



Official Responses to Submitted Questions

RFP # 20110902

Preadmission Screening and Resident Review (PASRR)

Question #	RFP Section #	RFP Page #	Question	Response
1	1.2	5	<p>The DOM currently conducts initial Level I screenings, while the DMH currently conducts PASRR Level II evaluations through Community Mental Health and Regional Centers. Please confirm that the DOM intends to select a vendor to assume both Level I and Level II responsibilities.</p>	<p>Responsibility for Level I (PAS) remains with DOM. The Contractor under this RFP will be expected to review Level I (PAS) to determine if there is an indication or suspicion of mental illness and/or intellectual/developmental disability and the appropriateness of nursing facility placement.</p> <p>The Level I (PAS) is an electronic process which yields an clinical score (based on algorithms) at the time of submission (by the screening entity). The information is collected by staff at the nursing facility or other providers, through a face to face interview with the client or representative. The provider staff submits the assessment via DOM's web portal. Information is maintained in a web-based repository. This process will remain the responsibility of DOM.</p>

Question #	RFP Section #	RFP Page #	Question	Response
2	1.2	5	<p>Please share the historical, current volumes, and turnaround times of:</p> <ul style="list-style-type: none"> a) Level I screens b) Advanced categoricals/exemptions c) Level of Care/Appropriateness Decisions d) Level II evaluations that were: <ul style="list-style-type: none"> o MI Evaluations o ID/DD Evaluations o Dual MI/ID o Preadmission evaluations o Resident Review/Status Change evaluations 	<p>Volume of PAS applications: SFY11: 10,655 SFY10: 8,644 SFY09: 7,952</p> <p>Volume of PAS applications re-reviewed for MI/MR: SFY11: 4,129</p> <p>Volume of MI Level IIs: SFY10: 997 SFY11: 1,431</p> <p>Volume of MR Level IIs: SFY10: 53 SFY11: 75</p>
3	1.2	5	Does the DOM anticipate volume changes in any category of PASRR activity due to the current RFP?	No.
4	1.2	5	<p>Will the vendor be required to migrate data from the existing state PASRR system to the vendor's PASRR system?</p> <p>Will there be any requirement for an integration between the vendor's PASRR system and any other state systems?</p>	<p>No.</p> <p>No.</p>

Question #	RFP Section #	RFP Page #	Question	Response
5	1.4.1	8	<p>Level I Preadmission Screen (PAS) The 2009 document <i>DOMPAS instruction manual</i> describes a common, universal Pre-Admission Screening called the PAS application that is submitted through a web-portal that appears to be a comprehensive clinical eligibility process for Medicaid long term care. Instructions indicate that this PAS document is required for all Medicaid beneficiaries admitting to nursing facilities. Section IX of this application packet appears to function as a Level I screen for PASRR purposes.</p> <ul style="list-style-type: none"> a) Does the DOM intend to continue to gather Level I information using the PAS application via the ACS web-portal? b) How does the DOM envision that the universal long term care PAS eligibility requirements interact logistically with the proposed Level I screening requirements? c) Does the DOM anticipate or invite vendors to propose a Level I form/tool? d) Would the DOM entertain a vendor's proposal of a compliant, web-based Level I tool, separate from ACS' comprehensive, universal long term care eligibility PAS portal? e) Does the DOM require the vendor to create data exchange platforms with the ACS web portal platform? f) Will the PASRR vendor have access to information contained in the ACS universal long term care PAS eligibility system? If so, will this information be available pre-admission to the PASRR vendor? 	<ul style="list-style-type: none"> a) DOM will continue to gather Level I information via the web-portal. b) DOM will provide access to the Contractor to view PAS Level I records. c) This is not requested at this time. d) This is not requested at this time. e) No. f) Yes. Information will be viewable in real-time.

Question #	RFP Section #	RFP Page #	Question	Response
6	1.4.1	8	<p>Level I Preadmission Screen (PAS)</p> <p>a) Does the state intend for the vendor to develop a dedicated process and forms for the PASRR Level I or would the vendor be required to use the uniform PAS application and the Level I items contained within the state's <i>2.0 PAS Instrument</i>?</p> <p>b) How does the DOM envision that the proposed vendor Level I process relates to the 2.0 PAS process?</p>	<p>The Offeror should determine how to best respond to the requirement at 1.4.1.</p>
7	1.4.1	8	<p>Level I Preadmission Screen (PAS)</p> <p>a) Does the DOM have a preference for a paper based, phone-based, electronic or web-based submission of the Level I screen?</p> <p>b) Is the Department willing to consider a proposal that includes a web-based submission option?</p> <p>c) Does the state have a preference for 24-hour availability in which providers can submit Level I information?</p>	<p>As stated above, responsibility for Level I (PAS) remains with DOM. DOM's PAS system is a web-based submission process with 24-hour availability.</p>
8	1.4.1	8	<p>If the vendor can offer a Level I tool with demonstrated effective outcomes/compliance, would the Department consider a proposal of an alternative format?</p>	<p>The Offeror should determine how to best respond to the requirement at 1.4.1.</p>

Question #	RFP Section #	RFP Page #	Question	Response
9	1.4.1, item 1	8	<p>Level I Preadmission Screen (PAS) The RFP states: <i>The Contractor shall review all Preadmission Level I Screenings (PAS) to determine if there is an indication or suspicion of mental illness and/or intellectual disability/developmental disability (MI/MR); and the appropriateness of nursing facility (NF) placement.</i></p> <p>The DOM Provider Policy Manual, Mental Health/ Pre-Admission Screening and Resident Review (PASRR), Definitions document states: <i>The Level I is referred to as Pre-Admission Screening (PAS). The purpose of the PAS is to: (1) <u>gather information that will help determine the appropriateness of NF placement;</u></i></p> <p>a) Do these two underlined statements imply that the contractor is to review all PASRR Level I submissions to determine whether or not NF Level of Care is met?</p> <p>b) Does the DOM anticipate that the vendor will prescreen all <i>positive</i> Level I screens (Level II referrals) prior to referring the individual for a comprehensive Level II evaluation?</p>	<p>a) Yes.</p> <p>b) Yes.</p>
10	1.4.1, item 1	8	<p>Level I Preadmission Screen (PAS) The RFP states that the <i>PAS must be reviewed by a Registered Nurse or a physician.</i></p> <p>a) Does this imply that all Level I screens, both those with potential indicators of a PASRR condition, and those with no indicators of a potential PASRR condition, must be reviewed by an RN or physician?</p> <p>b) Would the DOM allow an LPN with federal QMRP/QMHP experience to review Level I submissions if supervised by an RN or physician?</p>	<p>The Offeror's proposal must meet all requirements set forth by federal law, CMS, and state law for scope of practice.</p>

Question #	RFP Section #	RFP Page #	Question	Response
11	1.4.2, item 5	8	An Advanced Group Categorical Determination is permitted when there is <i>need for provisional admission in an emergency situation requiring protective services</i> . Please clarify the criteria the vendor shall apply to determine when an emergency situation requires protective services.	Refer to requirements of 42 CFR 483 Subpart C.
12	1.4.2	9	<p>Level I Preadmission Screen (PAS) The RFP states: <i>Findings for Advanced Group Categorical Determinations must be documented in a brief written evaluative report by the screening physician (or nurse practitioner).</i></p> <p>a) Would the DOM consider allowing an RN to complete and sign Categorical Determination reports, if the submitting physician has signed appropriate certifications regarding categorical criteria?</p> <p>b) Would the DOM consider allowing an LPN supervised by an RN to complete and sign categorical determination reports?</p>	The Offeror's proposal must meet all requirements set forth by federal law, CMS, and state law for scope of practice.
13	1.4.3	9	<p>a) What clinical discipline (credentials) is permitted to conduct MI PASRR Level II evaluations?</p> <p>b) What clinical discipline (credentials) is permitted to conduct MR/RC PASRR Level II evaluations?</p>	The Offeror's proposal must meet all requirements set forth by federal law, CMS, and state law for scope of practice.
14	1.4.3	9	What clinical discipline (credentials) is required to complete the MI PASRR summary of findings report (e.g., does the Department require a psychiatrist for development of the summary report)?	The Offeror's proposal must meet all requirements set forth by federal law, CMS, and state law for scope of practice.

Question #	RFP Section #	RFP Page #	Question	Response
15	1.4.3	9	What clinical discipline (credentials) is required to complete the MR/RC PASRR summary of findings report (e.g., does the Department require a psychologist for development of the summary report)?	The Offeror's proposal must meet all requirements set forth by federal law, CMS, and state law for scope of practice.
16	1.4.3	9	What clinical discipline (credentials) is permitted to administer intellectual testing?	The Offeror's proposal must meet all requirements set forth by federal law, CMS, and state law for scope of practice.
17	1.4.3	9	Is intellectual testing required for each MR/RC evaluation or, if historical testing is available and considered accurate, can historical testing be used?	Intellectual and adaptive functioning scores are required. Testing must be current and accurately reflect the individual's current functioning. Current is defined as within 2 years.
18	1.4.3	9	<p>Does the state have any critical access areas within the state where there are identified shortages of the licensed professionals permitted to conduct PASRR evaluations?</p> <p>If so:</p> <ul style="list-style-type: none"> i. Please identify the particular critical areas by county and/or city. ii. If critical access areas are present, would the Department consider an alternative licensed/equally credentialed professional to conduct evaluations in the designated critical access areas in order to control evaluation costs in those locations? 	There are no known critical access areas with identified shortages of licensed professionals. Use of alternative licensed/equally credentialed professionals will be considered and will be at DOM's discretion.

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19	1.4.3	9	<p>The RFP identifies that “<i>Information may be obtained or released only with properly executed consents</i>”.</p> <p>a) Is it the expectation of the DOM that providers submitting Level I screens will obtain the ROI consent?</p> <p>b) Is the Level II referral considered incomplete until the signed release of information is received?</p>	<p>a) No.</p> <p>b) If information is obtained from sources other than the individual, applicable release must be obtained.</p>
20	1.4.3	9	<p>What is the DOM’s definition of MI specialized services?</p>	<p>These services are provided to meet the specialized needs of residents with MI and/or MR, and are services which require a higher level of expertise in the areas of MI and MR than can be provided by the NF. For example, medication evaluation for MI/MR conditions, psychotherapy. Refer to DOM Policy Section 20.11, Specialized Services, for a more complete explanation of these services.</p>
21	1.4.3	9	<p>What is the DOM’s definition of MR and RC specialized services?</p>	<p>See response at #20.</p>
22	1.4.4	9	<p>Monitoring and Follow-up Activities Will the vendor review the claims data by paper review or via secure electronic access?</p>	<p>DOM will provide access to the Contractor to view PAS Level I records electronically.</p>

Question #	RFP Section #	RFP Page #	Question	Response
23	1.4.4 and 1.6	9-10 and 11	<p><i>Pg 9: Monitoring and Follow-up Activities The Contractor shall engage in other review activities to insure the recommended specialized services are being provided.</i></p> <p><i>Pg. 11: Reporting: Number of reviews completed to ensure delivery of recommended rehabilitative or specialized services.</i></p> <p>a) Does the DOM intend that the vendor assure the delivery of both recommended PASRR rehabilitation and PASRR specialized services?</p> <p>b) If recommended PASRR rehabilitative services are to be assured, does the DOM aim for 100% monitoring?</p>	<p>a) The Contractor will be required to assure delivery of PASRR specialized services.</p> <p>b) The Contractor will be required to review a statistically reliable sample.</p>

Question #	RFP Section #	RFP Page #	Question	Response
24	1.4.4	10	<p>Monitoring and Follow-up Activities <i>The Contractor shall re-evaluate all current nursing facility residents previously having an indication of MI/MR. This will include approximately 3000 Level II re-evaluations. The re-evaluations should be completed by December 31, 2012.</i></p> <p>a) Please confirm whether the DOM intends these evaluations to be conducted face-to-face or via document-based (medical record) reviews.</p> <p>b) If these reviews are intended to be face-to-face, while a laudable objective to ensure the veracity of resident Level II decisions, the shorter the timeline for conducting those evaluations, the higher the costs to the Department (because the vendor must significantly ‘ramp up’ the recruitment, credentialing, and training of a higher number of assessors for that one year period and then that number of assessors will not be required for subsequent years). If the Department would consider expanding the repeated evaluations over a two-year period, costs to the Department and the State would be reduced. Would the Department consider a two-year spread for conducting these evaluations?</p>	<p>a) The Level II re-evaluations should include a face-to-face interview with the individual being evaluated. If the individual is unable to significantly contribute to the interview, the reason is documented on the evaluation form. If available and agreeable to participate the individual’s legal and/or designated representative and family should be included.</p> <p>b) DOM will allow re-evaluations to be completed by December 31, 2012 with an approved plan for task completion.</p>

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25	1.4.4	10	<p>Monitoring and Follow-up Activities: 3,000 re-reviews</p> <ul style="list-style-type: none"> a) Does the DOM currently maintain tracking information with the location of current residents with PASRR conditions? b) Will the contractor need to collect or determine the current location of these 3,000 persons? 	This information will be provided to the selected Contractor.
26	1.4.5	10	<p>Due Process and Right to an Appeal: <i>The PAS, the Level II Evaluations, and all notices must be adapted to the cultural background, language, ethnic origin and means of communication used by the individual being evaluated.</i></p> <ul style="list-style-type: none"> a) Is the vendor required to provide letters, etc. in different languages? b) If so, which languages must be supported? 	The Contractor will be required to provide notices in English and Mexican-Spanish.

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27	1.4.5	10	<p><i>The Contractor shall be responsible for notifying the individual...of all determinations made concerning the individual, including the determination that the individual is suspected of having Mental Illness and/or Intellectual disability/developmental disability and is being referred for a Level II Evaluation.</i></p> <p><i>.... This is accomplished by including the individual's signature on the Level I evaluation and providing a copy of the PAS to the individual, and his or her legal and/or designated representative.</i></p> <p>a) Does this signature requirement include negative Level I findings, which federal law does not require in notification requirements?</p> <p>b) Would the vendor be permitted to document verbal authorization in instances where the individual is physically (or logistically) unable to sign?</p>	<p>a) DOM requirements do not exceed or extend beyond the federal law requirements.</p> <p>b) If the individual is physically unable to sign the individual's legal and/or designated representative or family member should sign the evaluation.</p>
28	1.4.5	10	<p>a) If the adverse decision is not reversed through reconsideration and the individual appeals to DOM, is the vendor responsible for providing testimony during the appeal?</p> <p>b) If so, please indicate which PASRR staff would be required to participate?</p>	<p>The Contractor may be required to provide personnel superior to the previous two decision makers who can support the Contractor's decision during the state level appeal.</p>
29	1.4.5	10	<p>Are short term approvals for NF stay decisions considered to be adverse decisions?</p>	<p>Yes.</p>

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30	1.4.5	10	If the vendor is responsible for testifying at appeals, can that testimony be provided by phone?	Yes.
31	1.4.5	10	How many appeals occurred last calendar year for the services provided under this RFP?	There have been no PASRR appeals.
32	1.4.5	10	<i>The Contractor shall conduct reconsiderations in accordance with federal regulations.</i> Please provide the number of reconsiderations historically?	There have been no PASRR appeals.
33	1.7.3	12	Turnover Phase. a) Does the DOM intend to turn the project over to another entity at the conclusion of the contract term? b) Is it anticipated that this contract will continue to be performed by a vendor, or does the DOM intend to take the project back "in-house" at a later date?	This determination has not been made at this time.
34	1.8.2	13	Failure to Meet Performance Standards: Please provide a more detailed explanation of the methodology used for measuring contract compliance and calculating damages in each of the six areas of 1.8.2.	Additional information is not available at this time. More specific agreements will be determined after award of the contract.

Question #	RFP Section #	RFP Page #	Question	Response
35	1.9	13	What is the contract maximum for this project?	Budget information is not available at this time.
36	1.9	13-15	<p>The RFP states: <i>Ongoing fees: bid price proposal set forth in Appendix A which shall be firm and fixed for the period of the contract....</i></p> <p><i>The Contractor will be paid per review in an amount not to exceed the total fixed price. The contract award will be based on the submitted price per year and the total amount payable under the resulting contract will not exceed the submitted price per year....</i></p> <p><i>No inaccuracies in such data shall constitute a basis for change of the payments to the Contractor...</i></p> <p>How will the DOM handle payments to the vendor for deliverables provided if the contract volumes exceed historical volumes or contract maximum?</p>	No payment will be made in excess of the Total Contract Price.

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37	4.15	36	<p>Contractor Compliance Issues: <i>The Contractor agrees that all work performed as part of this contract will comply fully with administrative and other requirements established by federal and state laws, regulations and guidelines, and assumes responsibility for full compliance with all such laws, regulations and guidelines, and agrees to fully reimburse DOM for any loss of funds, resources, overpayment, duplicate payments or incorrect payments resulting from noncompliance by the Contractor, its staff, or agents, as revealed in any audit.</i> This is a very broad statement of vendor responsibility.</p> <p>a) Please confirm that, providing the vendor makes all efforts and due diligence to educate and quality assure providers' fidelity to the state's PASRR program, the vendor would not be held responsible for NF recoupment that occurs as a result of a provider's malfeasance (e.g. a NF who did not report a PASRR change in condition when a change in condition clearly occurred, or a referring provider who knowingly suppressed information regarding a PASRR condition on a Level I screen.)</p> <p>b) Please confirm that the vendor would be held responsible only for penalties regarding issues over which the vendor had authority. For example, if the vendor is to be held responsible for assuring that the state does not pay for NF services prior to completion of all required Level II activity, please confirm that the vendor is responsible for accurately reporting PASRR outcomes to the fiscal agent, and will not be held responsible for assuring the veracity of the fiscal agents resulting payment methodology.</p>	<p>The Contractor will be held responsible for its own actions and/or omissions. The Contractor will not be held responsible for malfeasance of Nursing Facilities. However, the Contractor has a responsibility to alert DOM to any suspected fraud or abuse.</p>

Question #	RFP Section #	RFP Page #	Question	Response
38	Appendix A	p. 13 and p 50	<p>On page 13, The RFP states: <i>Contractors shall use the historical data provided in Sections 1.2 and 1.4.4 of this RFP to submit a price per review that is inclusive of all costs for the services outlined in the scope of work, including operations, production of all reports, and system management functions as defined in this RFP and a total fixed price per year.</i></p> <p>a) In the budget summary on page 50, there are separate line items for operations and Cost per Review, can you please clarify what expenses should be included in each one of these line items? Also, in the budget summary on page 50, the fiscal year dates do not cover full 12 month periods. Can you please clarify these dates?</p> <p>b) On page 13 a total fixed price is requested. Will the state allow the vendor to bill for any volumes that exceed the projections and the fixed price?</p> <p>c) Level I screens are not included in the cost proposal. If the RFP, in fact, does include Level I as part of the scope of work, will the department amend the Appendix A, budget summary, and include anticipated volume of Level I screens?</p> <p>d) If Level I is considered part of the scope of work, please provide the volume of Level I screens prospective vendors should use in arriving at rates.</p> <p>e) Does the 1506 number used in Section 1.2 include categorical decisions?</p> <p>f) Please provide the number of individuals per year determined to require MI specialized services which prospective vendors should use in arriving at rates.</p>	<p>a) Reference to “Cost per Review” is being removed. See Amended Appendix A.</p> <p>b) No payment will be made in excess of the Total Contract Price.</p> <p>c) Level I is not included in the scope of work.</p> <p>d) Level I is not included in the scope of work.</p> <p>e) Yes, but it is less than ½ of 1% of the volume.</p> <p>f) Data is not available at this time.</p>

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			<p>g) Please provide the number of individuals per year determined to require MR/RC specialized services which prospective vendors should use in arriving at rates.</p> <p>h) Is it the intention of the Department that the vendor will be reimbursed two rates monthly:</p> <ol style="list-style-type: none"> 1) a fixed rate for operational costs per month, and; 2) a fee-for-service rate based on the evaluation rate times the volume per month? <p>i) To arrive at a true and accurate comparison of cost proposals from vendor to vendor, it would be critical for the Department to ensure that all vendors are arriving at the total contract price (within the contract summary) <u>using the exact same volumes for each period of the contract</u>. Otherwise, a less than reputable vendor might underestimate volumes to arrive at what would appear to be a (falsely) lower contract price. Would the department consider adding to the Budget Summary the volumes per review type that the vendor must use to arrive at the total contract amount for each period?</p> <p>j) Dates listed in the Budget Summary seem to be inconsistent for each SFY. Please confirm the start date and end date for each SFY.</p>	<p>g) Data is not available at this time.</p> <p>h) No.</p> <p>i) See Amended Appendix A.</p> <p>j) See Amended Appendix A.</p>

Question #	RFP Section #	RFP Page #	Question	Response
39	<i>General</i>		Please identify names of vendor companies that submitted questions in response to this RFP	This information will not be provided during the procurement process.
40	1.1	5	What does DOM expect to change from the current process when implementing an “all new PASRR program”?	DOM's expectation is to have a more efficient process and improve the quality of care for nursing facility residents.
41	1.4 & 3.3.7	7 & 19	This section instructs Contractors to use the historical data provided in Section 1.2. Should Contractors use the average of the two numbers, i.e. 1,278, the latest year's figure, i.e. 1506, or project a higher number based on the increase depicted?	DOM does not expect an increase over last year's volume.
42	1.4.1	9	What have been the volumes of PAS determinations involving clinical review for each of the last 2 years?	<p>Volume of PAS applications: SFY11: 10,655 SFY10: 8,644 SFY09: 7,952</p> <p>Volume of PAS applications re-reviewed for MI/MR: SFY11: 4,129</p> <p>Volume of MI Level IIs: SFY10: 997 SFY11: 1,431</p> <p>Volume of MR Level IIs: SFY10: 53 SFY11: 75</p>

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43	1.4.3	9	This section indicates that the PAS...must involve the individual being evaluated. In what circumstances would a face-to-face assessment by the contractor be required for PAS and PASRR Level I? What percentage of PAS/Level I clinical reviews have required face-to-face assessments in each of the last 3 years?	The RFP does not require the Contractor to complete the Level I (PAS). Face-to-face encounters are required for all PASRR Level II reviews.
44	1.4.3	9	What is the annual volume for each of the last 3 years of patients needing a PASRR Level II screening who have experienced a significant change in their condition resulting in a re-review? How many were for MR? How many were for MI?	This information is not available.
45	1.4.3	9	What is the annual volume for each of the last 3 years of PASRR Level II reviews for MI? And for MR?	In SFY 2010 and 2011, approximately 5% of the completed Level IIs were for MR and the remaining 95% for MI.
46	1.1.4	10	Of the 3000 Level II re-evaluations, how many are for MI? How many are for MR?	Based on the approximate 5% of completed Level IIs for MR in the past two SFYs, 150 of the re-evaluations would be for MR and the remaining 95% or 2850 for MI.
47	1.4.5	10	For each of the last 3 years, how many PAS determinations were appealed and how many PASRR Level II determinations were appealed?	Appeals for PAS determinations are not relevant to this RFP. There have been no PASRR appeals.
48	1.4 – 1.4.5	7-10	What are the data integration requirements? What entities, e.g. DOM, DMH, CMHCs, MMIS? What datasets are received and what datasets are transmitted?	None are required. DOM will provide access to the Contractor to view PAS Level I records.

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49	6.3 item 1	45	This item reads <i>“A detailed worksheet by line item of all costs as it pertains to the Contractor Responsibilities and Deliverables as found in Section 1.0 of the RFP.”</i> Since there appears to be no specific list of contractor responsibilities or deliverables, therefore what specific list of items should be used to meet this requirement?	The Offeror must provide sufficient explanation of the basis cost determination.
50	Appendix A	50	What services are covered under the “Cost per Review” item and “operations Cost” item in the Budget Summary?	Reference to “Cost per Review” is being removed. See Amended Appendix A.
51	Appendix A	50	If the cost per review item includes all services (including: the level I preadmission screen review, the advanced group categorical determination, the level II screen, the mandatory follow-up, and the due process requirement), then what review types will be charged the per review rate, i.e. Level I and Level II, appeals, monitoring reviews?	Reference to “Cost per Review” is being removed. See Amended Appendix A.
52	Appendix A	50	Should cost per review be broken down by the different review types, i.e. PAS/Level I, Level II MR, Level II MI, and Monitoring Reviews?	Reference to “Cost per Review” is being removed. See Amended Appendix A.

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53	1.2	5	<p>The number of Level II screens increased by almost 50% from SFY 2010 to SFY 2011. What is the reason for the increase? What is the expected volume for SFY 2012? Can you provide a breakdown of assessments completed by diagnosis and by CMHCs and/or Regions? How many of the MR evaluations will require IQ testing?</p>	<p>Inefficiencies in the current process may have resulted in a number of anomalies. DOM expects the volume for SFY 2012 to remain around 1500.</p> <p>In SFY 2010, 997 MI Level IIs were completed and 53 MR Level IIs were completed. In SFY 2011, 1431 MI Level IIs were completed, and 75 MR Level IIs were completed. Data is not currently available by region and is not being provided due to the turnaround time for posting the questions and answers.</p> <p>Intellectual and adaptive functioning scores are required for all MR Level IIs. Testing must be current and accurately reflect the individual's current functioning. Current is defined as within 2 years.</p>
54	1.4.1	8	<p>This section states that the contractor will review all Level I screenings. What is the anticipated number of Level I screens to be reviewed on an annual basis? By what means will the contractor be provided access to the Level I screens?</p>	<p>DOM will provide web access to the Contractor to view electronic PAS Level I assessments in order to determine if a PASRR is indicated.</p> <p>Volume of PAS applications: SFY11: 10,655 SFY10: 8,644 SFY09: 7,952</p>
55	1.4.2	8	<p>Approximately how many Level I screens result in an Advanced Group Determination?</p>	<p>This information is not available.</p>

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56	1.4.3	9	This section states that the contractor will conduct subsequent Level II evaluations when there is a significant change in condition of a nursing facility resident. By what means is a significant change determined and how is this information sent to the contractor? Approximately how many significant change reviews are anticipated on a yearly basis? Can the significant change assessments be completed via telephone assessment and record review?	<p>A change in the resident's physical/mental/emotional condition that requires an adjustment in the resident's current treatment regimen will be reported by the Nursing Facility, usually via fax.</p> <p>Data to provide even an estimate of the number of significant change reviews is not available.</p> <p>An evaluation prompted by a Significant Change Report should be completed using the same process as an initial Level II Evaluation.</p>
57	1.4.4	9	This section states that the contractor will conduct approximately 3000 Level II re-evaluations. What is the breakdown of these evaluations by MI/MR diagnosis? Are these re-evaluations conducted annually or is this a one-time event?	<p>Based on the approximate 5% of completed Level IIs for MR last SFY, 150 of the re-evaluations would be for MR and the remaining 95% or 2850 for MI.</p> <p>There is no annual or on-going requirement for Level II re-evaluations. This is a one-time event to be completed by December 31, 2012.</p>
58	1.4.5	10	The end of the first paragraph states "This is accomplished by including the individual's signature on the Level I evaluation and providing a copy of the PAS to the individual and his or her legal and/or designated representative." Can you please clarify who this statement is referring to when it says "including the <i>individual's</i> signature on the Level I"? Is this signature referring to the applicant or the contractor? If this is referring to the applicant wouldn't the applicant's signature already have been obtained when the Level I was completed? Additionally, wouldn't the applicant already have received a copy of the PAS evaluation when it was initially completed by the referral source?	<p>The RFP does not require the Contractor to complete the Level I (PAS).</p>

Question #	RFP Section #	RFP Page #	Question	Response
59	1.4.5	10	Approximately how many appeals are filed on an annual basis?	There have been no PASRR appeals.
60	5.4.2	41	This section states that auditor's reports must be submitted. As a small, privately owned business it's not standard accounting procedure to have audits completed. Due to the short time frame to submit proposals it would be nearly impossible to have an audit completed. Would it acceptable to submit financial statements and income statements for the past five years and a letter of good standing from our financial institution as evidence demonstrating our financial capabilities?	Yes, unaudited statements may be provided.
61	Appendix A	50	For the "Cost for Review" are we allowed to submit separate prices for Level I reviews, Level II/MI, Level II/MR, Significant Change/MI, Significant Change/MR, Re-Evaluation/MI, Re-Evaluation/MR, etc. or are we only allowed to enter one price? Is the Operations Cost the cost per review times the total number of evaluations anticipated?	Reference to the "Cost for Review" is being removed. See Amended Appendix A.
62	1.2	5	What factors accounted for the large increase in the numbers of PASRR Level II Screens (from 1050 to 1506) conducted in SFY 2010 and SFY 2011?	Inefficiencies in the current process may have resulted in a number of anomalies.

Question #	RFP Section #	RFP Page #	Question	Response
63	1.2	5	It states there are currently 196 Medicaid certified nursing facilities in Mississippi; where are they located, e.g., city, county and/or region?	Available information will be provided after contract award.
64	1.4.1	8	This section states the Contractor shall have a registered nurse or physician review all PAS; however, section 1.4.2 refers to a physician or nurse practitioner (NP), which is correct?	The statement in 1.4.1 is correct, and the statement in 1.4.2 is correct.
65	1.4.2	8-9	Is the physician or NP referred to in this section the hospital physician or NP or the Contractor's?	The Contractor's.
66	1.4.3	9	It states that the "initial Level II PASRR Evaluation must be completed prior to nursing facility admission, except in extremely rare situations" and two examples follow; are these the only two situations that qualify as "extremely rare situations" or are there other situations that could apply?	To date these are the only two circumstances which have resulted in PASRR Evaluation after nursing facility admission. However, the possibility exists for other circumstances.

Question #	RFP Section #	RFP Page #	Question	Response
67	1.4.3	9	<p>It states that the “Contractor shall be responsible for insuring that existing data is current and accurate by gathering additional information needed to access proper placement...”; if the information is not available within the required timeframe, will the Contractor be compensated for any work performed in attempting to complete the evaluation?</p> <p>If additional information cannot be obtained within the 7 day completion requirement, can the 7 day completion requirement be extended?</p>	<p>No. All costs must be included in the Offeror’s Business Proposal.</p> <p>No, evaluations must be completed within the federal timeline requirements.</p>
68	1.4.4	10	<p>In addition to conducting PASRR re-evaluations of the approximately 3000 individuals with previously indicated MI/ID/DD currently served in nursing facilities, how many new PASRR evaluations can be reasonably anticipated?</p>	<p>No significant changes are expected over last year’s activity.</p>
69	4.3	22	<p>It states that the terms and conditions of the existing contract many have an option of up to a one year extension, does this include the existing contract prices and costs?</p>	<p>DOM anticipates a continuation of the annual price in place at the time of the extension. In the event that changes in the business environment warrant a price adjustment, changes will be governed by Sections 4.1 and 1.9.5 in the RFP.</p>
70	4.6	27	<p>Will the state accept proposals from a bidder representing a Joint Venture enterprise between two companies?</p>	<p>DOM will contract with a single contractor in accordance with Section 4.6 of the RFP.</p>
71	General		<p>What are the expectations for obtaining consent (written, witnessed telephone, etc.) and how would delays in receiving consent affect case completion timeline requirements?</p>	<p>Contractor will be required to ensure compliance with all requirements of 42 CFR 483 Subpart C.</p>

Question #	RFP Section #	RFP Page #	Question	Response
72	General		Do all nurse reviewers and evaluators and physician reviewers need to be licensed to practice in the State of Mississippi?	Yes
73	General		What are the minimum educational and/or licensure requirements for personnel conducting PASRR Level II Evaluations?	Staff performing all functions must meet all requirements set forth by federal law, CMS, and state law for scope of practice.
74	General		Is there a current Contractor in place or does the DMH conduct all PASRR Level II Evaluations at this time?	Level II's are currently performed by the 15 Community Mental Health Centers and 5 Regional Centers.
75	General		Will releases of information need to be obtained from applicants and/or guardians prior to the evaluations?	No
76	General		What instruments are currently in use for PASRR Level II Evaluations?	<ul style="list-style-type: none"> • PASRR Summary Level II for MI • Psychosocial Diagnostic Assessment for MI • Psychiatric History and Evaluation for MI • PASRR Summary Level II for MR • Department of Mental Health PASRR Determination form
77	1.2	5	What % of the historical data provided for the PASRR reviews is representative of annual PAS reviews?	Your question is not clear.

Question #	RFP Section #	RFP Page #	Question	Response
78	1.2	5	What is the average annual volume of PAS reviews for years 2009 & 2010?	Volume of PAS applications: SFY11: 10,655 SFY10: 8,644 SFY09: 7,952
79	1.2	5	Will the Dept provide historical data on % of PAS reviews requiring secondary review?	Volume of PAS applications re-reviewed for MI/MR: SFY11: 4,129 Volume of MI Level IIs: SFY10: 997 SFY11: 1,431 Volume of MR Level IIs: SFY10: 53 SFY11: 75
80	1.2	5	What is the average annual increase of nursing home residents requiring PASRR recertification? OR Can the Division provide historical data on the number of nursing home patients requiring PASRR recertification for the last three (3) FY?	There have been no PASRR recertifications. Contractor will be required to ensure compliance with all requirements of 42 CFR 483 Subpart C and the RFP.
81	1.2	5	The RFP states the annual caseload of Level II screenings to be 1,050 in 2010 and 1,506 in 2011. Can DOM break this caseload down further and distinguish how many had an MI or MR diagnosis?	Volume of Level II reviews: SFY10: 997 MI: 53 MR SFY11: 1,431 MI: 75 MR
82	1.4.1	8	By what method will the contractor be notified of completed PAS for review?	DOM will provide access to the Contractor to view PAS Level I records which are maintained in a web-based repository.

Question #	RFP Section #	RFP Page #	Question	Response
83	1.4.1	8	By what method will the contractor receive documentation of PAS?	DOM will provide access to the Contractor to view PAS Level I records which are maintained in a web-based repository.
84	1.2 & 1.4.1 & 1.4.3	5 & 8	<p>RFP Section 1.2 refers the reader to Section 20 of the Provider Policy Manual. Page 3 of Section 20.06 of the Provider Policy Manual states that the time for PASRR process to be completed is 7 – 9 business days.</p> <p>Level II Process includes Referral, Evaluation and Submission of Findings.</p> <p>1. Assuming the contractor does not receive all information from the PAS does the 7 day count begin at the time of first notification OR at the time that the contractor receives all PAS documentation?</p> <p>2. For Subsequent Level II PASRR reviews: if the contractor receives incomplete Significant Change Reports and have to request additional information from the NF does the 7 days to complete PASRR begin at the time the Significant Change Report was received OR does the 7 days to complete the PASRR begin at the time the additional/complete Significant Change Report is received by the contractor?</p>	Contractor will be required to ensure compliance with all requirements of 42 CFR 483 Subpart C.

Question #	RFP Section #	RFP Page #	Question	Response
85	1.4.1	8	The RFP indicates that a PAS may only be reviewed by an RN or MD. Will DOM consider or allow Social Worker, LCSW's or Ph.D psychologists who are licensed in the State of Mississippi and can practice independently and are qualified to diagnose mental illness and/or intellectual disability/developmental disability (MI/MR) and often are involved in discharge plans from an inpatient facility to perform the PAS Level 1 and/or Level II PASRR?	DOM will consider allowing other licensed individuals to perform the Level II Evaluation provided the staff meets all requirements set forth by federal law, CMS, and state law for scope of practice.
86	1.4.3	9	What percent of cases for PASRR are for mental illness vs. an intellectual disability?	It is estimated that 95% are for mental illness and the other 5% for intellectual disability.
87	1.4.3	9	The RFP states, <i>“the PAS and PASRR must involve the individual being evaluated; the individual’s legal and/or designated representative; and the individual’s family”</i> Please describe the current method of engagement used to involve the individual being evaluated.	The current method of involving the individual being evaluated is a face-to-face interview. In most cases, the evaluation occurs in the applicant’s home or current residence/location. If the individual is unable to significantly contribute to the interview, the reason is documented on the evaluation form. If available and agreeable to participate the individual’s legal and/or designated representative and family should be included.
88	1.4.3	9	What % of PASRR requests come from what type of referral source? i.e.: hospital social work, discharge planner, physician office, medical home, other (please specify)	Data is not currently available based on the type of referral source.

Question #	RFP Section #	RFP Page #	Question	Response
89	1.4.3	9	<p>Please confirm the following:</p> <ol style="list-style-type: none"> 1. Currently DOM nurses review all first level PASRR via web review. 2. If screen fails and Level 2 is needed a face-to-face must always occur with patient and authorized representative? 	<p>The Contractor must review all PAS screens to determine if a Level II PASRR is indicated.</p> <p>All PASRR reviews must include a face to face encounter with the individual being evaluated; the individual's legal and/or authorized representative; and the individual's family (if they are available and the individual and legal and/or designated representative agree to family participation.)</p>
90	1.4.3	9	<p>By what method will the contractor receive significant change forms from the NF?</p>	<p>The nursing facility initiates a Significant Change Report and sends it to the Contractor, usually via fax.</p>
91	1.4.4	9	<p>The RFP states, "The contractor shall engage in other review activities to insure the recommended specialized services are being provided".</p> <ol style="list-style-type: none"> 1. Will the Contractor be required to confirm services are being provided for all recipients recommended for specialized services OR will the contractor be required to confirm services for a sample of recipients? 2. Also, at what frequency is the contractor required to perform other review activities? (i.e.; quarterly, bi-annually, annually?) 3. What is the timeframe for completing these review activities? 	<p>Contractor will be required to review a statistically reliable sample.</p> <p>Review activities should be on-going. Quarterly reports will be due ten (10) business days after the end of the review period.</p>

Question #	RFP Section #	RFP Page #	Question	Response
92	1.4.4	10	By what method will the contractor receive information concerning the approximately 3000 current NF residents requiring Level II re-evaluations? Assuming the timeline for award of this contract remains on track, by what month would DOM expect to turn this information over to the PASRR contractor?	DOM will provide a listing of individuals to be recertified on or before Contract start date.
93	1.4.5	10	The RFP states, " <i>all notices must be adapted to the cultural background, language, ethnic origin and means of communication used by the individual being evaluated.</i> " Historically, which languages or how many languages has the Division had to adapt to for these evaluations?	English and Mexican-Spanish.
94	1.4.5	10	Can the Division provide historical data on the number of appeals for the last 3 FY?	There have been no PASRR appeals.

Question #	RFP Section #	RFP Page #	Question	Response
95	Appendix A	50	In Appendix A – Budget Summary, there are separate pricing lines for total implementation cost, operations cost and a cost per review. The form also has a fourth line for total contract price. The implementation and operations cost lines would be a part of the total contract price. However, adding the price for a single review does not seem to be a meaningful inclusion. Should the Cost per Review pricing line be excluded from the Total Contract Price or could Appendix A be modified to move the Cost per Review pricing line below the Total Contract Price line?	Reference to “Cost per Review” is being removed. See Amended Appendix A.
96	1.2	5	Is the contractor expected to use the fiscal agent’s web portal to collect PAS documentation in the future or does DOM prefer that the contractor design their own method?	At this time DOM intends to continue use of the web portal for collecting PAS information.
97	1.9.7	14	Please confirm that the parties will negotiate a reasonable warranty period after which contractor shall have no further obligations.	The Contractor will be responsible for fulfilling the requirements of the RFP as outlined.
98	2.1.1	15	Please confirm that with respect to 2.1.1 that terminated contracts would be limited to contracts terminated for default and not terminated for convenience.	2.1.1 should read: The Offeror has not been sanctioned or had a contract terminated for default or cause prior to the defined contract end date by any state or federal government within the last ten(10) years.

Question #	RFP Section #	RFP Page #	Question	Response
99		1	We respectfully request an extension of the submittal date by one week, based on the fact that there is insufficient time remaining after answers are published on October 7 th to adjust solutions, proposals and complete governance reviews	The proposal deadline has been extended to October 28. See amended Procurement Schedule.
100			<p>Can Mississippi share with the vendor community:</p> <p>1) a budget breakdown for the administration of the current PASRR Program;</p> <p>2) Its' budget for this PASRR procurement being address by this RFP? Is the budget associated with this procurement supported by matching federal funds and/or a grant?</p> <p>If so, can Mississippi share the details of the project funding (or provide a rough order of magnitude or a "Not to Exceed" figure which would enable Mississippi to achieve your desired ROI? This visibility will help bidders to better target your objectives in their solutions.</p>	Budget information is not available at this time.
101	1.2 and 1.4.4	5 and 10	<p>Please confirm the expected volumes by year, (a) for all 3 years of the contract, and (b) for both Level 1 and Level 2 functions.</p> <p>For example, are the 3,000 Level II re-evaluations mentioned on page 10 an <i>annual</i> volume starting in 2012? And is this 3,000 <i>additive</i> to (or a <i>replacement</i> of) the 1,506 Level II screens mentioned on page 5?</p>	Estimates will not be provided. The approximate 3,000 Level II reevaluations is a onetime event.

Question #	RFP Section #	RFP Page #	Question	Response
102	1.7.1	11	Based on the 3-month specified Implementation Phase, is it assumed that the bidders must utilize your "as is" processes/tools, or are we permitted to implement automation to the screening process, even if this implies a longer implementation period?	The Offeror must determine how best to respond to the RFP.
103	6.3	45	Will you be releasing a format for the detailed line item portion of the Cost Proposal mentioned in 6.3 point #1? This may enable an easier comparison of bids.	No.
104	1.4.5	10	Please confirm the specific expectations relative to "adapting to the cultural background, language, ethnic origin and means of communication used by the individual being evaluated". What are the specific languages required, and approximately what percentage of the volume is non-English?	English and Mexican-Spanish.
105	2.1	15	Item number one does not appear to distinguish between types of contract termination (i.e. for cause, versus for convenience, as an example). Please clarify if terminations for convenience impact vendor eligibility.	2.1.1 should read: The Offeror has not been sanctioned or had a contract terminated for default or cause prior to the defined contract end date by any state or federal government within the last ten(10) years.

Question #	RFP Section #	RFP Page #	Question	Response
106	1.4.2	53	<p>Please confirm that in providing services under the contract resulting from this RFP that the Contractor’s physician staff would not be requested or required to provide independent discretion or medical judgment but would only be required to follow the State specified program guidelines and applicable federal requirements related to the PASRR services. We respectfully request amending the following sentences from the Section 1.4.2 of the RFP to clarify this issue as follows (new language underlined):</p> <p>“These individuals may be recommended for nursing facility admission without being referred for a Level II PASRR, provided they are not a danger to themselves or others <u>based on the final determination of the State.</u>”</p> <p>“If the screening physician believes that the individual would benefit from specialized services despite the presence of any of the above conditions, the physician should refer the individuals for a Level II Evaluation <u>based on the final determination of the State.</u>”</p>	This language will not be amended.
107	1.2 and 1.4.4	5 and 10	What are expected timeframes for required LII re-evaluations? Are these done once each calendar year, per patient, on or before the expiration date of the initial LII evaluation?	The approximate 3,000 Level II re-evaluations is a one-time event.

Question #	RFP Section #	RFP Page #	Question	Response
108	1.4.3	9	(Interdisciplinary Coordination) must occur and be documented when more than one evaluator performs any portion of the LII Evaluation). Are LII Evaluators also able to bill for travel and other related expenses, when completing LII assessments?	All costs should be included in the total contract price.
109	1.4.3	9	(Interdisciplinary Coordination) Can each LII approved screener bill T2011 codes for the LII Preadmission screening when all assessments are compiled and the PASRR Packet is complete? For example, a LII MI assessment is completed by both a LMSW and subsequent PMHNP, will they each bill this code separately and receive the requisite 'per service' amount for the LII MI PASRR Evaluation?	All costs should be included in the total contract price.
110	1.4	7	Can a completed, up to date H&P (signed by physician) replace the Medical Summary on the LII MR evaluation?	Contractor must meet all requirements of 42 CFR 483 Subpart C.
111	1.4	7	Can a current psychological or psychiatric evaluation, if already on file, replace this requirement?	Contractor must meet all requirements of 42 CFR 483 Subpart C.
112	1.4	7	Is the state amenable to consider an alternative consolidated LII DUAL screening process that would utilize one screening assessment and fewer screeners to complete?	Yes. Offerors are encouraged to suggest innovative solutions.

Question #	RFP Section #	RFP Page #	Question	Response
113	1.4	7	Will the state consider an automated PASRR record that integrates all components currently required in paper-based PASRR Packets?	Yes.
114	1.4.3	9	How many 'subsequent' LII evaluations were performed in 2009 and 2010? Is this a reference to LII Resident Reviews? And if so, who is responsible for identification of these Resident Reviews? Does the workflow process conform to the Preadmission Screening evaluation? Are Resident Reviews completed on an annual basis for every LII patient screened?	This question is unclear.
115	1.4.3	9	Currently, ARC makes final determinations when the completed RC or DUAL PASRR packet is submitted; who renders final determinations for MI PASRR evaluations?	Appropriateness Review Committee.
116	1.2.5	5	The number of Medicaid Certified Facilities that are cited in this section: does this refer to the on-site Specialized Services Monitoring activities for the year? Or does this just reference the total number of certified facilities?	This number refers to the total number of Medicaid certified nursing facilities.
117	1.2.5	5	Do the volumes of LII's indicated in this section refer to overall Pre-Admissions and Resident Reviews (subsequent reviews)? If not, please give the overall volume of LII Pre-admits and Resident Reviews separately.	These figures provide the overall volume for completed Level IIs, both initial and subsequent.

Question #	RFP Section #	RFP Page #	Question	Response
118			If a patient's screening referral is cancelled after release from the State PASRR Coordinator, and agency staff have already made on-site visits; how are the current agency staff reimbursed? What procedure informs this circumstance?	Once the Level II referral is made it is not cancelled.
119	1.5	10	Is MS amenable to Contractor providing all LII screeners that are independent and not necessarily employed by CMHC agencies? Will the contractor employ the LII MI screeners or only coordinate CMHC employee activities?	The purpose of the RFP is to obtain a new and independent PASRR process. Current procedure was provided for informational use only. The Contractor will be required to supply screeners.
120	1.5	10	Can Ph.D. subject matter experts (who have been DOM approved) contribute to PASRR training and quality review activities without a Mississippi License?	Yes. The Mississippi License requirement refers to healthcare professionals. A Ph.D. will not be allowed to perform services that are mandated to be performed by a healthcare specialty type.
121	1.4.1	8	Are all of your Level 1 PASRR screens currently being reviewed by a RN or physician before a determination is being made?	Yes.
122			Can a Level 1 PASRR only screening form be made available? Or Does every Nursing Facility applicant need to have a full electronic PAS completed?	Original Level I screens will be provided to the contractor via a web-based repository.

Question #	RFP Section #	RFP Page #	Question	Response
123			Is it anticipated that the contractor will be responsible for Level 1 screenings or will the ARC maintain responsibility?	Responsibility for Level I (PAS) remains with DOM. The Contractor under this RFP will be expected to review Level I reviews to determine if there is an indication or suspicion of mental illness and/or intellectual/developmental disability and the appropriateness of nursing facility placement.
124			Please clarify if the contractor's Level II screening staff will be required to obtain a CMHC/DOM PASRR credential/certification?	This certification will not be required.
125	1.4.4	9	Please clarify DOM's expectations for the delivery of 'monitoring' activities? Please clarify how this is currently documented and/or executed (ex, database entry, narrative reporting, etc.), if at all? What is the expected frequency of the monitoring activities?	Monitoring activities are not currently taking place. Quarterly reports of monitoring activities will be due electronically ten (10) business days after the end of the review period.
126			Will DOM be willing to consider utilization of contractor's Level I and Level II screening forms for PASRR?	The Offeror must determine how best to meet the requirements of the RFP.
127	5.4.2	41	Due to the size and amount of Annual Reports requested, will MS consider submitting annual reports via CD only?	Annual reports may be provided on CD or by link to a website.

Question #	RFP Section #	RFP Page #	Question	Response
128		1	We respectfully request an extension of the submittal date by one week, based on the fact that there is insufficient time remaining after answers are published on October 7 th to adjust solutions, proposals and complete governance reviews	The proposal deadline has been extended to October 28. See Amended Procurement Schedule.
129			<p>Can Mississippi share with the vendor community:</p> <p>1) a budget breakdown for the administration of the current PASRR Program;</p> <p>2) Its' budget for this PASRR procurement being address by this RFP? Is the budget associated with this procurement supported by matching federal funds and/or a grant?</p> <p>If so, can Mississippi share the details of the project funding (or provide a rough order of magnitude or a "Not to Exceed" figure which would enable Mississippi to achieve your desired ROI? This visibility will help bidders to better target your objectives in their solutions.</p>	Budget information is not available at this time.
130	4.3.3.2	24	Please confirm that any termination for convenience by the state would entitle the contractor to recover reasonable shut down costs such as staff, relocation, lease termination, and hardware and software costs.	No payment shall be made for Turnover Phase services. Any such anticipated costs should be included in the Offeror's total contract price.
131	4.3.5	26	Please confirm that the contractor will be excused from any failure to perform its responsibilities if such failure is the result of the state's, including its agents or other contractors, failure to perform its functions.	See Section 4.3.5.

Question #	RFP Section #	RFP Page #	Question	Response
132	4.7.2	27	Please confirm that the contractor will be granted perpetual rights associated with the work product and deliverables for contractor to use the deliverables and associated documentation for its other healthcare clients.	See Section 4.7.2.
133	4.7.6	28	Please confirm that any audit of records would be limited to the verification of the accuracy of contractor's invoices and would not extend to access to the internal financial books and records of the contractor.	See Section 4.7.6.
134	4.9.1	29	Please confirm that any changes to federal and state laws, regulations and policies occurring after the effective date would be subject to the change order/amendment process stated in section 4.9.5 of the RFP.	See Section 4.9.1 and 4.9.5.
135	4.9.6	30	Please confirm that the disputes section does not preclude either party from exercising its rights under Mississippi law.	See Section 4.9.6.
136	4.10.1	32	Please confirm that the parties would be able to negotiate a reasonable limitation of liability to the extent not otherwise prohibited by law.	See Section 4.10.1
137	4.15	36	Please confirm that any changes to federal and state laws, regulations and policies occurring after the effective date would be subject to the change order/amendment process stated in section 4.9.5 of the RFP.	See Section 4.15.

Question #	RFP Section #	RFP Page #	Question	Response
138	4.15.11	38	Please confirm that the State will pay within 30 days of invoice receipt.	See Sec. 4.15.11.
139	4.1	21	Given that the Personal Services Contract Review Board Rules and Regulations appear to be geared toward providing guidance to state employees related to personal services contracts, please advise which sections will be applicable to the contract resulting from this PASRR RFP.	All rules and regulations of the Personal Services Contract Review Board will apply to this contract.
140	4.13.2	35	What are the exact professional liability limits and general liability limits that are being required for this contract?	See Sec. 4.13.2.
141	Appendix A	50	Can you please provide an Excel-based version of Appendix A, Budget Summary, so that we can apply the proper Excel formulas when deriving our contract price?	No other versions are available.
142	General		What prompted DOM to outsource this scope of work?	The purpose of outsourcing this scope of work is to ensure compliance with all requirements of 42 CFR 483 Subpart C.
143	General		To achieve Green Federal Standards & Initiatives (paper, fuel to ship, etc.), would the State of Mississippi consider removing or reducing the requirements for CDs, binders & hard copies?	No.
144	1.2	5	"Data for state fiscal year 2010 and 2011 is provided below." The volumes listed only depict Level II reviews. Please provide the volume of Level I PASRR reviews for this fiscal period.	Volume of PAS applications: SFY11: 10,655 SFY10: 8,644 SFY09: 7,952

Question #	RFP Section #	RFP Page #	Question	Response
145	1.4.1	8	<p>“...and the appropriateness of nursing facility (NF) placement. PAS must be reviewed by a Registered Nurse or a physician.” Will DOM allow other professionals such as LCSW, mental health professionals, etc. make the Level I determination as well?</p> <p>What are the specific credentials needed to sign-off on a Level II PASRR review?</p>	<p>No. Appropriateness of placement on the Level I (PAS) may only be attested to by a physician. This function is not being requested through this RFP.</p> <p>Concerning credentials for Level II PASRR, the Contractor will be required to ensure compliance with all requirements of 42 CFR 483 Subpart C.</p>
146	1.2	10	<p>“The Contractor shall re-evaluate all current nursing facility residents previously having an indication of MI/MR. This will include approximately 3000 Level II re-evaluations.” Please explain the Departments rationale for re-reviewing 3000 past Level II reviews. If the fiscal year volumes noted in section 1.2 are correct, then would it be safe to assume that half of the “re-reviews” data back >than one year’s time?</p>	<p>The purpose of re-evaluating these residents is to address any quality issues.</p>
147	1.8.1	12	<p>“Contractor will submit review summaries and administrative reports to DOM as specified in Section 1.6 of this RFP”. Is electronic submission acceptable of all reports and review summaries?</p>	<p>Yes.</p>
148	1.8.1	12	<p>How many ad hoc reports does the Department anticipate per year?</p>	<p>DOM anticipates a minimum of 10 ad hoc reports per year.</p>

Question #	RFP Section #	RFP Page #	Question	Response
149	5.4.1	41	Can Mississippi Division of Medicaid clarify what they are seeking with this requirement? We planned to describe our medical management system that would be used for PASRR services – is this sufficient/what you are seeking?	Section 5.4.1 requires corporate background information. Section 5.4.3 requires corporate experience related to the type of service to be provided under the RFP.
150	1	5	What is the State's budget for this contract?	Budget information is not available at this time.
151	1.2	5	For SFY 2010 and SFY 2011, what were the State's budget and actual expenditures to implement the services outlined in this RFP (including PASARR referral, and evaluation)?	Budget information is not available at this time.
152	1.2	5	How many State employees and consultants currently provide the services outlined in this RFP?	Currently approximately 25 employees have involvement in the process. However, this does not represent FTE's.
153	1.4	8	Will the contractor have access to the existing DOM LTC Program (web portal) to facilitate the coordination of the PASARR process? (e.g. role appropriate login and view web page access)	Yes.
154	1.4	8	In order to increase efficiency, will the contractor have automated access to retrieve information from and or update the existing DOM web portal database? (e.g. XML web services, Database access)?	The contractor will have read access only to PAS information.

Question #	RFP Section #	RFP Page #	Question	Response
155	1.4	8	Will the State identify and make available developers from the other identified PASRR systems to assist in an electronic interface a new system with existing systems; including the State Medicaid system?	DOM will provide the Contractor with access to view PAS Level I records. There is no PASRR system.
156	1.4	8	What percentage of PAS application packets Level I screens are fully completed when initially received by the PASARR Coordinator?	Approximately 95%.
157	1.4	9	For the SFY 2010 and SFY2011, what percentage of Level 2 screens was conducted face-to-face versus reviewing of records?	This data is not available.
158	1.6	11	<p>For the SFY 2010 and SFY2011, what are the results of the following reports?</p> <ul style="list-style-type: none"> • Total Number of Level I screens reviewed • Number of Significant Changes reviewed • Total MI Level II reviews completed (by county or region) • Total MR Level II reviews completed (by county or region) • Combined total Level II reviews completed (by county or region) • Number of Level II reviews completed within federal timelines (by county and region) • Number of Level II reviews terminated within federal timelines (by county and region) 	<p>Volume of PAS applications: SFY11: 10,655 SFY10: 8,644 SFY09: 7,952</p> <p>Volume of PAS applications re-reviewed for MI/MR: SFY11: 4,129</p> <p>Volume of MI Level IIs: SFY10: 997 SFY11: 1,431</p> <p>Volume of MR Level IIs: SFY10: 53 SFY11: 75</p>

Question #	RFP Section #	RFP Page #	Question	Response
159	1.8	12	What is the current annual average duration to complete the PASRR Level 2 process including the Referral, Evaluation, and Submission of Findings?	Federal regulations require an average turn-around time of seven to nine days.
160	1.8	12	If the current annual average duration to complete the PASRR Level 2 process is greater than the required duration, will the contractor be permitted to gradually improve the annual average over time?	No. The Contractor will be required to meet the requirements of 42 CFR 483 Subpart C.
161	1.8	12	Will the contractor be permitted the capability to 'start' and 'stop' the time clock for circumstances which are clearly outside of the control of the contractor (e.g., for onsite evaluations: if the patient can't be located, the guardian chooses to participate in the PASRR evaluation but cannot meet within restrictive time-lines; or for paper reviews: when a provider is not compliant or timely in providing necessary and requested documentation regarding the individual's status or needs)?	The Contractor will be required to ensure compliance with all requirements of 42 CFR 483 Subpart C.
162	1.9	13	What are the current reimbursement rates for each type of Level 2 evaluation service? <ul style="list-style-type: none"> • MI – Psychological Assessment • MI – Psychiatric History and Evaluation • MR – Psychosocial Assessment • Support Services – Report completion/Travel 	All inclusive rates MI - \$279.00 per service MR - \$318.00 per service