	<p><u>Case Management Support: Care Plans</u> If DOM does NOT have a current format for these care plans, should the contractor assume that developing the format of the care plan(s) should be part of the scope of work?</p>	Yes.
66.	1.4.3 Bullet #2	10	<p><u>Case Management Support: Care Planning that Suggest Care Plan Goals:</u> Has DOM identified which needs should trigger which recommendations for the care plan (and thus, the contractor would simply be automating these business rules)?</p>	No.
67.	1.4.3 Bullet #2	10	<p><u>Case Management Support: Care Planning that Suggest Care Plan Goals:</u> If DOM has NOT identified which needs will trigger the care plan, would the contractor be responsible for developing business rules and/or algorithms that would suggest care plan goals based on the assessment? If it will not be the contractor's responsibility, how will this be developed?</p>	The Contractor will be responsible for developing business rules and/or algorithms to be approved by DOM.



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68.	1.4.3 Bullet #2	10	<p><u>Case Management Support: Care Planning that Suggest Care Plan Goals:</u> If the contractor is responsible for developing the triggers and algorithms, does DOM have a vision for how this might work, including the extent to which this could be driven by historical data analysis and incorporate input from various stakeholders?</p>	This level of detail will be developed with input and approval by DOM. DOM will provide historical data available.
69.	1.4.3 Bullet #3	10	<p><u>Case Management Support: Link Service Authorization to the Care Plan:</u> Is DOM anticipating that this system will work as a prior authorization system that will have to share data with the MMIS in order to adjudicate claims?</p>	Yes.
70.	1.4.3 Bullet #4	10	<p><u>Case Management Support: Provide Document And Workflow Management:</u> Can DOM provide more information, such as examples, about the types of workflow it anticipates that the system will manage?</p>	This information will not be provided at this time.



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71.	1.4.3 Bullet #6	10	<p><u>Case Management Support: Monitor Provision of Service Units to Approved Units:</u> Will the contractor be required to conduct prior authorization of services on this population? If no, then is prior authorization currently done? If so, who performs it? Is DOM currently receiving the enhanced 75% federal match rate for utilizing a QIO for these quality services?</p>	<p>Services are currently provided through an approved plan of care and are not approved through a traditional QIO vendor. These services are not eligible for the improved QIO federal match but benefit from other federal funding enhancements.</p>
72.	1.4.3 Bullet #9	10	<p><u>Case Management Support: 24/7 Incident Reporting And Notification:</u> Can DOM provide additional information about the existing incident reporting and notification business processes, including any forms, policies, manuals, etc.?</p>	<p>The Contractor will be required to develop and operate a new Incident Reporting and Notification process.</p>
73.	1.4.3 Bullet #9	10	<p><u>Case Management Support: 24/7 Incident Reporting And Notification:</u> Does DOM envision that this effort will simply automate the current incident management process or should the contractor anticipate needing to allocate resources and expertise to restructure the process so that it takes advantage of the automation?</p>	<p>The Offeror is encouraged to provide a solution that takes advantage of new technologies.</p>



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74.	1.4.3 Bullet #9	10	<p><u>Case Management Support: 24/7 Incident Reporting And Notification:</u> Will the contractor need to collaborate with Adult Protective Services in this effort?</p>	It is anticipated that would be necessary.
75.	1.4.3 Bullet #9	10	<p><u>Case Management Support: 24/7 Incident Reporting And Notification:</u> In addition to providing a data system available 24/7 for incident reporting and notification, will the contractor also need to allocate staff to respond to incidents reported after business hours? If so, can DOM supply their vision of this level of effort?</p>	The incident reporting and notification solution should be operational 24/7. It is not required to be manned 24/7. The Contractor will be a repository. Agencies with current responsibility for acting on reportable incidents will retain those responsibilities.



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76.	1.4.4	10	<p><u>EVV:</u> Since EVV systems are transactional based, bidders need volume and level of effort data in order to allow for fair competitive bidding of a firm fixed price contract. Please provide:</p> <ul style="list-style-type: none"> - Estimated number of participants for which EVV would be applicable, by waiver. - Estimated number of provider service visits to be tracked with EVV, by waiver per month (or representative time period). 	<p>These numbers have been rounded to the nearest 100.</p> <p>Assisted Living – 500 Elderly and Disabled – 14,000 Independent Living – 2,300 Intellectually/Developmentally Disabled – 1,900 Traumatic Brain/Spinal Cord Injury – 800 MYPAC – 250</p> <p>Participants in each waiver on average take advantage of the following number of covered services which involve varying periods of service delivery.</p> <p>Assisted Living – 1 Elderly and Disabled – 3 Independent Living – 2 Intellectually/Developmentally Disabled – 2 Traumatic Brain/Spinal Cord Injury – 1 MYPAC – 2</p>
77.	1.4.4 Bullet #1	10	<p><u>EVV: Show all Services that the Client Has Received:</u> Can DOM provide a list of all relevant services?</p>	<p>All services are outlined in each of the waivers.</p>
78.	1.4.4 Bullet #1	10	<p><u>EVV: Show all Services that the Client Has Received:</u> Are there, or could there be self-directed services that are specific to the individual participant? If so, would the contractor be expected to have a system that verifies the receipt of this service?</p>	<p>The Contractor is required to track all services for self-directed and non-self-directed participants. All services are included in the approved waivers and will be detailed in the Plan of Care.</p>



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79.	1.4.5	11	<p><u>Data Collection & CQI Program:</u> Section 1.4 (page 8) indicates that this component “<i>shall be implemented subsequently</i>”. Section 1.4.5 requires “<i>implementation of an approved program that shall become effective not later than 30 days following execution of this contract.</i>” Given that this component will be implemented in the second phase, should the requirement be modified to state “<i>implementation of an approved program that shall become effective according to the contractor’s implementation schedule as approved by DOM</i>”?</p>	<p>The Offeror should provide a high level plan for the Data Collection and Continuous Quality Improvement Program. This program will be developed with feedback from DOM during the implementation period.</p>
80.	1.4.5	11	<p><u>Data Collection & CQI Program:</u> Does DOM envision that the contract will have quality control systems ONLY for the work that the contractor does (e.g., ensuring that IT systems are working properly, etc.) or for ALL of the work, including the work done by other parties?</p>	<p>The Continuous Quality Improvement process should evaluate processes and outcomes for all work done by the Contractor through Long Term Services and Supports.</p>



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81.	1.4.5	11	<p><u>Data Collection & CQI Program:</u> If the CQI program is overseeing the work of other parties, can DOM please clarify which of the following processes are included:</p> <ol style="list-style-type: none"> 1) Assessment processes: <ol style="list-style-type: none"> a) Timeliness of assessments conducted by DOM b) Accuracy and completeness of assessment conducted by DOM c) Timeliness of assessments conducted by the Department of Mental Health d) Accuracy and completeness of assessment conducted by the Department of Mental Health e) Timeliness of assessments conducted by MDRS f) Accuracy and completeness of assessment conducted by MDRS 2) The financial management services provider: <ol style="list-style-type: none"> a) Audits of the service provider's records and IRS compliance b) Verification that the services paid for under the individualized budget were actually provided c) Verification that providers of services paid for by individualized budgets met training and certification requirements 3) Case management: <ol style="list-style-type: none"> a) Verification that case management provider meet all State set requirements for case management 4) Incident management <ol style="list-style-type: none"> a) Investigating and remediating reported incidents 5) Other areas? 	<p>The Continuous Quality Improvement process will use data contained in the LTSS Information and Tracking System and any other data provided by DOM.</p>
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82.	1.4.5	11	<p><u>Data Collection & CQI Program:</u> Can DOM provide copies of tools, manuals, and policies for any existing quality management process that the contractor would be assuming responsibility for?</p>	There are none that apply to the responsibilities outlined in this RFP.
83.	1.4.5	11	<p><u>Data Collection & CQI Program:</u> Should the contractor budget for preparing for and participating in appeals, fair hearings or other review processes? If so, what would be the estimated volume?</p>	The Contractor will not be required to participate in Administrative Appeals.
84.	1.4.5 Bullet #3	11	<p><u>Data Collection & CQI Program: Develop and Administer Consumer Satisfaction Surveys:</u> Can DOM provide more information on what aspects the surveys would be measuring, including:</p> <ul style="list-style-type: none"> a) Satisfaction with the NWD experience? b) Satisfaction with the fiscal management provider? c) Satisfaction with case management? d) Satisfaction with individual direct services? e) Overall participant experience? f) Others? 	The Contractor shall recommend performance measures to be used for approval by DOM.
85.	1.4.5 Bullet #3	11	<p><u>Data Collection & CQI Program: Develop and Administer Consumer Satisfaction Surveys:</u> Are there consumer satisfaction tools that DOM currently uses or would like to use?</p>	All requirements for this project are outlined in the RFP.



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86.	1.4.5 Bullet #3	11	<p><u>Data Collection & CQI Program: Develop and Administer Consumer Satisfaction Surveys:</u> Does DOM have a vision for how this survey(s) will be administered, including:</p> <ul style="list-style-type: none"> a) Will they be given to everyone or a sample? b) How will the data be collected (e.g., in-person, telephone, web, mail) c) Will the survey be given as part of an existing process (e.g., case management contacts, assessments) or administered as a separate survey? d) What is the expected response rate for the survey? e) How often will they be given? f) What will be done with the results of the data? 	All requirements for this project are outlined in the RFP. This is a new process.
87.	1.4.5 Bullet #4	11	<p><u>Data Collection & CQI Program: Design Protocols and Process for Incident Reporting:</u> What are the current requirements for case managers and providers for reporting, investigating, and remediating incidents?</p>	Requirements are defined by CMS for 1915(c) waiver.
88.	1.4.5 Bullet #4	11	<p><u>Data Collection & CQI Program: Design Protocols and Process for Incident Reporting:</u> Should the contractor anticipate that the case managers and/or provider staff will play a role in investigating incidents?</p>	Yes, with State staff supervision.



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89.	1.4.5 Bullet #4	11	<p><u>Data Collection & CQI Program: Design Protocols and Process for Incident Reporting:</u></p> <p>How substantial of a role should the contractor anticipate in investigating incidents? Would this role be limited to reviewing information provided by case managers and providers or should the contractor anticipate having to collect additional information, including making phone calls and going onsite?</p>	The Contractor's role will be minimal if any.
90.	1.3 and App. A – Budget Summary	6 & 59	<p>Please clarify the inconsistency in contract start dates. The estimated timetable on page 6 includes a PSCRB meeting proposed for 9/17/13 and a contract start date of 10/1/13. The budget summary on page 59 specifies an operation period beginning on 9/1/13. Should the budget summary be revised to change Operation Period 1 to "10/1/13 – 9/30/14" (a 12 month year)?</p>	A corrected Appendix A – Budget Summary is now on the Procurement Webpage.
91.	1.8.1 and App. A – Budget	14 & 59	<p>Section 1.8.1 implies there will be an Implementation Phase. The budget summary on page 59 requests a corresponding Implementation Cost. The established contract timetable appears to be too tight to allow for a separate implementation phase if the contract start date is 10/1/13 and Operation Period 1 also begins on 10/1/13. Please clarify what the intent and timeframe is for an Implementation Period.</p>	No. A corrected Appendix A – Budget Summary is now on the Procurement Webpage.



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92.	1.3	6	Could you please confirm the contract start date is 10/1/13?	October 1, 2013 is the anticipated contract start date.
93.	1.4	8	Is there an expectation that legacy data should be migrated into the new system?	DOM will provide demographic data, PAS information, plans of care and case management data for current waiver participants.
94.	1.4	8	Which DOM waivers and programs will the RFP functionality need to accommodate?	Assisted Living Waiver, Elderly and Disabled Waiver, Independent Living Waiver, Intellectually Disabled/ Developmentally Disabled Waiver, Traumatic Brain Injury Waiver, MYPAC and Bridge to Independence. Future use could include mental health programs.
95.	1.4	8	Is it possible to receive a copy of the forms that will be required for medical, technical, and financial eligibility?	The Contractor must use DOM's existing eligibility forms. as part of the Core Standardized Assessment. Eligibility forms are available on the DOM website.
96.	1.4.2	9	Does DOM wish to have the PAS included in this system?	The Core Standardized Assessment is a redesign of the traditional Pre-Admission Screening (PAS).
97.	1.4.5	11	It is stated that quality improvement program has to be effective within 30 days of execution of the contract. Can DOM provide more clarification regarding what is needed within 30 days?	The Contractor shall develop a high level plan. Details will be determined mutually between DOM and the Contractor during the Implementation Phase.



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98.	5.4.2	49	Should financial statements be a part of the technical proposal	Financial statements are required but may be submitted on electronic medium or via a link to a website containing the information.
99.	5.5	50	Section 5.5 requests estimates of staff hours by major task – should we consider the major tasks to be equivalent to five components in section 1.4 or can this be broken down more granularly?	The Offeror should determine how best to respond to this requirement.
100.	App. A	59	Could you confirm if the implementation cost should include one-time services (development, configuration, analysis and training) and if the operation cost should include ongoing services (support, hosting and maintenance)?	For purposes of completing the Budget Summary, Implementation Costs refer to upfront costs necessary to begin work under the contract. Implementation costs throughout the contract period should be charged and paid no later than September 30, 2015. It is understood that there will be minor system implementations throughout the term of the contract. Those costs should be included in Operation Costs.
101.	1.4.4	10	<p>a) What is the State looking for to meet the requirement for electronic signature? In other States the client acceptance for allowing the workers to access their location or use their phone for check ins/outs has served as an electronic signature on the times reported. This is covered in a client acceptance letter prior to implementation of EVV.</p> <p>b) Will this suffice for the State?</p> <p>c) If not, please detail the desired requirements.</p>	All requirements are stipulated in the RFP. The Offeror should propose its best solution.



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102.	1.4.4	10	<p>a) How many healthcare recipients in the program?</p> <p>b) How many average visits are made per healthcare recipient on a weekly, monthly or annual basis?</p>	<p>Assisted Living – 500 Elderly and Disabled – 14,000 Independent Living – 2,300 Intellectually/Developmentally Disabled – 1,900 Traumatic Brain/Spinal Cord Injury – 800 MYPAC – 250</p> <p>These numbers have been rounded to the nearest 100.</p>
103.	1.4.4	10	<p>a) How many healthcare providers are in the program?</p> <p>b) How many workers are active in the program?</p>	<p>Assisted Living – 34 providers Elderly and Disabled – Independent Living – Providers hired through sister agency Intellectually/Developmentally Disabled – 1,900 Traumatic Brain/Spinal Cord Injury – 800 MYPAC – 250</p>
104.	1.4.4	10	<p>What waivers will be included in the EVV program?</p>	<p>Assisted Living Waiver, Elderly and Disabled Waiver, Independent Living Waiver, Intellectually Disabled/ Developmentally Disabled Waiver, and Traumatic Brain Injury Waiver.</p>
105.	1.4.4	10	<p>a) Will consumer directed services be included in EVV?</p> <p>b) If so, what is the State’s fiscal agent model for consumer-directed care?</p> <p>c) How many fiscal agents?</p> <p>d) How many consumer-directed workers?</p>	<p>Consumer direction and FMS is currently being implemented in the IL waiver. It is not operational at this time.</p>



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106.	1.4.4	10	Can you provide a list of services &/or tasks that will be included for EVV?	The Offeror should determine its best solution.
107.	1.4.4	11	a) What is the intent of the "office number" of the provider staff? b) How is the office number used?	DOM will need a business number where they can be reached.
108.	1.4.4	11	a) In regards to the requirement to "track worker credentials, including information about licenses, certifications, background checks, and trainings" – what functionality using this data, if any, is required? b) Is this data just to be captured and stored or is it to be used in outbound notifications in some way?	The Contractor shall verify that each service provider meets service qualification standards in order to ensure that only qualified providers are providing services.
109.	6.3	54	a) In order to provide MS with the most competitive pricing possible, would the State accept a Tiered Pricing structure for annual EVV volume?	The Offeror shall provide pricing as stipulated in the RFP and the Budget Summary. However, alternate pricing or pricing schedules may be included in the Business Proposal.
110.	6.3	54	a) In absence of tiered pricing, would the State accept a volume based threshold that allowed for accelerators and decelerators based on actual visit volume?	See response to question 108 above.



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111.	6.3	54	a) Would the State entertain an annual true-up calculation on pricing for visits experienced, in an effort to manage volume risks and provide the State with the most competitive pricing structure?	See response to question 108 above.
112.	5.4.2	49-50	a) Are financial statements required for subcontractors? b) If so and files are large, can they be submitted as an electronic medium, such as a CD?	Financial statements are required but may be submitted on electronic medium or via a link to a website containing the information.
113.	4.13.5	41	Can DOM provide additional clarification around this requirement? Do the “supplier” and “subcontractor” referenced in this section refer only to suppliers or subcontractors involved in the LTSS Information and Tracking System engagement?	Paige? “Supplier” and “subcontractor” referenced in this section are not limited to those involved in this project.
114.	1.4	8	Will DOM require any data conversion / migration from an existing system or will all data be new and not require any scripted data conversion process?	DOM will provide demographic data, PAS information, plans of care and case management data for current waiver participants.
115.	9	1.4.1	Provide easy access, online, in-person and by phone to a menu of Medicaid and non-Medicaid support services. Who is receiving this access, DOM Staff or consumers? What information specifically is needed to those accessing the system? Can you give an example of a support service?	This system will be used by DOM Staff , agency partners, providers, consumers and interested parties Potential participants and their representatives will use mini PAS and enrollment portal. DOM staff, partners and providers will use the other programs.



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116.	9	1.4.1	<p>Interface with all No-Wrong-Door access points, DOM MMIS, Department of Human Services (DHS), Department of Rehabilitation Services (MDRS), Department of Mental Health (DMH) and other appropriate systems.</p> <p>For the systems specified can you identify the direction of interface (to, from, or bidirectional), real time or batch, and if batch, the number of files that are to be transferred?</p> <p>Can you quantify the number of additional systems that will need to be accessed?</p>	<p>This should be a bidirectional facing portal. The Offeror must determine method of data transfer.</p>
117.	10	1.4.2	<p>Allow electronic submission of provider forms and documentation through a variety of electronic media.</p> <p>Where do the forms that the providers supply go? Is it into this system only as an attachment to the electronic folder, or does the data get parsed and entered into this and other systems as mentioned in 1.4.1?</p> <p>Can you quantify or describe the types of electronic media?</p>	<p>Appropriate data can be entered directly online. There is an expected need for providers to be able to scan and upload documents as supporting documentation in some, but not all, cases.</p>
118.	10	1.4.3	<p>Support a 24/7 incident reporting and notification</p> <p>Is the 24/7 support manned or unmanned – i.e., does the notification require an immediate human response?</p>	<p>The incident reporting and notification solution should be operational 24/7. It is not required to be manned 24/7. The Contractor will be a repository.</p>



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119.	10	1.4.4	<p>The solution shall include an integrated Electronic Visit Verification (EVV) component that supports automated claims and billing, electronic signatures, GPS verification, mobile apps, save and send features and alternate methods of EVV.</p> <p>Can you identify what mobile devices would be used for this Component?</p>	No.
120.	11	1.4.5	<p>Develop and administer consumer satisfaction surveys</p> <p>How are customer satisfaction surveys delivered? i.e., electronically (email/website), via interview, or via paper survey (postal mail)?</p> <p>Is the contractor expected to conduct the surveys and gather/input the survey data?</p>	The Contractor shall conduct surveys and input survey data. The Offeror must determine the best delivery solution. All survey details must be approved by DOM before dissemination.
121.	11	1.4.5	<p>Entire Section</p> <p>Can the bidder submit a bid to only develop system requirements as part of this proposal, and then provide a separate quote for implementation once the requirements are defined?</p>	The Offeror must provide its best solution to the requirements of the RFP.



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122.	12	1.6	<p>The Contractor shall have the capacity (hardware, software and personnel) sufficient to fully manage and report on the project described in this RFP. The Contractor's information system must include a scalable database repository that supports large data sets and exponential growth in total database size over the life of the contract at no additional cost to DOM.</p> <p>Can you provide the current expected number of users for start-up? Can you provide a growth projection (i.e. 5x, 10x, 100x) for number of users over the life of the contract? Can you verify that you are requesting the Contractor to host the system?</p>	<p>There are too many variables, including the success of this project, to make a valid projection of enrollment growth.</p> <p>There are approximately 20,000 participants in the programs included in this project. In addition eligibility staff at the thirty (30) Medicaid Regional Offices and eighty-two (82) Department of Human Services offices will access the web portal while assisting potentially eligible individuals. The Contractor shall host the system.</p>
123.	12	1.6	<p>The Contractor shall fully comply with all HIPAA requirements and shall maintain compliance with federal HIPAA requirements throughout the term of the contract at no additional cost to DOM.</p> <p>Is the vendor required to have a HIPAA-certified system?</p>	



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124.	12	1.6	<p>6. The Contractor shall have facsimile and scanning capability, e-mail capability, and the ability to provide electronic imaging and storage of all supporting review documentation.</p> <p>Can you elaborate on facsimile input and the associated process?</p>	There are no requirements beyond those stated at 1.6.6
125.	13	1.6.2	<p>4. Contractor shall identify whether the DOM system runs in its own stand-alone environment or whether DOM shares a system environment with other Contractor clients</p> <p>Do you have a preference for standalone environment vs. shared environment?</p>	No.
126.	47	5.2	<p>2. A statement confirming that the Offeror is registered to do business in Mississippi and providing their corporate charter number to work in Mississippi, if applicable;</p> <p>Is the Offeror required to be registered to do business in Mississippi in order to bid on this RFP, or can registration be obtained after as a condition of a contract award?</p>	Registration with the Mississippi Secretary of State is easily done and can be done during the procurement process. It must be done before contract execution.



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127.	n/a	General	<p>ADA Compliance</p> <p>Shouldn't there be an ADA requirement in this proposal to have the software accommodate individuals with disabilities? We believe that all state and federal RFPs have this requirement.</p>	All deliverables under this RFP must meet all federal requirements of the American s with Disabilities Act.
128.	1.4.1	9	How many HCBS waiver programs and other programs offer self-direction?	The goal is to offer self-direction to all HCBS waiver programs and other programs.
129.	1.4.1	9	How many participants are enrolled per program?	<p>Assisted Living – 500 Elderly and Disabled – 14,000 Independent Living – 2,300 Intellectually/Developmentally Disabled – 1,900 Traumatic Brain/Spinal Cord Injury – 800 MYPAC – 250</p> <p>These numbers have been rounded to the nearest 100.</p>
130.	1.4.1	9	Is financial management provided as a contracted administrative function or as a defined Medicaid service for each program?	Financial management is currently covered only under the Independent Living Waiver but has not been fully implemented. Financial management may be extended to other appropriate participants in the future.
131.	1.4.1	9	<p>What is the financial management services model for each program</p> <ul style="list-style-type: none"> - Fiscal/Employer Agent (Common Law Employer) - Agency with choice (Co-Employer) - Both 	See response to question 129 above.



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132.	1.4.1	9	How many and what type of entity(s) currently provide financial management for each self-directed program?	See response to question 129 above.
133.	1.4.1	9	What is the information technology system currently used by financial management services providers/vendors use for each program?	See response to question 129 above.
134.	1.4.1	9	How many and what type of entity(s) currently provide support brokerage for each self-directed program?	<p>Assisted Living – Elderly and Disabled – 10 regional Planning and Development Districts provide case management services</p> <p>Independent Living – Mississippi Department or Rehabilitation Services provides case management services</p> <p>Intellectually/Developmentally Disabled – Mississippi Department of Mental Health provides case management services</p> <p>Traumatic Brain/Spinal Cord Injury – Mississippi Department or Rehabilitation Services provides case management services</p> <p>MYPAC – Designated behavioral health providers provide case management services</p>
135.	1.4.1	9	Should the integrated financial management system include a user-friendly web portal?	Yes.



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136.	1.4.1	9	If so, what user groups will need to have access and roles within the web portal?	At a minimum, the participant or their representative and DOM staff should have access to the Financial Management System.
137.	1.4.1	9	What individual budget data will the integrated financial management system track?	The Financial Management System should track funds available for use and how expended.
138.	1.4.1	9	Must the integrated financial management system support financial management services providers/vendors to enter data directly, or will data be entered via electronic data file interchange?	Providers should have access to enter data directly. Data may also be provided by other methods.
139.	1.4.1	9	Will there be a procurement process for financial management services? If so, when will this occur?	The Financial Management System is a part of this procurement. FMS providers can enroll by submitting a proposal packet to DOM Bureau of Long Term Care.
140.	1.4.1	9	Bullet #2: What type of existing data will be provided by DOM? How much data is involved?	DOM will provide demographic data, PAS information, plans of care and case management data for current waiver participants. There are approximately 20,000 participants.
141.	1.4.1	9	Bullet #3: Does the "menu" of services refer to a generic listing of services or to a directory of providers of those services?	Directory of providers.
142.	1.4.1	9	Does the web portal include a self-referral capability to the No Wrong Door requesting assistance?	Yes.



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143.	1.4.1	9	Does the web portal include a consumer-facing resource directory?	Yes.
144.	1.4.1	9	Bullet #3: Is the intent of this project to link to the existing ADRC Statewide Resource Directory in Mississippi?	No.
145.	1.4.1	9	Will providers receiving referrals be users of the system? If so, will they be able to enter their own service units?	Yes. They will enter service units into the plan of care for approval by DOM.
146.	1.4.1	9	Will all No Wrong Door access points become users of the application or will they continue to use existing systems and require electronic interfaces to be built?	They will be users of the application. No electronic interfaces are required at this time.
147.	1.4.1	9	Will the State provide a central call center or will there be a number of local call centers?	DOM plans to provide a single phone number that will route calls to appropriate service areas.
148.	1.4.1	9	How many systems within the DOM, MMIS, DHS, MDRS and DMH will require interfaces?	Data referral will be required with the DOM eligibility file, claims file, reference file, PAS, etc. Interfaces with other agencies are expected to be minimal.
149.	1.4.1	9	What are the requirements / specifications to interface with the systems listed in question 9?	This information will be provided to the successful bidder.



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150.	1.4.1	9	What are the data migration requirements for the DOM, MMIS, DHS, MDRS, DMH?	This information will be provided to the successful bidder.
151.	1.4.2	9	Is there a list of programs that are expected to be case managed using the care screening and assessment instruments?	Assisted Living, Elderly and Disabled, Independent Living, IDDD and Traumatic Brain Injury waiver MYPAC, and Bridge to Independence participants receive care management.
152.	1.4.4	10	Is there a definition of the service delivery information to be made available to consumers and caregivers?	No.
153.	1.5	11	Please clarify what the Contractor responsibilities would be for the CQI process, i.e., Bullet #3 says “Develop and administer consumer satisfaction surveys.” Who is the consumer – the Medicaid client or the case manager? Wouldn’t the Contractor be responsible for configuring the satisfaction survey and make it available to the case manager in the LTSS for distribution to the Medicaid consumer?	The consumer is the Medicaid beneficiary. This survey should not involve the case manager but should be conducted between the contractor and the beneficiary. Any evaluation must be free of potential conflict of interest. Results should only be shared with DOM.
154.	1.5	12	In a related question about the Annual Report, please explain the requirement to report on “patterns and trends” and “assessment of the impact of the LTSS system and estimated dollar savings.”	The Contractor shall include in its annual report patterns and trends discovered through the course of the year. The Contractor shall also include any qualitative or quantitative findings concerning the impact of the LTSS System including estimated savings.
155.	6	54	Do you have an estimate of the number of users who will be on the system? Do you expect them to be trained at a central site or will multiple sites across the State be utilized?	The Offeror must determine how best to meet this requirement of the RFP.



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156.	6	54	Will the State be responsible for providing computer labs for training purposes?	The Contractor is responsible for providing necessary training facilities.
157.	1.4	8	How many users will be participating in the Long Term Services and Supports Information and Tracking System	<p>DOM is not able to estimate the number of users.</p> <p>There are thirty (30) Medicaid Regional Offices assisting the current twenty thousand (20,000) participants.</p> <p>It is anticipated that DHS office staff throughout the state will also be users along with an unknown number of potential participants and their representatives.</p>
158.	N/A	N/A	Will DOM publish a list of vendors who have submitted a Letter of Intent on or before the due date?	This information will not be released during the procurement process.
159.	N/A	N/A	<p>Please provide the following information to better understand the size and scope of the EVV program, including the estimated number of members and providers for the life of the program given the BIP program goal to grow HCBS services. This data will support both planning and the firm and fixed pricing requirement:</p> <ol style="list-style-type: none"> 1) Number of expected HCBS recipients that require EVV (broken out by consumer directed and non-consumer directed) 2) Number of HCBS visits per member per month 3) Number of expected HCBS Providers using EVV systems; 4) Number of Consumer-Directed recipients using EVV 	Approximately 20,000 participants are enrolled in HCBS waivers. Independent Living is the only one offering self-direction with financial management. Other information is found in Appendix J of each waiver application approved by CMS.



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			5) Number of Personal Care employees, including number of specific Consumer Direct caregivers	
160.	N/A	N/A	What is the state's anticipated budget for EVV?	Budget information will not be released.
161.	1.4 Technical Requirements	8	<p>The RFP states, "It is understood that all five (5) of the required systems cannot be implemented simultaneously."</p> <p>Can DOM provide guidance regarding the timeline including:</p> <ol style="list-style-type: none"> 1) Anticipated Date of Award 2) Anticipated Date of Contract Execution 3) Anticipated Implementation start date(s) (Phase 1 and Phase 2) 4) Anticipated Launch Date(s) (Phase 1 and Phase 2) 5) Specific EVV program Implementation Start and Launch Date 	<p>Please see RFP Section 1.3 for the procurement timetable.</p> <ol style="list-style-type: none"> 1) Contract Award should occur the week of August 14 – 20. 2) Contract Execution will occur immediately following approval by the PSCRB on September 17. 3) Contract Start Date is October 1. 4) Phase 1 (Implementation) start is October 1. Phase 2 (Operations) start should be proposed by the Offeror. 5) The Offeror should propose a schedule that represents its best plan for successful implementation.



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162.	1.4.4 Electronic Visit Verification	10	<p>Please provide a list the specific HCBS services that will be required to use EVV.</p> <p>Please include information on how the service is billed (i.e. in units, visits, hours, etc.).</p>	<p>Assisted Living Waiver, Elderly and Disabled Waiver, Independent Living Waiver, Intellectually Disabled/ Developmentally Disabled Waiver, and Traumatic Brain Injury Waiver.</p>
163.	1.4.4 Electronic Visit Verification	10	<p>Do all HCBS services require an authorization? If all services do not require an authorization, please clarify the ones that do and do not. How does the DOM's claims adjudication system determine whether a claim is approved to pay?</p>	<p>All services must be approved in the plan of care. Contractor shall verify services are approved in the plan of care.</p>
164.	1.4.4 Electronic Visit Verification	10	<p>The first bullet for EVV requirements states "show all services that the client has received, including services from multiple providers and regardless of funding sources, or service entry method."</p> <p>Please clarify what 'regardless of funding source' mean? For example, would EVV be required for services that are not funded by Medicaid (i.e. private insurance)?</p> <p>How is DOM addressing HIPAA compliance if you are requesting to view information from other non-Medicaid funding sources?</p> <p>Will all claims be submitted to a single system for payment? If no, how many systems will be receiving claims from the EVV system?</p>	<p>This refers to other state funding sources, such as other grants to partner state agencies. The LTSS System should provide an accurate picture of services provided to the participant.</p> <p>This does not refer to Medicare or private health insurance.</p> <p>All claims will be submitted through the DOM MMIS for payment.</p>



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165.	1.4.4 Electronic Visit Verification	10	<p>The second bullet for EVV requirements states ‘Publish read-only service delivery information to consumers and their caregivers through a standard web page via secure log in”</p> <p>a) What is the goal/purpose of the read-only requirement for the consumers? b) What is DOM’s goal/purpose by giving caregivers read-only access to service delivery information?</p>	<p>The intent of this requirement is to allow consumers and their representatives to review and monitor their plan of care and services received.</p>
166.	1.4.4 Electronic Visit Verification	11	<p>The fourth bullet for EVV requirements states ‘Track worker credentials, including information about licenses, certifications, background checks, and trainings’.</p> <p>Does DOM require the EVV system to store certain documents to support worker compliance, such as copies of licenses or certification documentation? If yes, please provide an estimate of how many documents would be stored per worker. What is the approximate size of the documents to be stored?</p>	<p>The Contractor will be responsible for receiving and validating credential documents.</p>



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167.	1.9 Contractor Payment: Implementati on and Operations Pricing	15	<p>The Contractor Payment section indicates there will be firm and fixed pricing for both the implementation and operations price for all Program components. Is the EVV component held to the firm and fixed pricing or is there some flexibility with this particular component?</p> <p>Can DOM please provide year over year growth projections to support firm and fixed pricing?</p>	<p>The Offeror shall provide pricing as stipulated in the RFP and the Budget Summary. However, alternate pricing may be recommended for consideration by DOM.</p>
168.	1.9.4 Travel Price	15	<p>Section 1.9.4 states that “all travel costs should be included in the implementation and operations costs as necessary.”</p> <p>Can the travel costs, with no profit, be passed through to MS DOM?</p>	<p>Actual travel expenses should meet the requirements for travel as issued by the state and should include no profit to the Contractor. All travel costs should be included in the bid price.</p>
	General	N/A	<ol style="list-style-type: none"> 1. Please identify the number of individuals enrolled in each waiver program? 2. What is the estimated enrollment growth for each year of the contract? 3. Additionally, what is the estimated number of consumers and other users that will access the No Wrong Door (NWD) web portal? 	<p>There are too many variables, including the success of this project, to make a valid projection of enrollment growth.</p> <p>There are approximately 20,000 participants in the programs included in this project. In addition eligibility staff at the thirty (30) Medicaid Regional Offices and eighty-two (82) Department of Human Services offices will access the web portal while assisting potentially eligible individuals.</p>



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169.	General	N/A	<p>If an Offeror would like to negotiate certain Contract terms and conditions with the State:</p> <ol style="list-style-type: none">1) How should an Offeror submit exceptions to the terms and conditions of the RFP, including Contract terms and conditions?2) When should an Offeror submit such exceptions?	<p>Contract terms and conditions may be negotiated after award of the contract.</p>
170.	Cover page, 1.3	Cover , 6	<p>Please confirm the references in the RFP to proposal submission by 5:00pm "Central Standard Time" should be Central Daylight Time (CDT)</p>	<p>All references to Central Standard Time (CST) should read Central Daylight Time (CDT).</p>



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171.	<p style="text-align: center;">1.3 Procurement Overview</p> <p style="text-align: center;">4.3 Term of Contract</p> <p style="text-align: center;">App. A Budget Summary</p>	<p>6</p> <p>27</p> <p>59</p>	<p>Requirement Section 1.3 Table 1: RFP and Procurement Timetable – October 1, 2013 Contract Start Date</p> <p>Requirement Section 4.3, 2nd sentence: The Contract period begins September 1, 2013, and shall terminate on September 30, 2016.</p> <p>Requirement Appendix A – Operation Period 1, 9/1/13 – 9/30/14</p> <ol style="list-style-type: none"> 1. Please clarify the Contract Start Date. Is it October 1, 2013 after the September 17, 2013 PSCRB Meeting as indicated in the RFP and Procurement Timetable in Section 1.3? 2. If yes, should Section 4.3 and Appendix A: Budget Summary (Operation Period 1) state that the contract period begins October 1, 2013 instead of September 1, 2013? 3. Also, if the start date is October 1st, would the end date change? 	<p>The Contract period begins October 1, 2013 and shall terminate September 30, 2016.</p> <p>Appendix A – Budget Summary has been amended and is posted on the procurement web page.</p>
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172.	1.4 Technical Requirements and 1.6 System Requirements	8 13	<p>Requirement Section 1.4 Last paragraph: The Contractor shall ensure uniform and consistent training for all users of each of the required components.</p> <p>Requirement Section 1.6, #7: The Contractor shall provide uniform and consistent training to ensure DOM HCBS specialists are adequately informed and are provided with sufficient, appropriate, and timely information in order to respond to inquiries and assist clients.</p> <p>Please identify the number and type of users (State HCBS specialists, other staff etc.) that must be trained for each of the required five components during implementation and during ongoing operations. Additionally, please provide the same information for providers that must be trained.</p>	<p>There are twenty-five (25) Medicaid Regional Offices, eighty-two (82) DHS offices, DOM state staff, MDRS state staff, DHS state staff. Actual numbers are not available at this time.</p>
173.	1.4.1	9	<p>RFP states: Receive, track and coordinate both financial and functional Medicaid eligibility data through a flexible, user-friendly web portal.</p> <p>Can DOM elaborate what it means by coordinating both financial and functional Medicaid eligibility data?</p>	<p>Financial eligibility data refers to income and resources available to the applicant that will count towards the income and resource eligibility tests.</p> <p>Functional eligibility data refers to level of care or other requirement of functional eligibility tests.</p>



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174.	1.4.1	9	<p>Can DOM elaborate as to what it intended by the requirement to provide easy access, online, in-person and by phone to a menu of Medicaid and non-Medicaid support services. Please confirm if DOM is requiring that the vendor provide a web-based resource directory?</p> <p>If web-based, does DOM expect users to have the ability to create a secure log on and password so their information can be saved?</p>	<p>The Offeror should propose a web-based resource directory with secure log on and input capabilities.</p>
175.	1.41	9	<p>Can DOM confirm that it intends only for the vendor to provide the technical capabilities to collect and transmit information that will improve efficiency in the eligibility determination process?</p>	<p>Yes. The final eligibility determination will be made by DOM.</p>
176.	1.4.1	9	<p>Requirement (2nd bullet): Include existing data provided by DOM.</p> <ol style="list-style-type: none">1. Please describe the existing data that must be included in the NWD system component.2. Is this data electronic and if so can DOM provide file layouts and data dictionaries?3. How many years back does the historical data go, and is there a size estimate such as number of rows or size in gigabytes?	<p>DOM will provide current demographic data, PAS information, plans of care and case management data for current waiver participants.</p> <p>File layouts will be provided to the Contractor.</p>



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177.	1.4.1 Technical Requirements	9	<p>Requirement (3rd bullet): Provide easy access, online, in-person and by phone to a menu of Medicaid and non-Medicaid support services.</p> <p>Please confirm that State staff or their designee(s) will communicate the service information (including in-person and by phone) to individuals by using the NWD system component and that they will also print and provide the hard copies upon request.</p>	Yes.
178.	1.4.1 Technical Requirements	9	<p>Requirement (4th bullet): Improve efficiency in the eligibility determination process by initially gathering all client data necessary to make referrals for those potentially eligible for multiple LTSS services.</p> <ol style="list-style-type: none"> 1. What is the estimated number of service providers, and State and local organizations etc. that need to be listed in the resource directory for referral purposes? 2. And, what follow-up, if any, needs to be tracked with these other entities in the resource directory? 	The Contractor shall develop and maintain a list of resources.



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179.	1.4.1 Technical Requirements	9	<p>Requirement (Last bullet): Offer an integrated financial management system which tracks individual budgets for self-direction.</p> <p>Can DOM elaborate its expectations of the vendor when it states that the vendor must provide an integrated financial management system? Can DOM provide the detail requirements that are expected by this financial management system?</p>	The Offeror should propose its best solution for this requirement.
180.	1.4.1 Technical Requirements	9	<p>Requirement (Last bullet): Offer an integrated financial management system which tracks individual budgets for self-direction.</p> <ol style="list-style-type: none"> 1. Which waiver programs allow consumer self-directed care? 2. How many individuals per waiver program are eligible for self-directed care? 	Currently only the Independent Living Waiver includes self-direction. It is unknown how many of the 2,300 participants in the Independent Living Waiver will be interested in Financial Management System.
181.	1.4.1 Technical Requirements	9	<p>Requirement (Last bullet): Offer an integrated financial management system which tracks individual budgets for self-direction.</p> <ol style="list-style-type: none"> 1. How many State staff and consumers will use the integrated Financial Management System? 2. Will this system be required to interface with the agency responsible for self-directed provider payroll? 	<p>Approximately fifty (50) Medicaid central office staff will be users.</p> <p>The system should be available to FMS providers. Consumer usage is unknown at this time.</p> <p>The Contractor must have the ability to share electronic data. Data will be shared with DOM.</p>



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182.	1.4.1 Technical Requirements	9	<p>Requirement (5th bullet): Interface with all No-Wrong-Door access points, DOM MMIS, Department of Human Services (DHS), Department of Rehabilitation Services (MDRS), Department of Mental Health (DMH) and other appropriate systems.</p> <ol style="list-style-type: none"> 1. Please identify all of the interfaces and the type of interfaces required for the NWD component. 2. Please clarify the interface method? 	
183.	1.4.2 CSSAI	9	<p>Requirement (2nd bullet): Develop a screening (pre-assessment) tool in which outcomes, information, and data generated populate the client's core assessment instrument.</p> <p>Please provide the scoring methodology for the pre-assessment tool.</p>	The scoring methodology for the pre-assessment is part of the scope of work requirements for this RFP.
184.	1.4.2 CSSAI	9	<p>Requirement (2nd bullet): Develop a screening (pre-assessment) tool in which outcomes, information, and data generated populate the client's core assessment instrument.</p> <p>Please confirm that the pre-assessment tool should be available on the NWD website.</p>	Yes.



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185.	1.4.2 CSSAI	9	<p>Requirement (Last bullet): Allow electronic submission of provider forms and documentation through a variety of electronic media.</p> <p>Please identify the type and volume of provider forms and other documentation that will be submitted electronically?</p>	The Contractor shall be required to develop and recommend types and formats of provider forms and other documentation to be submitted through this system.
186.	1.42 & 1.4.3	9 & 10	<p>Can DOM provide the expected number of DOM staff or designated agents working on its behalf that the Contractor shall allow to access the system?</p> <p>Please break down these users within the following categories? State staff, agency partners, providers, consumers, other.</p>	<p>Access should be provided for approximately fifty (50) DOM central office staff and staff in the thirty (30) Medicaid Regional Offices,</p> <p>Estimates for other users are not available at this time.</p>
187.	1.4.4	10	<p>Can DOM confirm that the reference to all services is all the services processed through the EVV system?</p>	The EVV system should include all services indicated on the plan of care
188.	1.4.4	10	<p>Can DOM define what it means by service delivery information?</p>	The Contractor shall make available information concerning services that have been approved or provided through the waiver.
189.	1.4.3 CM	10	<p>Requirement (3rd bullet): Link service authorization to care plan</p> <p>In what system will the service authorization be generated?</p>	Service authorization should be based on the Plan of Care.



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190.	1.4.3 CM	10	<p>Requirement (5th bullet): Support electronic submission of service provision verification documents.</p> <p>Please explain what service provision verification documents are, who will submit them, and how they will be used.</p>	<p>The Offeror should determine how best to respond to this requirement.</p>
191.	1.4.3 CM	10	<p>Requirement (Last bullet): Support a 24/7 incident reporting and notification</p> <p>Please explain who will report incidents and who needs to be notified. What type of incidents should be reported e.g., administrative or clinical?</p>	<p>Reporting and notification must adhere to all state and federal laws and regulation.</p> <p>CMS and Mississippi's Vulnerable Adult Act both require and define incidents that must be reported and by whom.</p>
192.	1.4.4 EVV	10	<p>Requirement (2nd bullet): Publish read-only service delivery information to consumers and their caregivers through a standard web page via secure log in.</p> <ol style="list-style-type: none"> 1. Can DOM define what it means by service delivery information? 2. What is the estimated number of users that will require this access? 	<p>The Contractor shall make available information concerning services that have been approved or provided through the waiver.</p> <p>There are approximately 20,000 waiver participants.</p>
193.	1.4.4 EVV	11	<p>Requirement (1st bullet): Track provider staff including name, address, contact information, start and end dates, service units provided, and office number.</p> <p>Please confirm that the State or its designee (excluding the contractor) will be responsible for obtaining and entering this information into the EVV component.</p>	<p>DOM will share its pertinent available data, but the Offeror should propose mechanisms for populating these data elements in the EVV.</p>



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194.	1.4.4 EVV	11	<p>Requirement (2nd bullet): Track worker credentials, including information about licenses, certifications, background checks, and trainings.</p> <p>Please confirm that the State or its designee (excluding the contractor) is responsible for performing these functions (worker background checks etc.) and will obtain and enter this information into the EVV component.</p>	<p>The Contractor shall verify that each service provider meets service qualification standards in order to ensure that only qualified providers are providing services.</p>
195.	1.4.5 CQI	11	<p>Requirement (1st paragraph): The Contractor shall have a written program which outlines the program structure and accountability and <u>includes a quality of care review process</u> that is in accordance with local and national standards and approved by DOM.</p> <p>Please advise as to whether the State or its designee will perform the quality of care reviews or whether the State expects the Contractor to perform quality of care reviews. If the latter, please provide the State's requirements for performing these reviews e.g., desk reviews, onsite reviews, number of reviews per month etc. so that staffing requirements can be determined.</p>	<p>State will conduct reviews using information in the system; therefore information must be available and obtainable in the system.</p>
196.	1.4.5 CQI	11	<p>Requirement (3rd bullet): Develop and administer consumer satisfaction surveys.</p> <p>Is administration of the satisfaction surveys via the web portal on an annual basis acceptable? Please provide the estimated number of surveys annually.</p>	<p>The Contractor shall determine the number and method of conducting surveys. All survey processes shall be approved by DOM before the survey is initiated.</p>



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197.	1.4.5 CQI	11	Can DOM confirm that it expects the vendor to conduct quality of care reviews to include record reviews and inter-rater reliability assessments of state staff and providers who are using the system?	The Contractor shall conduct quality of care reviews. The Offeror must determine how to best meet this requirement.
198.	1.5 Reporting Requirements	12	Requirement (7th bullet): Assessment of the impact of the LTSS program indicating improved outcomes and <u>estimated dollar savings</u> , if applicable; Does the state have a define methodology for estimating program dollar savings?	No.
199.	1.6	12-13	Please confirm that the RFP is missing Section 1.6.1.	There is no Section 1.6.1.
200.	1.6 System Requirements, item #2	12	Requirement #2, 2nd sentence: The Contractor's information system must include a scalable database repository that supports large data sets and exponential growth in total database size over the life of the contract <u>at no additional cost to DOM</u> . <ol style="list-style-type: none"> 1. What is the maximum database size required for the information system? 2. Is there a timeframe when the contractor could reasonably move active records to an archive? 	The Offeror should propose time frames in which to archive records. Records shall remain available (not archived) through annual recertification.



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201.	1.6 System Requirements, item #4	12	<p>Requirement #4 The Contractor shall fully comply with all HIPAA requirements and shall maintain compliance with federal HIPAA requirements throughout the term of the contract <u>at no additional cost to DOM.</u></p> <p>Please confirm that Federal HIPAA requirement changes that impact the contract will be reviewed through a change management process. If a change request results in an approved contract amendment for an expanded technical or operational scope of work, this could result in additional cost to DOM.</p> <p>The enactment of new regulations or changes to HIPAA that may occur during the term of the Contract are unknown by the parties at this time. Offerors are unable to price for such changes in current law or for the enactment of new laws, and we request that DOM add language to the Contract that the parties will negotiate an amendment or change order to the Contract in order for an Offeror to meet such new or changed HIPAA laws or regulations. Such change order and amendment should also include an equitable adjustment to Offeror's price for the services. It would be impossible to price for such unknown risks and unfair to expect the Offeror's services to remain compliant with such new or changed laws without compensating Offeror.</p>	RFP Section 4, Terms and Conditions, provides instructions concerning change orders, modifications and amendments.
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202.	1.6 System Requirements, item #6	12	<p>Requirement #6 The Contractor shall have facsimile and scanning capability, e-mail capability, and the ability to provide electronic imaging and storage of all supporting review documentation.</p> <p>Is it the State's expectation that PHI be transmitted via email and/or fax? What is the estimated volume of documents that will be faxed? Will the state please specifically indicate the document types that will be transmitted?</p>	<p>All communication systems must be HIPAA compliant.</p> <p>DOM has no estimates of document volumes.</p> <p>The Offeror must determine types of document types that will be included. This is a new process.</p>
203.	1.6 System Requirements, item #6	12	<p>Requirement #6 The Contractor shall have facsimile and scanning capability, e-mail capability, and the ability to provide electronic imaging and storage of all supporting review documentation.</p> <ol style="list-style-type: none"> 1) What is the estimated number of distinct document types for the in scope process? 2) What is the estimated volume count of documents monthly? 	<p>There are no specifications for this requirement beyond those in the RFP. The Offeror must determine how best to respond.</p>
204.	1.6 System Requirements, item #6	12	<p>Requirement #6</p> <ol style="list-style-type: none"> 1. What are the potential file types (.PDF, .TIFF, MS Office documents, etc.) that will be stored? 2. What is the estimate average document size in GB? 	<p>There are no specifications for this requirement beyond those in the RFP. The Offeror must determine how best to respond.</p>



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205.	1.6 System Requirements, item #6	12	<p>Requirement #6</p> <ol style="list-style-type: none">1. Will there be any requirement to back file any historical data, if so can you describe the current state of these documents (paper, electronic etc.) and an estimated volume of the data in MB?2. Will there be any requirement for the Contractor to provide staff to perform scanning services?	There are no specifications for this requirement beyond those in the RFP. The Offeror must determine how best to respond.
206.	1.6 System Requirements, item #6	12	If scanning services are to be completed by the State is the scanning centralized or decentralized. If decentralized, how many sites are in scope?	Scanning services to be completed by DOM are not included in this RFP.
207.	1.6 System Requirements, item #10	13	<p>Requirement #10 The current MMIS/MEDS does not integrate with other systems. Currently, updates to the systems are performed by DOM's Fiscal Agent through interfaces via a batch process. DOM is open to creative options for interfacing to the existing systems. The Contractor must describe in detail their proposed approach to interfacing to the existing MMIS and/or MEDS system. Please clarify which of the 5 system components need to interface with the MMIS/MEDS. Additionally, please identify all of the interfaces and the type of interfaces required for each of the five components.</p>	All five system components will interface with the MMIS/MEDS.



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208.	1.6	13	<p>DOM will be replacing the current Medicaid Management Information System (MMIS) with a new Medicaid Enterprise System (MES) within the next three (3) to four (4) years. The Contractor may be required to work with the incumbent as well as a possible replacement vendor to establish interfaces to the new system and may be required to run concurrent interfaces during the transition period. Interfaces to the new MES will be required to be non-proprietary and based on CMS standards.</p> <p>Should vendor cost for interfaces to the new MES in year 3 and 4?</p>	<p>This is provided for informational purposes. The impact of the new MES on this contract is not known.</p> <p>However, DOM wishes to cover as much infrastructure cost as possible with BIP funding which expires September 30, 2015.</p>
209.	1.8.2	14	<p>Please confirm that Contractor is required to comply with performance requirements subject to liquidated damages during the Operation phase of the Contract only, and that the performance requirements and liquidated damages do not apply during the Implementation phase?</p>	<p>The Terms and Conditions are applicable through the entire term of the contract. It is unlikely that a situation would occur to invoke this clause during the Implementation Phase, but it is not waived.</p>
210.	1.8.2	14	<p>The enactment of new regulations or changes to current laws that may occur during the term of the Contract are unknown by the parties at this time. Offerors are unable to price for such changes in current law or for the enactment of new laws, and we request that DOM add language to the Contract that the parties will negotiate an amendment or change order to the Contract in order for an Offeror to meet such new or changed laws or regulations. Such change order and amendment should also include an equitable adjustment to Offeror's price for the services. It would be impossible to price for such unknown risks and unfair to expect the Offeror's services to remain compliant with such new or changed laws without compensating Offeror.</p>	<p>RFP Section 4, Terms and Conditions, provides instructions concerning change orders, modifications and amendments.</p>



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211.	1.92	15	<p>This section addresses the Operations' price. The second paragraph of this section reads, <i>"Payments will be based on submitted invoices and progress reports. Progress reports must provide a description sufficient to support payment by DOM. The deliverable-based payments for this project will be made only upon DOM acceptance of the prescribed deliverables."</i></p> <p>Please define what is expected by the State for Operations' progress reports and deliverables.</p>	DOM requires monthly invoices with supporting documentation sufficient to justify payment.
212.	1.9.6, 4.5, 4.16	16, 32, and 44	<p>Sections 6.1, 1.9.2 and 3.3.5 refer to the proposed contract as "firm fixed price. Sections 4.16, 4.5 and 1.9.6 refer to providing the State audit-related information resulting from the contract and providing contingencies to receive refunds or modifications to the contract to reduce the price.</p> <p>Will the State eliminate these references in Sections 4.16, 4.5 and 1.9.6?</p>	These clauses will not be eliminated or amended.
213.	2.1, #1	17	<p>What is the definition of "sanctioned" in paragraph #1 of RFP Section 2.1?</p> <p>What kind of documentation should the Offeror provide with its proposal in order to show that it has not been sanctioned by a state or federal government within the last 10 years?</p>	The Offeror is required to include the signed DHHS Certification Regarding Debarment, Suspension, and Other Responsibility Matters for Primary Covered Transactions (Exhibit 2) with the Transmittal Letter.



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214.	2.3	17	<p>Will DOM please revise RFP Section 2.3 as follows:</p> <p>All statistical information provided by DOM in relation to this RFP represents the best and most accurate information available to DOM from DOM records at the time of the RFP preparation. DOM, however, disclaims any responsibility for the inaccuracy of such data. Should any element of such data later be discovered to be inaccurate, such inaccuracy shall not constitute a basis for contract rejection by any Offeror. Neither shall such inaccuracy constitute a basis for renegotiation of any payment rate after contract award. The parties agree that Contractor has relied on the accuracy of statistical data provided by DOM for the preparation and the pricing of Contractor's proposal to DOM. Statistical information is available on DOM's Website. <u>Should the statistical data prove to be incorrect up or down by 10%, the parties agree to negotiate a prospective equitable adjustment to Contractor's price through an amendment to the Contract.</u></p>	DOM will not revise Section 2.3.
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215.	4.2	26	Please confirm that Contractor will not be liable for both liquidated damages and actual damages for the same failure under the Contract.	Confirmed.
216.	4.2	26	<p>Will DOM please add the following to this section:</p> <p><u>DOM and Contractor agree that a single performance level failure shall result in the imposition of only one liquidated damage assessment in one month. DOM and Contractor agree that liquidated damages shall not be assessed for performance failures that occur because any of one of the following circumstances:</u></p> <ul style="list-style-type: none"> i. <u>When the failure is due to the acts or omissions of the client or a third party outside of the Contractor's reasonable control;</u> ii. <u>When changes in scope, direction, budget, or program funding are made at the request of DOM, and such changes impact Contractor's ability to perform in accordance with the performance requirements;</u> ii. <u>When an excusable event occurs in accordance with Section 4.3.5; or</u> v. <u>When any stated assumptions on which a performance requirement is based turns out not to have been correct.</u> 	DOM will not amend this section.



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217.	4.3 App. B	27 59	<p>The proposed term of the contract as documented in Section 4.3 is 3 base years with 2 one-year extensions. The Appendix B template covers the base term only. Does the State want option year pricing as part of this response? If not, could the State please provide their expectations in regard to addressing option year pricing?</p>	<p>The Offeror should provide optional year pricing on a separate Appendix A Budget Summary.</p>
218.	4.3.2	28	<p>Will DOM please consider adding the following to the contract:</p> <p>For any termination by DOM that is not due to the breach or default of Contractor, in addition to DOM paying Contractor the contract price for services rendered and goods received through and including the date of termination, the total amount payable to the Contractor shall also include: the recovery of allowable costs incurred or obligated but unbilled as of the date of termination; unamortized costs; costs incurred in the performance of the work terminated, including, but not limited to start-up costs and preparatory expense allocable thereto; the cost of settling and paying termination settlements under terminated subcontracts and leases; accounting, legal, clerical, and other expenses reasonably necessary for the preparation and negotiation of termination settlement proposals and termination claims; and a fair and reasonable profit on the foregoing costs.</p>	<p>DOM will not amend this section.</p>
219.	4.3.2.1	28	<p>Will DOM provide Contractor's with at least thirty (30) days to cure a default, prior to any termination?</p>	<p>DOM will allow thirty (30) days to cure a default, prior to any termination.</p>



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220.	4.3.2.1	28	<p>Will DOM please modify the 5th paragraph in this section as follows:</p> <p>“In the event of a termination for default, the Contractor shall be paid for those deliverables which the Contractor has delivered to DOM <u>and for services provided through the effective date of termination</u>. Payments for completed deliverables delivered to and accepted by DOM <u>and services provided through the effective date of termination</u> shall be at the contract price.”</p>	DOM will not amend this section.
221.	4.3.2.2	29	<p>Will DOM provide Contractor with at least ninety (90) days’ notice for a termination for convenience in order to provide time to wind down the services under the Contract?</p>	DOM will not amend this section.
222.	4.3.2.3	29	<p>Prior to a termination due to Contractor bankruptcy or other event relating to Contractor’s solvency, will DOM allow the Contractor to have 60 days to get the bankruptcy or other event dismissed prior to terminating the Contract?</p>	DOM will not amend this section.



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223.	4.3.2.4	29	<p>Will DOM please change the notice requirement to terminate the Contract for unavailability of funds to at least 60 days?</p> <p>In addition, will DOM please add the following to the end of this RFP Section:</p> <p style="padding-left: 40px;">The State must notify the Contractor, in writing, at least sixty (60) days prior to the expiration of the contract whether funds are available or not available for the continuation of the contract for each succeeding contract extension period. In the event of cancellation, as provided in this section, the Contractor will be reimbursed within thirty (30) calendar days of final billing for any completed or partially completed deliverables and services provided by Contractor prior to and through the effective date of cancellation, including any out-of-pocket costs and reasonable costs incurred or obligated but unbilled as of the date of cancellation; unamortized, reasonably incurred, nonrecurring costs incurred as of the date of cancellation; costs incurred in the performance of the work cancelled, including but not limited to start-up costs and preparatory expenses; costs of settling and paying cancelled subcontracts and/or leases; accounting, legal, clerical and other expenses reasonably necessary for the preparation and negotiation of cancellation settlement proposals and claims; and a fair and reasonable profit on the foregoing costs.</p> <p>Any such cancellation will become effective on the last day of the fiscal period for which appropriations were received. This section shall not be construed so as to permit the State to cancel this Contract in order to acquire the services from a third party or to insource</p>	<p>DOM will not amend this section.</p>
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224.	4.3.3.2	30	<p>Will DOM please modify the 1st paragraph of this section as follows:</p> <p>“Except for Termination for Contractor Default, DOM will make payment to the Contractor on termination and at contract price for completed deliverables delivered to and accepted by DOM. The Contractor shall be reimbursed for partially completed deliverables <u>and services provided through the effective date of termination</u>, accepted by DOM, at a price commensurate with actual cost of performance.”</p>	DOM will not amend this section.
225.	4.3.4	31	<p>Will DOM please add the following to this section:</p> <p><u>“Notwithstanding the above, the Contractor may, upon notice to DOM, 1) assign its rights or obligations under the Contract to an Affiliate or successor in business which agrees to be bound by all terms and conditions of the Contract, and 2) factor or otherwise assign its accounts receivable in connection with the Contract. “Affiliate” means any entity controlled by or under common control of the Contractor, with “control” meaning the ownership of 50% or more of the outstanding equity interest.”</u></p>	DOM will not amend this section.



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226.	4.6	32	<p>Will DOM please modify the following section as follows:</p> <p>The Contractor shall not subcontract any portion of the services to be performed under this Contract without the prior written approval of DOM. The Contractor shall notify DOM not less than thirty (30) days in advance of its desire <u>executing an agreement</u> to subcontract and include a copy of the proposed subcontract with the proposed subcontractor.</p>	DOM will not amend this section.
227.	4.7.4	33	<p>Prior to any inspections, will DOM please provide at least 10 calendar days reasonable notice to Contractor of an inspection?</p> <p>In addition, please confirm that DOM agrees that Contractor may enter into a confidentiality agreement with third party, non-State agency organizations, who are entering Contractor's premises for inspections?</p>	<ol style="list-style-type: none">1) DOM will not amend this section.2) DOM has no control over the Offeror's confidentiality efforts beyond what is required in the RFP, and will not amend this section.
228.	4.7.5	34	<p>Will DOM delete the last sentence of the third paragraph? (...<i>If none of the alternatives are reasonably available, the Contractor agrees to take back the article and refund the total amount DOM has paid the Contractor under this contract for use of the article.</i>)</p>	DOM will not amend this section.



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229.	4.7.6	34	Will DOM please change the 3 workday requirement to retrieve documents to 7 workdays?	DOM will not amend this section.
230.	4.7.6	34	Will DOM please add the following to this section: <u>“Access to Contractor’s records is subject to a confidentiality agreement with DOM and is limited to those records that specifically pertain to this Contract. Access to financial records and any data related to contractor’s financial condition is limited to publicly available information and documents. Access to and audits of contractor’s records shall be supervised to ensure the access/audit does not impede or interfere with contractor’s business operations.”</u>	DOM will not amend this section.



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231.	4.9.1	34	<p>Will DOM please modify the 1st paragraph of this section as follows:</p> <p><u>“The Contractor shall be required to conform to all applicable federal and state laws, regulations, and policies as they exist or as amended; provided, however, to the extent that there are subsequent changes or updates to such applicable laws, regulations, and policies, such changes will be handled through a change order or amendment to the Contract (which may include but is not limited to changes in scope and price), which shall be agreed upon by the Contractor and DOM.”</u></p>	DOM will not amend this section.
232.	4.9.6	36	<p>Will DOM please revise this RFP Section 4.9.6 to state:</p> <p>In the event that DOM either party deems it necessary to take legal action to enforce any provision of the contract, the Contractor non-prevailing party shall bear the cost of such litigation, as assessed by the court, in which DOM prevails. Neither the State of Mississippi nor DOM shall bear any of the Contractor's cost of litigation for any legal actions initiated by the Contractor against DOM regarding the provisions of the contract. Legal action shall include administrative proceedings.</p>	DOM will not amend this section.



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233.	4.9.7	36	<p>Will DOM please revise this RFP Section 4.9.7 to state:</p> <p>The Contractor agrees to pay reasonable attorney fees incurred by the State and DOM in enforcing this agreement or otherwise reasonably related thereto. The non-prevailing party in any litigation, including administrative proceedings, shall pay the reasonable attorney fees of the prevailing party.</p>	DOM will not amend this section.
234.	4.10	36	<p>Will DOM please revise RFP Section 4.10 on indemnification in order to reflect that Contractor should be at fault in order for the indemnification to apply, as follows:</p> <p>The Contractor agrees to indemnify, defend, save, and hold harmless DOM, the State of Mississippi, their officers, agents, employees, representatives, assignees, and contractors from any and all <u>third party</u> claims and losses accruing or resulting to any and all the Contractor employees, agents, subcontractors, laborers, and any other person, association, partnership, entity, or corporation furnishing or supplying work, services, materials, or supplies in connection with <u>due to Contractor's negligent performance or intentional misconduct</u> of this contract, and from any and all <u>third party</u> claims and losses</p>	DOM will not amend this section.



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			<p>accruing or resulting to any such person, association, partnership, entity, or corporation who may be injured, damaged, or suffer any loss by the <u>due to</u> Contractor's <u>negligence or willful misconduct</u> in the performance of the contract.</p> <p>The Contractor agrees to indemnify, defend, save, and hold harmless DOM, the State of Mississippi, their officers, agents, employees, representatives, assignees, and contractors against any and all <u>third party</u> liability, loss, damage, costs or expenses which DOM may sustain, incur or be required to pay: 1.) by reason of any person suffering personal injury, death or property loss or damage of any kind either while participating with or receiving services from the Contractor under this contract <u>due to Contractor's negligence or willful misconduct</u>, or while on premises owned, leased, or operated by the Contractor <u>and Contractor is negligent or commits willful misconduct in maintaining Contractor's premises</u> or while being transported to or from said premises in any vehicle owned, operated, leased, chartered, or otherwise contracted for or in the control of the Contractor or any officer, agent, or employee thereof <u>and where Contractor is negligent or commits willful misconduct while operating the vehicle</u>; or 2.) by reason of the Contractor or its employee, agent, or person within its scope of authority of this contract causing injury to, or damage to the person or property of a person including but not limited to DOM or the Contractor, their employees or agents, during any time when the Contractor or any officer, agent, employee thereof <u>is negligent or commits willful misconduct</u> has undertaken <u>or is furnishing</u> in performing the services called for</p>	
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			<p>under this contract.</p> <p>The Contractor agrees to indemnify, defend, save, and hold harmless DOM, the State of Mississippi, their officers, agents, employees, representatives, assignees, and contractors against any and all <u>third party liability</u>, loss, damages, costs or expenses which DOM or the State may incur, sustain or be required to pay by reason of the Contractor, its employees, agents or assigns: 1.) failing to honor copyright, patent or licensing rights to software, programs or technology of any kind in providing services to DOM, or 2.) breaching in any manner the confidentiality required pursuant to federal and state law and regulations.</p> <p>The Contractor agrees to indemnify, defend, save, and hold harmless DOM, the State of Mississippi, their officers, agents, employees, representatives, assignees, and contractors from all <u>third party claims</u>, demands, liabilities, and suits of any nature whatsoever arising out of the contract because of any breach of the contract by the Contractor, its agents or employees, including but not limited to any occurrence of omission or commission or negligence of the Contractor, its agents or employees.</p> <p>If in the reasonable judgment of DOM a default by the Contractor is not so substantial as to require termination and reasonable efforts to induce the Contractor to cure the default are unsuccessful and the default is capable of being cured by DOM or by another resource without unduly interfering with the continued performance of the Contractor, DOM may provide or</p>	
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			<p>procure such services as are reasonably necessary to correct the default. In such event, the Contractor shall reimburse DOM for the <u>difference between the cost of the services as provided by Contractor and the cost of the services as provided by a third party</u> entire cost of these services. DOM may deduct the cost of those services from the Contractor's monthly administrative invoices. The Contractor shall cooperate with DOM or those procured resources in allowing access to facilities, equipment, data or any other Contractor resources to which access is required to correct the default, <u>in accordance with a mutually agreeable confidentiality agreement between the Contractor and the third party</u>. The Contractor shall remain liable for ensuring that all operational performance standards remain satisfied, <u>but shall not be liable to meet performance standards for services performed by the third party</u>.</p>	
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235.	4.10	36	<p>Will DOM please add the following to this section:</p> <p><u>“The Contractor’s obligations under this section with respect to any legal action are contingent upon DOM giving the Contractor (1) written notice of any action or threatened action, (2) the opportunity to take over and settle or defend any such action at Contractor’s sole expense, and (3) reasonable assistance in defending the action. The Contractor shall not be liable for any cost, expense, or compromise incurred or made by DOM in any legal action without the Contractor’s prior written consent, which shall not be unreasonably withheld.”</u></p>	DOM will not amend this section.
236.	4.10.1	37	<p>Will DOM please revise this RFP Section 4.10.1 to state:</p> <p>Nothing in this contract shall be interpreted as excluding or limiting any liability of the Contractor for harm caused by the intentional or reckless conduct of the Contractor, or for damages incurred in the negligent performance of duties by the Contractor, or for the delivery by the Contractor of products that are defective, or for breach of contract or any other duty by the Contractor. Nothing in the contract shall be interpreted as waiving the liability of the Contractor for consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense related to the Contractor’s conduct or performance under this contract. Each party’s liability to the other party under this Contract shall not exceed an amount equal to the</p>	DOM will not amend this section.



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			<p><u>fees payable to Contractor under this Contract for the twelve (12) complete calendar months immediately preceding the month in which the event giving rise to the liability occurred (or, if the event giving rise to the liability occurs during the first twelve (12) months after the Effective Date of the Contract, the total fees estimated to be payable to Contractor for such first twelve (12) months). Further, in no event shall either party have any liability to the other party for any lost profits, or for any indirect, special, punitive or consequential damages, however caused, whether for breach of contract, negligence or otherwise, and whether or not either party has been advised of the possibility of such damage.</u></p>	
237.	4.11.2	38	<p>Will DOM please revise this RFP Section 4.11.2 to state:</p> <p>The Contractor shall not knowingly engage on a full-time, part-time, or other basis during the period of the contract, any professional or technical personnel who are or have been at any time during the period of the contract in the employ of DOM, without the written consent of DOM. Further, the Contractor shall not knowingly engage in this project, on a full-time, part-time, or other basis during the period of the contract, any former employee of DOM who has not been separated from DOM for at least one (1) year, without the written consent of DOM.</p> <p><u>During the term of the Contract and one year thereafter, DOM shall not knowingly engage on a full-time, part-time, or other basis any professional or technical personnel of Contractor who worked on this Contract, without Contractor's prior written consent.</u></p>	DOM will not amend this section.



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			The Contractor shall give priority consideration to hiring interested and qualified adversely affected State employees at such times as requested by DOM to the extent permitted by this contract or state law.	
238.	4.13.9 Additional Requirements of DOM and Contractors	42	<p>Could the State please clarify that this section applies to providers of LTSS services as stated in accordance with 42 C.F.R. § 455.436. Otherwise, please clarify what is expected of the Contractor in this requirement.</p> <p>For example, the requirement states that ‘the Contractor is to enroll, re-enroll, credential, or re-credential our subcontractors and any person with an ownership or control interest or who is an agent or managing employee of the subcontractor through routine checks of federal databases’. The wording of this requirement makes it appear as if the Contractor is required to enroll and credential agents or managing employees. This isn’t a typical business function of LTC Contractors.</p> <p>What is the state’s expectation regarding contractors that are publicly traded companies with numerous shareholders?</p>	This section applies to all Medicaid contractors, as specified in the applicable federal regulation. It is up to all contractors to independently determine if its business functions necessitate such checks. This federal requirement applies to all Medicaid contractors, regardless of business type.
239.	4.14.1	42-43	<p>Will DOM please modify this section as follows: “The Contractor may insure any portion of the risk under the provision of the contract based upon the Contractor’s ability (size and financial reserves included) to survive a series of adverse experiences, including withholding of payment by DOM, or imposition of penalties by DOM.</p> <p>On or before beginning performance under this Contract, the Contractor shall obtain from an insurance company, duly authorized to do business and doing business in</p>	DOM will not amend this section.



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		<p>Mississippi, insurance as follows:</p> <p>4.14.1 Workers' Compensation The Contractor shall take out and maintain, during the life of this contract, workers' compensation insurance for all employees employed by Contractor under the Contract in Mississippi. Such insurance shall fully comply with the Mississippi Workers' Compensation Law. In case any class of employees engaged in hazardous work under this contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide adequate insurance satisfactory for protection of his or her employees not otherwise protected. <u>The Contractor shall carry workers' compensation insurance for its employees and shall provide evidence of workers' compensation insurance post contract award via a standard ACORD form type certificate of insurance.</u></p> <p>4.14.2 Liability The Contractor shall ensure that professional staff and other decision making staff shall be required to carry professional liability insurance in an amount commensurate with the professional responsibilities and liabilities under the terms of this RFP and other supplemental contractual documents. <u>The Contractor shall require such professional staff and other decision making staff to carry their own professional liability insurance at professional staff's and other decision making staff's expense.</u></p> <p>The Contractor shall obtain, pay for and keep in force during the contract period commercial general liability</p>	
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			<p>insurance against <i>with a combined single limit for</i> bodily injury or death <i>and property damage</i> in an amount commensurate with the responsibilities and liabilities under the terms of this RFP <i>of \$1 million per occurrence and \$2 million general aggregate</i>; and insurance against property damage and, <i>if applicable, shall carry</i> fire insurance including <i>covering Contractor's</i> contents coverage for all records maintained <i>by the Contractor and while in the Contractor's care, custody, and control</i></p> <p>pursuant to this contract in an amount commensurate with the responsibilities and liabilities under the terms of this RFP <i>to be negotiated</i>. On an annual basis, the Contractor shall furnish to DOM <i>standard ACORD form type</i> certificates evidencing such insurance is in effect on the first working day following contract signing.”</p>	
240.	4.15.2	43	<p>Please confirm that an Offeror does not need to obtain a protective order prior to posting a redacted version of the Contract to the Department of Finance and Administration's independent agency contract website for public access. Rather, does DOM agree that a protective order would be needed to protect an Offeror's confidential information and trade secrets if a request is made to the State for this information under the Mississippi Public Records Act of 1983?</p>	<p>A fully executed unredacted copy of the resultant contract, including the redacted Technical Proposal and redacted Business Proposal, shall be posted to the State of Mississippi's transparency website.</p> <p>However, if a request is made by a third party for the Offeror's Technical and Business Proposals, DOM is required to release unredacted documents unless the Offeror seeks and obtains a protective order. Notice will be given as specified in section 4.15.2 of the RFP.</p>
241.	5.4.2	49	<p>Will DOM please confirm that an Offeror may submit its parent company's audited consolidated publicly traded financial statements (Annual Report) to satisfy this requirement?</p>	<p>Confirmed.</p>



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242.	6.3 App. A	54 59	<p>Per Section 6.3, Item #2, “Additional pricing schedules to adequately explain method of cost determination including all assumptions (i.e. service or enrollment volume assumptions).”</p> <p>Appendix A, Item #1 states-- Offerors must provide, as an attachment to the Budget Summary, a detailed worksheet by line item of all cost as it pertains to the Contractor responsibilities outlined in Section 1.0 of the RFP.</p> <p>Will the State provide a sample template for this purpose?</p>	No.
243.	App. A	59	<p>Is the Total Contract Cost line supposed to contain the Implementation cost or is this only for Operations?</p>	The Total Contract Cost line should include implementation and operation costs.
244.	App. B, III.g.	63	<p>Will DOM please modify this section as follows:</p> <p>“Business Associate agrees to provide access, at the request of DOM, and in the time and manner designated by DOM, to PHI in a Designated Record Set, to DOM or, as directed by DOM, to an Individual in order to meet the requirements under 45 CFR § 164.524.”</p>	DOM will not negotiate its Business Associate Agreement.



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245.	App. B, III.h.	63	<p>Will DOM please modify this section as follows:</p> <p>“Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that DOM directs or agrees to pursuant to 45 CFR § 164.526 at the request of DOM or an Individual, and in the time and manner designated by DOM. Business Associate shall forward all requests by an Individual to DOM for disposition.”</p>	DOM will not negotiate its Business Associate Agreement.
246.	App. B, III.I.	63	<p>Will DOM please modify this section as follows:</p> <p>“Not to exceed one year annually and upon reasonable notice, Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the Use and Disclosure of PHI received from, or created or received by Business Associate on behalf of, DOM available to the Secretary for purposes of determining DOM's compliance with the Privacy Rule, subject to Business Associate’s privacy and security policies.”</p>	DOM will not negotiate its Business Associate Agreement.