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### IFB Question and Answer Document

Question #	IFB Section #	IFB Page #	Question	DOM Response						
1	1.2 Specifications	7	<p>It appears the IFB volumes are under-represented. Please confirm the following the Level I and Level II historical volumes are correct:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">SFY 2018</th> <th style="text-align: center;">SFY 2019</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1,543 Level II Screens Completed</td> <td style="text-align: center;">2,141 Level II Screens Completed</td> </tr> <tr> <td style="text-align: center;">4,186 Clinical Reviews of LI screens</td> <td style="text-align: center;">5,826 Clinical Reviews of LI screens</td> </tr> </tbody> </table> <p>Because this is a firm fixed price contract structure, what level of growth should vendors apply to future years? Please provide anticipated volumes for the next three years. For instance, do you anticipate an increase in status changes post COVID-19 and do you anticipate an increase in nursing facility admissions due to population growth rate?</p>	SFY 2018	SFY 2019	1,543 Level II Screens Completed	2,141 Level II Screens Completed	4,186 Clinical Reviews of LI screens	5,826 Clinical Reviews of LI screens	<p>Volumes included in this question are not in line with data provided in the IFB.</p> <p>Data provided in the IFB is an estimate and not a guarantee of service volume or ratio of service type. DOM will not provide information other than information provided in the IFB.</p>
SFY 2018	SFY 2019									
1,543 Level II Screens Completed	2,141 Level II Screens Completed									
4,186 Clinical Reviews of LI screens	5,826 Clinical Reviews of LI screens									
2	2.3 Level II Screening	15	<p>The IFB states: Contractor shall develop and maintain a secure two-way (inbound and outbound) web service portal that will accept triggered Level I referrals via secure data transfer from the Medicaid Long-Term Services and Support (LTSS) system once operational.</p> <p>When does the State anticipate the PASRR functionality for its LTSS system to be completed?</p>	<p>Estimated completion of LTSS upgrades associated with PASRR functionality are tentatively scheduled for completion in January 2021.</p>						
3	2.3 Level II Screening	15	<p>The IFB states: Contractor is responsible for performing quality reviews and follow-ups to ensure that the appropriate services are being provided.</p> <p>Please provide the historical volumes for specialized and rehabilitative service quality review and follow-up for the past two years and the anticipated volumes for the next three years.</p>	<p>Historical volumes are not available. DOM will not provide information other than information provided in the IFB.</p>						

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4	2.3 Level II Screening	15	<p>Re: Contractor shall develop and maintain a secure two-way (inbound and outbound) web service portal that will accept triggered Level I referrals via secure data transfer from the Medicaid Long-Term Services and Support (LTSS) system once operational.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. What is the targeted Go-Live date for the LTSS System to be operational?</li> <li>2. If not operational at go-live, will DOM please describe the current process, including any manual work required by the current vendor?</li> </ol>	<ol style="list-style-type: none"> <li>1. Estimated completion of LTSS upgrades associated with PASRR functionality are tentatively scheduled for completion in January 2021.</li> <li>2. Currently the PASRR vendor has access to Envision MMIS and supporting applications via secure Citrix connections. These applications allow the vendor to access Level I referrals for review. This would continue pending implementation of the LTSS functionality.</li> </ol>
5	2.3 Level II Screening	15	<p>The IFB states that the contractor is responsible for performing quality reviews and follow-ups to ensure that the appropriate services are provided. Is the expectation that the vendor will perform quality reviews and follow-ups on specialized services, mental health rehabilitative services, or both?</p>	<p>The expectation is that the vendor will perform quality reviews and follow-ups on all recommended specialized and rehabilitative services.</p>
6	2.3 Level II Screening	15	<p>How many quality reviews for services were performed in 2019 and so far in 2020?</p>	<p>Historical volumes are not available. DOM will not provide information other than information provided in the IFB.</p>
7	2.3 Level II Screening	15	<p>How many follow-ups for services were performed in 2019 and so far in 2020?</p>	<p>Historical volumes are not available. DOM will not provide information other than information provided in the IFB.</p>
8	2.3 Level II Screening	16	<p>The IFB states: Contractor's secure web portal system must have the following capabilities:</p> <ul style="list-style-type: none"> <li>• Allows for the request of a significant change submission by providers in an electronic format</li> <li>• Provides upload capability from providers of specialized service follow-up, capturing all outcomes of the follow-up review as evidence that specialized services are being provided</li> </ul> <p>The functionality listed above is not currently required and</p>	<p>Yes.</p>

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			has significant cost implications. Given the release of an IFB versus a RFP, is the State anticipating costs submitted by all vendors to reflect the costs associated with development, provider training, and support of this functionality throughout the state?	
9	2.3 Level II Screening	16	Will the state access the vendor's web portal to complete determinations and make service recommendations?	The state will access the vendor's web portal to submit determinations including service recommendations.
10	2.3 Level II Screening	16	Will the vendor be responsible for completing the Level II determinations including service recommendations that are sent to individuals and facilities?	<p>The vendor will be responsible for completing Level II determinations including service recommendations for MI populations. Those determinations are reviewed by the Department of Mental Health (DMH) for accuracy and the vendor is responsible for sending determinations to individuals and facilities.</p> <p>For DD and Related Conditions (RC), DMH will complete the determinations including service recommendations and send them to the individuals and facilities.</p>
11	2.3 Level II Screening	16	<p>Re: Tracks DMH Level II specialized service recommendations</p> <p>Question: Will the Department of Mental Health track their decisions in the selected contractor's system? If no, where will they track their decisions?</p>	Yes, DMH will submit determinations and recommendations through the vendor's system.
12	2.4 Monitoring and Follow-Up Activities	17	<p>Re. The Contractor shall engage in other review activities to insure the recommended specialized services are being provided. These activities may include claims review, interviews with facility staff and family members, and review of resident records maintained by the nursing facility.</p> <p>Questions:</p>	Historical volumes are not available. DOM will not provide information other than information provided in the IFB.

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			<ol style="list-style-type: none"> <li>1. What is the expected percentage of cases the contractor is expected to perform these “other review activities?”</li> <li>2. What is the average amount of time spent and total number of completed activities per year by the current contractor to complete:                             <ol style="list-style-type: none"> <li>a. Claims Review</li> <li>b. Interview with family and staff members</li> <li>c. Review of resident records maintained by the nursing facility.</li> </ol> </li> </ol>	
13	2.5 Due process and Right to an Appeal	17	<p>Re. The Contractor shall be responsible for notifying the individual, his or her legal representative and/or designated representative in writing of all recommendations made concerning the individual, including if the individual is suspected of having mental illness and/or intellectual disability/developmental disability or related condition as the result of Level II Screening.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. What is the volume of notices the contractor will be expected to send annually?</li> <li>2. What is the average page count of notices sent?</li> <li>3. What class of mail is the contractor expected to utilize to send these notices?</li> </ol>	<ol style="list-style-type: none"> <li>1. Notice volumes are expected to be in line with the number of reviews completed.</li> <li>2. Page counts will be dependent upon the outcome of the reviews completed.</li> <li>3. Notices are expected to be sent via standard First Class Mail.</li> </ol>
14	2.5 Due process and Right to an Appeal	17	<p>Re. The clinical review of the Level I, Level II Screening, and all notices shall be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated. Level II Evaluation findings shall be interpreted and explained to the individual and legal and/or designated representative.</p> <p>Question: What is the total number of “adaptations” the current contractor was required to produce during FY18 and FY19 (broken out by year)?</p>	<p>Historical volumes are not available. DOM will not provide information other than information provided in the IFB.</p>

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15	2.5 Due process and Right to an Appeal	17	<p>Re. If a recipient or his/her legal and/or designated representative does not agree with the PASRR recommendation made by the Contractor, the individual has a right to request reconsideration.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. What is the total number of reconsiderations the current contractor processed during FY18 and FY19 (broken out by year)?</li> <li>2. What is the total number of occurrences in which the current contractor provided testimony during an appeal in FY18 and FY19 (broken out by year)?</li> <li>3. Is it acceptable that the contractor participate in hearings telephonically?</li> </ol>	<p>Historical volumes are not available. DOM will not provide information other than information provided in the IFB.</p> <p>Yes, it is acceptable for the contractor to participate in hearings telephonically.</p>
16	2.5 Due process and Right to an Appeal	18	Are the vendor's clinicians able to testify in appeal hearings via telephone?	Yes, it is acceptable for the vendor's clinicians to participate in hearings telephonically.
17	2.5 Due process and Right to an Appeal	18	What was the volume of appeal hearings that required vendor testimony in 2019 and so far in 2020?	Historical volumes are not available. DOM will not provide information other than information provided in the IFB.
18	2.6 Contractor Responsibilities	18	The IFB states that the contractor is responsible to the submission of findings within seven business days of the receipt of the level I or significant change form. Are these only the findings from the Level II evaluation or is the vendor also responsible for completing the full Level II determination and subsequent notifications?	The contractor is responsible for completing the full Level II determination and sending subsequent notifications within seven business days.
19	2.6 Contractor Responsibilities	18	<p>Re. The Contractor shall submit all required reviews and reports to DOM as specified in this IFB.</p> <p>Question: Is it acceptable for the contractor to submit all required reviews to DOM electronically via access to the contractor's secure system? If no, via what methodology does DOM expect to receive all required reviews?</p>	Yes, it is acceptable for the contractor to submit all required reviews to DOM electronically via access to their secure system.

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20	2.8 Project Staffing	19	<p>Re. The contractor shall employ a full-time physician with a traditional medical license.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. Is it required that the full-time physician be licensed in Mississippi?</li> <li>2. Is it acceptable that the contractor employ a full-time physician who also performs functions for other contracts so long as all MS PASRR requirement are successfully met?</li> <li>3. Does the current contractor have a physician fully dedicated to the Mississippi PASRR contract?</li> </ol>	<ol style="list-style-type: none"> <li>1. The physician is not required to be licensed in Mississippi.</li> <li>2. Yes.</li> <li>3. No.</li> </ol>
21	2.8 Project Staffing	19	<p>Re. The Contractor shall maintain key personnel to perform the required tasks within performance standards as listed below.</p> <p>Question: Is it the expectation that all key personnel remain on-site/physically available in Mississippi during all of the implementation phase?</p>	Please refer to Section 2.7 of the IFB.
22	2.8 Project Staffing	20	<p>Re. The Contractor shall maintain a sufficient percentage of clinical review staff. DOM reserves the right to approve or disapprove the number of clinical review staff. In the event DOM identifies deficiencies in service or timeliness standards, DOM has the authority to request additional staffing at no cost to DOM to perform the functions detailed in this IFB.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. What is DOM's opinion regarding the number of clinical review staff required to successfully meet timeliness and quality standards?</li> <li>2. At what threshold would DOM disapprove of the number of clinical review staff?</li> <li>3. How many FTE equivalents does the current contractor utilize to perform clinical review functions?</li> </ol>	Number of clinical staff required is dependent upon the number of reviews to be completed and the contractor's ability to complete said reviews within contractually obligated timelines.

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23	2.9 System Requirements	21	<p>Re. The Mississippi PASRR Contractor must interface with the DOM's Fiscal Agent, DOM and DMH to manage OmniTrack Work Queues that will allow caseworkers to access the Contractor's case-specific review results according to agreed-upon protocols for assigning cases to caseworkers.</p> <p>Question: Will DOM please clarify the expectation regarding how the contractor's work and system will be utilized in relation to OmniTrack? Specifically, will DOM either confirm as correct or clarify each statement below?</p> <ol style="list-style-type: none"> <li>1. The contractor is expected to retrieve Level 1's from OmniTrack manually until/unless the data transfer process is established.</li> <li>2. The contractor will build and utilize their own system for tracking Level II referrals and evaluations.</li> <li>3. The contractor's system will house reconsiderations.</li> <li>4. OmniTrack will house appeals.</li> <li>5. Case Workers, DMH and DOM will receive/have access to Level II (contractor) information via the contractor's system.</li> <li>6. The contractor will not be required to manually key Level II information in OmniTrack.</li> </ol>	<p>All of these assumptions are confirmed. Please note that these protocols will change with implementation of LTSS functionality.</p>
24	4.2.1 Requirements	28	<p>Re. A unit rate shall be given for each service, and that unit rate shall be the same throughout the contract.</p> <p>Questions:</p> <ol style="list-style-type: none"> <li>1. What specific categories of services does DOM want to receive unit costs for?</li> <li>2. Attachment B does not include a place for our unit cost per service, so where would DOM prefer we include our unit cost per service?</li> </ol>	<p>Per "Attachment B - Bid Form for Pre-Admission Screening and Resident Review (PASRR)", compensation for services shall be in the form of a firm fixed-rate agreement. Completion of the Bid Form satisfies the unit rate requirement in Section 4.2.1 of this IFB. The implementation costs, the contract term operational costs, the operational costs for renewal year one (1), and operational costs for renewal year two (2) are each unit rates. The unit rate does not have to remain the same for each phase of the contract. Additionally, the unit</p>

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				rate for the initial three (3) year period does not have to be the same rate as renewal year one (1) and renewal year two (2).