

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
2	1	MAXIMUS	Document Reference 3000005216-2	N/A	N/A	http://www.prd1.doa.louisiana.gov/OSP/LaPAC/dspBid.cfm?search=department&term=4	The document named "3000005216-2" appears at the following link: http://www.prd1.doa.louisiana.gov/OSP/LaPAC/dspBid.cfm?search=department&term=4 posted with the Amendments, but does not appear in the RFP package posted here: http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/3734 . Will the State please clarify how and if the Bidder should include this document with their proposal response.	The one-page document at "3000005216-2" is not required to be submitted with the proposal.
3	2	MAXIMUS	RFP	9.17.7-9.17.9	Proposal Format	73	See Addendum 4 for this question and answer.	
4	3	MAXIMUS	Appendix E, Appendix A	N/A	Certification Statement	1	The first page of Appendix E states the following, "The Proposer should complete only the first column of this form to provide an index referencing the location of your response to each item listed (page and section number). This completed form should be included as Appendix A of your proposal." However, the Bidder is also instructed to submit "Appendix A: Certification Statement" with their proposal response. This brings up two questions. Firstly, does the State expect to see two (2) Appendix As submitted with the Bidder's proposal, if so, in what order should they appear, specifically, which Appendix A should appear first in the response, the Appendix A: Certification Statement, or Appendix E which we are instructed to rename Appendix A. Please clarify.	See Addendum 2.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
5	4	MAXIMUS	RFP	9.16.4.	Proposal Content	72	The requirement states, "Proposals should include, whenever possible, supporting data in responses to questions about experiences, outcomes and/or practices in other dates. Failure to do so will be reflected in scoring." We believe "dates" is a typo and should read "States" please confirm, or clarify.	See Addendum 2.
6	5	MAXIMUS	RFP	9.15.1	n/a	71-72	Can the Department please clarify how the proposer can address each "shall", "must", and "required" statements while remaining within the allotted page limits? In order to stay within those limits, is it considered compliant to provide an overall statement agreeing to meet these requirements? If not, would the State like the proposer to address each of these statements in an appendix that is exempt from the page limitations?	Please see Addendum 2 related to Sections 9.15.1 and 9.15.2. Proposers shall use the template and instructions in Appendices E and F regarding page limitations.
7	6	MAXIMUS	RFP	9.12.6	n/a	71	Does the Department prefer that the redacted copy be submitted as hard copy (paper) or electronic (CD/flash drive)?	The redacted copy of the proposal should be submitted in hardcopy.
8	7	MAXIMUS	RFP	2	Organization of RFP	8	For the requirement to address both FFS and MLTSS scopes of work, is the State expecting that the Proposer write to both scopes within the stipulated page limits for each section?	Correct.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
9	9	MAXIMUS	RFP	1.7	Schedule of Events	6	Due to the complexity of the program, due the State anticipate extending the Contract Begin Date in the event a non-incumbent bidder is successful and will not have the advantages of the incumbent with existing infrastructure and staff in place?	The state does not anticipate extending the contract begin date. Please see the anticipated phase in of responsibility as described in Section 10.0 Transition Requirements. The contractor may not invoice for or be paid the administrative component until they successfully demonstrate performance of contract functions. The contractor therefore assumes the cost of any delay.
10	10	MAXIMUS	Appendix	Appendix G	Cost Template		Will the State consider a leveling factor to accommodate for non-payment of transition costs in light of the advantage that the incumbent would have in this area?	No.
11	11	MAXIMUS	RFP	2.8.3.1	Written Translation Services	18	The RFP states that written materials must be available in any language that is spoken as a primary language for four percent (4%) or more of participants. According to the "LA Language Distribution" report in the Procurement Library, there is only one parish (Jefferson) that has any non-English language (Spanish) at or above the 4% threshold. Do we need to provide materials for that parish only in Spanish or for the entire state?	The contractor must provide materials for the entire state.
12	13	MAXIMUS	RFP	5.3	Staffing Requirements	47	Training and certification by OASS is required for Telephone Counselors, Assessment Specialists, and Assessment Specialist Supervisors. How can anyone other than the incumbent contractor fulfill this requirement?	OASS will provide the training and certification to contractor staff prior to Go-Live.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
13	14	MAXIMUS	RFP	12.1.5	General Requirements	89	Contractor requests language that would allow pricing equitable adjustment in the event of material increased costs as a result of changes in law.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.
14	15	MAXIMUS	RFP	12.12.3	Entire Contract	94	Contractor requests a pricing equitable adjustment in the event of material increased costs as a result of changes in Medicaid policies and procedures.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.
15	16	MAXIMUS	RFP	12.26.7	Terms of Payment	99	Contractor requests a discussion on a lower withhold for this section.	No. Please note that the 75% withhold applies only to payment for the final month of the contract.
16	17	MAXIMUS	RFP	12.26.8	Terms of Payment	99	Contractor requests the addition of the language "as amended" at the end of this provision in the event of any change order that increases the contract amount?	This is already understood to be the case. It is not necessary to modify the RFP language.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
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17	18	MAXIMUS	RFP	12.39	Termination or Reduction in Scope of Work For Non-Appropriation Of Funds	102	Contractor requests language that makes clear that the parties will mutually agree to the reduced scope.	DHH will not consider revising the RFP language as requested. Such a revision would be inconsistent with the purpose and intent of section 12.39.
18	19	MAXIMUS	DHH-CF-1 Appendix B	12	Ownership of Proprietary Data	2	Contractor requests language that makes clear that "non-third party software and source code" does not include Contractor pre-existing proprietary software and source code. Section 6.1.10 requires Contractor to designate all proprietary systems.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract in order to clarify this matter. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.
19	20	MAXIMUS	DHH-CF-1 Appendix B	21	Indemnity	3	Contractor requests that the indemnity provision apply only to third-party claims. Additionally it is requested that this indemnity be conformed to the indemnity in the main body of the contract as these two provisions are not consistent.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract in order to clarify this matter. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
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20	21	MAXIMUS	RFP	12.7	Contract Language Interpretation	92	Contractor requests negotiation of this clause.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.
21	22	MAXIMUS	RFP	2.3.5.2.	Telephone Call Recording System	12	Regarding - 100% of calls and telephonic LOCET screenings shall be recorded and stored for a period of at least 90 days for the purpose of appeals reference. The contractor must have the capacity to store at least 5% of recorded calls for longer periods of time. Question: Please define "longer periods of time." Costs for data storage can vary depending on the length of time recordings are stored.	DHH is clarifying the second sentence of section 2.3.5.2 by amending it to read as follows: "The contractor must have the capacity to store at least 5% of recorded calls for a longer periods of time, not to exceed one year, if requested by DHH. " See Addendum 2.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
22	23	MAXIMUS	RFP	2.3.4.1.	Telephone Access and Automated Call Distributor (ACD)	10	<p>Regarding - The contractor shall provide a toll-free (1-800 number) telephone system which is accessible throughout the state of Louisiana. The contractor shall also implement an Automated Call Distributor (ACD) to queue calls, track timeliness of answered calls, length of calls, type of caller (e.g., applicant/participant, family, friend or service provider), and the purpose of the call (e.g., information and referral, request for services, complaint, status of application).</p> <p>Question: Please provide the current ACD scripts for English and other languages.</p>	ACD scripts will be provided upon contract award.
23	24	MAXIMUS	RFP	2.6.3.1.	Check Medicaid Eligibility for all LTSS Applicants	15	<p>Regarding - The contractor shall check Medicaid eligibility through the on-line DHH Medicaid eligibility system or other system as specified by OAAS.</p> <p>Questions: Please confirm that the "on-line DHH Medicaid eligibility system" is readily accessible to authorized contractor users. Please provide a listing of the "other system as specified by OAAS." Please provide access information for accessing these other "systems."</p>	The online DHH Medicaid eligibility system will be made available to the authorized contractor. Access is provided over a contractor-supplied secure connection. A new eligibility system is expected to be put into production during the term of the contract. Connection information will be provided to authorized entities before the system is available.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
24	25	MAXIMUS	RFP	2.11.3.2.1.	Call Center and LOCET Quality	20	Regarding - Contractor will monitor a representative simple random sample of telephone calls utilizing a telephone audit tool supplied or endorsed by OAAS to measure. Questions: Please provide the details for the "telephone audit tool" that OAAS would supply . Please provide the details for the "telephone audit tool" that OAAS would endorse .	Relevant sections from the OAAS internal "Operations Manual, Chapter VI" have been added to the procurement library.
25	26	MAXIMUS	RFP	3.2.8.	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	26	Regarding - Notification to the data management contractor shall be sent electronically and be communicated to the service provider by telephone or by electronic mail. Questions: Please provide the name of the data management contractor. Please describe what methods of notification to the "data management contractor" are currently in place. Please provide acceptable data transfer methods to the data management contractor.	1. The name of the data management contractor is Statistical Resources Inc. 2. A Secure File Transfer Protocol (SFTP) is used for for file transfer and notification. The contractor will complete a nightly SFTP upload onto the States SFTP server and Statistical Resources Inc will pull the file from the State's server. 3. The only acceptable form of data transfer at this time is by an encrypted data file being transferred to Statistical Resources Inc.
26	27	MAXIMUS	RFP	3.9.3.	Participate in Appeals	29	Regarding - The contractor shall upload the appeals packet to the Division of Administrative Law SharePoint site within five (5) business days of receipt of notice of the docketed appeal and notify OAAS of the upload via email. Questions: Please provide the access details to the Division of Administrative Law SharePoint site. How is the SharePoint site currently accessed by the incumbent?	The Division of Administrative Law SharePoint site is a standard Microsoft Office SharePoint site used to communicate documents with the Division of Administrative Law. It is accessed by authorized external entities with permissions managed by DHH personnel.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
27	28	MAXIMUS	RFP	3.16.1.	Develop Customer Satisfaction Survey	32	Regarding - The contractor shall develop a customer satisfaction survey that shall be approved by OAAS and which shall address, at a minimum, the following areas. It shall be conducted at least annually. Question- Is this requirement related to the requirement 2.11.3.2.1 on page 20 of the RFP? Or are the two different? Please clarify.	These are two different requirements. 2.11.3.2.1 refers to monitoring and quality assurance for call center activities and LOCET screening. 3.16.1 refers to a customer satisfaction survey that covers all aspects of contractor services including face-to-face assessment processes.
28	29	MAXIMUS	RFP	6.1.3.	General Requirements	43	Regarding - All contractor applications, operating software, middleware, and networking hardware and software shall be able to interoperate as needed with DHH's systems and shall conform to applicable standards and specifications set by DHH. Questions: Please define "interoperate" in terms of DHH's systems. Please provide DHH "standards and specifications" as defined for this contract.	Interoperate refers to the transfer of data between systems using one of a number of mechanisms. It is expected that future systems will make use of HIPAA standard transactions, however, at this time information transfers are in the form of FTP transfers of files in fixed width format and database queries over secure connections.
29	30	MAXIMUS	RFP	6.1.3.	General Requirements	43	Regarding - All contractor applications, operating software, middleware, and networking hardware and software shall be able to interoperate as needed with DHH's systems and shall conform to applicable standards and specifications set by DHH. Questions: Can the Department provide additional information regarding the state system? Can the Department system be accessed outside the state network? If so, what technology would a vendor use to access the system remotely? Is this a web interface system, thin client Citrix platform, or mainframe system?	The Department systems can be accessed outside of the state network using secure connections. Information transfers are in the form of FTP transfers of files in fixed width format and database queries over secure connections.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
30	31	MAXIMUS	RFP	6.2.1.	HIPAA Standards and Code Sets	45	<p>Regarding - The systems shall be able to transmit, receive and process data in current HIPAA compliant or DHH specific formats and/or methods, including, but not limited to, secure File Transfer Protocol (FTP) over a secure connection such as a Virtual Private Network (VPN), that are in use at the start of systems Readiness Review activities.</p> <p>Question: Please confirm if the Department will allow a network communication using an internet site secure VPN tunnel for accessing the state system? Accessing other vendors, entities, etc.?</p>	Site to Site VPN will be established over a contractor-supplied secure connection.
31	32	MAXIMUS	RFP	6.3.1.	Connectivity	45	<p>Regarding- DHH is requiring that the contractor interface with DHH, the Medicaid Fiscal Intermediary (FI), the Enrollment Broker (EB), OAAS Participant Tracking System (OPTS), MCOs and other parties as designated by OAAS. The contractor must have capacity for real time connectivity to all systems approved by DHH, including systems owned by DHH and others approved by DHH but managed by external entities.</p> <p>Question: Please confirm the Department allow a network communication using an internet site secure VPN tunnel for accessing the state system? Accessing other vendors, entities, etc.?</p>	Site to Site VPN will be established over a contractor-supplied secure connection.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
32	33	MAXIMUS	RFP	6.3.2.	Connectivity	46	Regarding- The contractor must have the capability and shall allow authorized DHH personnel to have real-time read-only connectivity to the contractor's system as remote connections from DHH offices. Furthermore, DHH staff or other individuals authorized by DHH shall have direct read-only access to its data for the purpose of data mining, monitoring and review. Questions: Please provide the number of authorized DHH personnel that will require real-time read-only connectivity to the contractor's system.	Fewer than 20, with very few concurrent users.
33	34	MAXIMUS	RFP	6.6.5.	Network and Back-up Capabilities	48	Regarding- Establish independent generator back-up power capable of supplying necessary power for a minimum of four (4) days for all information systems and supporting infrastructure. Question: Please confirm that the 4 day power backup is related to data center(s) and not related to the physical call center site.	All locations hosting system infrastructure must adhere to this requirement.
34	35	MAXIMUS	RFP	6.9.2.	Electronic Messaging	50	Regarding- As needed, the contractor shall be able to communicate with DHH over a secure Virtual Private Network (VPN). Question: Please confirm if the Department will allow a network communication using an internet site secure VPN tunnel for accessing the state system?	Site to Site VPN will be established over a contractor-supplied secure connection.
35	36	MAXIMUS	RFP	6.10.1.	Eligibility Data Exchange	50	Regarding- Receive, process and update files sent daily by the Enrollment Broker. Question: Can the Enrollment Broker support SFTP (ftp over ssh) for secure data transmission?	Yes

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
36	37	MAXIMUS	RFP	6.2.3.	HIPAA Standards and Code Sets	45	Are all of the listed transactions (834, 270/271, 276, 277, and 278) all expected to be utilized for this scope of work?	See Addendum Number 2. It is possible that future systems would make use of 270/271, 278 and 834 transaction. 276 and 277 transactions are not in the scope of this contract.
37	38	MAXIMUS	RFP	6.2.3.	HIPAA Standards and Code Sets	45	For the transactions that are expected to be used for the scope of work in the RFP, do you have Companion Guides that can you can share for each?	DHH can provide file layouts and database (MS SQL Server) queries.
38	39	MAXIMUS	RFP	6.3.4.	Connectivity	46	Is the contractor's system required to store address information in Standard USPS format or can the standards be applied to the addresses when mailings occur?	No, the addresses are not required to be stored in USPS format.
39	40	MAXIMUS	RFP	6.10.	Eligibility Data Exchange	50	Is it DHH's expectation that the contractor's system will track participant's plan choice and will reconcile with the EB vendor to ensure that both systems match for the MLTSS model?	Yes, the contractor's system should capture plan choice and reconcile with the EB vendor.
40	41	MAXIMUS	RFP	6.11.8.	Information Systems Availability	51	Can the Department confirm that this is requiring the contractor's DR/BC system to be up and available within 8 hours of an official declaration of a disaster? Or is this requirement only for unscheduled system unavailability that is NOT a disaster?	This requirement pertains to any unscheduled system unavailability.
41	42	MAXIMUS	RFP	2.3.9.1	Utilize a statewide comprehensive and current resource directory of long term supports and services resources.	13	Is it DHH's expectation that the current contractor will transition the existing database (or data at the very least) of long term supports and services resources to the new vendor? Doing so would provide for a more fair and equitable procurement and also limit the risk of disruption of information and referral services to this population.	Data from the existing system will be made available to a new contractor.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
42	43	MAXIMUS	RFP	2.3.9.1	Utilize a statewide comprehensive and current resource directory of long term supports and services resources.	13	Is there an existing electronic source or data feed that could be utilized by a new contractor to populate (at least in part) the directory of available long term supports and services resources?	Data from the existing system will be made available to a new contractor.
43	44	MAXIMUS	RFP	2.3.10.	Provide written information	13	Can DHH provide a list of the required written notifications for this scope of work that will need to be generated from the contractor's system (versus Telesys or OPTS)?	Copies of all currently required written notifications can be found in the procurement library. Telesys will generate a printable MDS-HC, MDS-HC Notebook, MDS-HC CAPS, Plan of Care and Plan of Care Notebook, while OPTS will generate a printable LOCET. The contractor's system will be required to generate all other notifications.
44	45	MAXIMUS	RFP	6.2.3.	HIPAA Standards and Code Sets	45	<p>The RFP states, "The systems shall conform to the following HIPAA-compliant standards as amended for information exchange. Transaction types may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> - ASC X12N 834 Benefit Enrollment and Maintenance; - ASC X12N 270/271 Eligibility/Benefit Inquiry/Response; - ASC X12N 276 Claims Status Inquiry; - ASC X12N 277 Claims Status Response; - ASC X12N 278 Utilization Review Inquiry/Response;" <p>Question: Shall the Contract expect the transmission protocol for each of these transaction types to be using Secure File Transfer (SFTP) or shall the State also provide web service interfaces?</p> <p>Question: If so, for which transaction types?</p>	<p>It is possible that future systems would make use of 270/271, 278 and 834 transactions over a secure connection. The specific protocols are to be determined.</p> <p>See Addendum Number 2: 276 and 277 transactions are not in the scope of this contract.</p>

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
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45	46	MAXIMUS	RFP	2.3.9.1	Call Center Operations to Provide Effective Information and Referral	13	See Addendum 4 for this question and answer.	
46	48	MAXIMUS	RFP	3.1	Perform Comprehensive Assessments for LTPCS Applicants and Participants	23	<p>The RFP states, "The contractor shall provide timely face-to-face assessment visits to individuals seeking and receiving LTPCS services. This includes face-to-face visits for initial assessments, reassessments for participant change in status, and annual reassessments for recertification as required by OAAS protocol.</p> <p>For all face-to-face assessment visits, the MDS-HC instrument shall be used with OAAS-approved processes while meeting OAAS workflow expectations as noted in Section 3.3.1. through Section 3.3.2."</p> <p><i>Question 1: Will the Contractor be required to capture document images or take pictures during these face-to-face assessment visits?</i></p> <p><i>Question 2: Shall the Contractor be required to upload additional or supporting documentation into State systems? If so, please specify which documents and in what circumstances.</i></p>	<p>1. The contractor will not be required to capture document images or take pictures during these face-to-face assessment visits.</p> <p>2. Any type of communication is required to be uploaded into the system being used. This includes information gathered from phone calls, faxes, USPS mail, and/or documents signed or gathered at meetings. Some examples of information may include power of attorney, intradiction paperwork, hospice or home health documents, any type of medical documentation, emails, provider change requests.</p>

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
47	49	MAXIMUS	RFP	11.4.2	Transfer of Data	88	<p>The RFP states, "The contractor shall transfer all data including but not limited to documentation regarding the provision of participant services to DHH or a third party, at the sole discretion of DHH and as directed by DHH. All transferred data must be compliant with HIPAA."</p> <p>Question: Is this the same as the turnover plan for the current incumbent and shall the Contractor expect to receive all data maintained in the current system(s)?</p>	Yes
48	50	MAXIMUS		10.6.6.1	10.6.6. Information System Transfer of Data	81	See Addendum 4 for this question and answer.	
49	51	MAXIMUS		6.4	OPTS (OAAS Participant Tracking System)	46	<p>The RFP states, "The OAAS Participant Tracking System (OPTS) contains participant demographic and contact information, information related to the participant's initial and subsequent LOCET screenings and PASRR (Pre-Admission Screening and Resident Review) information (if any). This is OAAS' system of record for participant demographic information."</p> <p>Question: Shall the OPTS system also provide generation of any outbound letters and notices, or is this the responsibility of the Contractor?</p>	The LOCET can be printed from OPTS however the OPTS system does not provide generation of any outbound letters or notices. This is the responsibility of the contractor.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
50	52	MAXIMUS	Appendix E	Part III, 12.b	Organizational Structure	7/20	<p>12 b requires bidder to include a statement of whether you intend to use major subcontractors. Under the definition of Major Subcontract in the Glossary (page 109), for the purposes of the RFP, excluded from the list are "contracts with direct service providers." It is unclear what is meant by direct service provider. For example, would a subcontractor providing assessment services be considered a direct service provider?</p> <p>Please clarify the definition.</p>	See Addendum 2.
51	53	MAXIMUS	Appendix E	Part III, 12.b	Organizational Structure	7/20	<p>12 b requires bidder to include a statement of whether you intend to use major subcontractors. If we plan to include providers under the Hudson Initiative to support staffing, should they be included in this discussion?</p>	Yes.
52	54	MAXIMUS	RFP	5.3	Staffing Requirements	41	<p>Telephone counselors, Assessment Specialists, and Staff assigned to technical or management positions are required to have a Bachelors degree in a human services field.</p> <p>Would DHH allow substitutions of work experience for this requirement? For example, in lieu of a bachelors degree, candidate may count 4 additional years of experience.</p>	A bachelors degree is required.
53	55	MAXIMUS	RFP	5.3.1	Staffing Requirements	41	<p>The RFP states that we should provide staff with training and certification in the use of LOCET as conducted by OAAS. Can the State clarify that providing staff that will receive OAAS training after contract award but prior to the applicable Readiness Review date would be acceptable?</p>	Yes, this will be acceptable.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
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54	57	MAXIMUS	RFP	5.3	Staffing Requirements	41	See Addendum 4 for this question and answer.	
55	59	MAXIMUS	RFP	1.1.8.6.1	Level of Care Evaluation Tool and Minimum Data Set Home Care	9	Can DHH clarify the percentage of total LOCET screenings requiring a Medical Deterioration Review?	Approximately 4.5% of LOCETs require a Medical Deterioration (physician documentation) Review.
56	60	MAXIMUS	RFP	1.1.8.6.1	Level of Care Evaluation Tool and Minimum Data Set Home Care	9	What is the average handle time for the contractor to conduct a Medical Deterioration Review?	20 minutes or less to review and document the findings of each Medical Deterioration Form.
57	61	MAXIMUS	RFP	1.1.8.6.1	Level of Care Evaluation Tool and Minimum Data Set Home Care	9	Can the Department confirm that the LOCET instrument is completed by Contractor staff in the OPTS system - with summary data and demographic information being tracked in the contractor's data system as well?	Yes, demographic information is captured in OPTS. The LOCET instrument is part of the OPTS package. The contractor's data system should import demographic and LOCET summary data from OPTS.
58	62	MAXIMUS	RFP	1.1.8.6.2	Level of Care Evaluation Tool and Minimum Data Set Home Care	10	Can the Department confirm that the MDS_HC instrument is completed by field assessment staff in the State's Telesys system, with summary data and assessment tasks scheduled, completed, or in progress tracked in the contractor's data system?	At this time the MDS-HC is completed in TeleSys. MDS-HC information is available for importing into the contractor's system.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
59	63	MAXIMUS	RFP	1.1.8.6.2	Level of Care Evaluation Tool and Minimum Data Set Home Care	10	Is the State's SHARe system a component of the MDS-HC tool in Telesys, or is it a separate system to be accessed by the contractor in the course of developing the plan of care?	SHARe is not a component of Telesys. The MDS-HC tool in Telesys includes an algorithm that calculates the individual's activities of daily living (ADL) score based upon the information collected via the MDS-HC. SHARe is a State-developed methodology that sets a maximum number of LTPCS hours which can be authorized based on the individual's ADL score. The contractor shall develop a plan of care not to exceed the maximum defined under SHARe.
60	64	MAXIMUS	RFP	1.7	Schedule of Events	12	Would the Department consider an extension of the Deadline for Receipt of Written Proposals as outlined in the Schedule of Events? The current schedule, given the complexity of the response and the need to provide a fully responsible bid to support this vulnerable population, heavily favors the incumbent contractor over any other qualified organizations	At this time the Department will not consider an extension.
61	65	MAXIMUS	RFP	2	Organization of RFP	14	Can the Department provide an assumption for respondents to use in their pricing starting date and method of MLTSS adoption? Understanding the desired start date for MLTSS adoption, the pace of transition over a regional model, etc. would help contractors offer a more responsible pricing submittal.	Current planning calls for implementation to be statewide. Contractor is to assume all initial assessments, reassessments upon re-certification date and change in status assessments for LTPCS, ADHC and CCW programs.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
62	66	MAXIMUS	RFP	2	Organization of RFP	14	If the Department cannot provide the above, should the contractor assume for pricing purposes that each scope of work should be priced separately as if it was to be the model for the full duration of the contract?	The contractor shall submit pricing separately as if either model will be used for the full duration of the contract.
63	67	MAXIMUS	RFP	2.3.9	Utilize a statewide comprehensive and current resource directory of long term supports and services resources	19	See Addendum 4 for this question and answer.	
64	68	MAXIMUS	RFP	2.3.10.2	Provide Written Information	19	Can the Department please clarify the volume of written material (number of documents, pages per document if possible) that it anticipates the contractor will need to mail on a monthly basis?	This information is in the Procurement Library.
65	69	MAXIMUS	RFP	2.4.1	Call Center Location	19	Would the Department confirm that a call center site located outside of Louisiana but not requiring overnight travel would fulfill this requirement?	Confirmed.
66	70	MAXIMUS	RFP	2.6.2	Timely Level of Care Screening using Level of Care Eligibility Tool (LOCET)	21	Can the Department clarify the average handle time (both time on the phone with the applicant and post-call work if possible) to complete the LOCET?	Typically LOCETs for nursing facility admissions are completed in 15 to 20 minutes. LOCETs for home and community based services are typically completed in 25 to 30 minutes. This includes call time and post-call processing.
67	71	MAXIMUS	RFP	2.6.2	Timely Level of Care Screening using Level of Care Eligibility Tool (LOCET)	21	Can the Department provide the percentage of overall inbound calls that involve completion of a LOCET assessment.	The percentage of overall inbound calls that involve a completion of a LOCET assessment is 37%.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
68	72	MAXIMUS	RFP	2.6.3	Check Medicaid Eligibility for all LTSS applicants	22	Can the Department provide an estimate of the number or percentage calls each month that are transferred to State Medicaid offices or other available community resources?	The average number of calls that are transferred to Medicaid are 52 per month. For other community resources, the average is 370 per month.
69	73	MAXIMUS	RFP	2.6.4.1	Make appropriate Level of Care screening decisions	22	Can the Department provide an assumption as to the percentage of LOCET assessments that require physician documentation review?	Approximately 4.5% of LOCETs require a Medical Deterioration (physician documentation) Review.
70	74	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Can the Department provide the current staffing model of field assessors, including the number of assessors, their geographical location, and their reporting structure?	This is proprietary information of the incumbent contractor. The staffing model and the reporting structure is up to each proposer / contractor to determine.
71	75	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Can the Department provide an estimate of the number of assessments each assessor, on average, completes per day?	On average, the time to complete an MDS-HC assessment is 1.5 hours.
72	76	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Can the Department provide an assumption for a standard handle time for completion of the MDS-HC assessment alone?	On average, the time to complete an MDS-HC assessment is 1.5 hours.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
73	77	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Can the Department provide an assumption for a standard handle time for completion of the plan of care and provider choice components separate from completion of the assessment itself?	Typically, the time to complete a plan of care meeting ranges from 30 minutes to 1 hour and the typical time to write the plan of care is 30 minutes to 1 hour. The provider choice component cannot be included in this time estimate. It includes many other steps such as whether the participant already has a provider, is changing providers, making a selection of a provider for the first time, and the provider's process for deciding whether to accept the referral.
74	78	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Does the current contractor reimburse assessment staff for mileage driven in conducting face-to-face assessments for this population?	This is proprietary information of the incumbent contractor. These arrangements are up to each proposer / contractor to determine.
75	79	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Can the Department provide an estimate of the average mileage driven per day or per month by field assessment staff?	The department does not track this.
76	80	MAXIMUS	RFP	3.2	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	29	Can the Department clarify its preferred contingency process if an assessment is scheduled, contractor staff arrive on site, and the Telesys system is for some reason unavailable or internet access is unavailable?	Options for the contractor include a system that provides keystroke recording and playback or paper hardcopy for later data entry.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
77	81	MAXIMUS	RFP	3.4	Develop Plan of Care for LTPCS Participants	33	Can the Department confirm that the completion of the Plan of Care is an automated process within the Telesys system, partially informed by the data collected during the administration of the MDS-HC assessment?	The only sections of the Plan of Care that autopopulate in the Telesys system, is Section A (Client Information) and a portion of Section B (Household Information). The remaining sections of the Plan of Care must be typed.
78	82	MAXIMUS	RFP	3.6	Provide Freedom of Choice of Providers to LTPCS Participants	33	Is the freedom of choice listing of available providers housed in the State's Telesys system, or is this choice administered through use of the statewide resource directory database maintained by the contractor in their own system.	The freedom of choice listing of available providers is maintained by the Medicaid Fiscal Intermediary. This can be accessed through a text file. OAAS maintains the specifications for the text file.
79	83	MAXIMUS	RFP	3.6	Provide Freedom of Choice of Providers to LTPCS Participants	33	Could the Department expound upon any exception processes that exist in the circumstance that the service provider does not accept the individual for care or does not agree with the plan of care as developed?	DHH/OAAS provides specific language regarding providers refusal of participants in the Medicaid Personal Care Services Policy Manual. http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PCS/pcs.pdf Section 30.5 (page 1 of 2) & Section 30.6 (page 1 of 3). The plan of care is developed between the assessor and the participant. The provider is not asked to agree or disagree with the plan of care and has no rights to disagree with or appeal the plan of care.
80	84	MAXIMUS	RFP	3.6	Provide Freedom of Choice of Providers to LTPCS Participants	33	Can the Department provide an estimate of the call volume (number of monthly calls or percentage of the total) allocated to coordination with providers?	Approximately 1979 calls per month. Important to note this only indicates calls to/from providers, this does not indicate calls from any other type of callers in reference to provider issues.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
81	85	MAXIMUS	RFP	3.1	Participant and Service Monitoring for ALL LTPCS Participants	35	Can the Department provide an estimate of the number of monthly service monitoring calls performed by the contractor?	Approximately 2673 per month.
82	86	MAXIMUS	RFP	3.1	Participant and Service Monitoring for ALL LTPCS Participants	35	Can the Department provide an estimate of the average handle time of client monitoring calls performed by the contractor?	The average time for client monitoring is approximately 30 minutes per call.
83	87	MAXIMUS	RFP	10.2	Anticipated Schedule for Transition	84	Would the Department entertain any extension of the Phase One Readiness Review timeframe as addressed in this section? This schedule is heavily prohibitive for any but the incumbent contractor. This timeline will also increase costs for any non-incumbent contractor compared to a more typical transition period (90-120 days).	The Department sees no compelling reason to extend the timeframe for readiness review. The contractor may not invoice for or be paid the administrative component until they successfully demonstrate performance of contract functions. The contractor therefore assumes the cost of any delay.
84	88	MAXIMUS	Appendix G	N/A	N/A	1	Would the Department please clarify where they desire any start-up or implementation costs to be captured in the cost submittal? Alternately, would the State consider leveling the cost submittals to avoid favoritism of the incumbent contractor, who does not have to incur these costs and allocate them to the various line items?	Start up and implementation costs should be included in Administrative Expenses to be paid monthly. The state recognizes that administrative costs may be higher at implementation and/or other times during the 3 year period of the contract, but is asking that total administrative costs for the three year period be averaged to produce a consistent monthly administrative payment that does not change over the term of the contract.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
85	89	MAXIMUS	Appendix G	N/A	N/A	1	Would the Department reconsider allowing contractors to enter implementation/start-up costs separately in the cost submittal? The cost model as it stands heavily favors an incumbent contractor, as per-unit rates of any non-incumbent would have to be inflated to absorb start-up costs that the incumbent would not bear, regardless of the actual cost to the State for providing those services if such a measure was not allowed.	No.
86	90	MAXIMUS	Annual Contractor Volumes	N/A	N/A	1	Could the Department provide an estimate of the number of outbound calls conducted but the incumbent contractor. Is this a subset of the Number of Calls to I & R Helpline shown? The process is articulated would require both outreach and coordination with providers and outreach to consumers for client monitoring and follow-up purposes.	Outbound calls are not included in the call volumes provided. OAAS cannot provide this estimate.
87	91	MAXIMUS	Annual Contractor Volumes	N/A	N/A	1	Can the Department provide an average handle time for inbound calls (weighted across all types)	Types of calls – times per call Complaints – average of 10 - 15 minutes Information and Referral – average of 10 - 15 minutes Request for Services – average of 30 – 45 minutes (completing LOCET during this time) Schedule Assessment – average of 10 minutes Status of Services – average of 5 – 10 minutes

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
88	92	MAXIMUS	Annual Contractor Volumes	N/A	N/A	1	Can the State provide an estimate of average after-call work for inbound calls (weighted against all types) separate from the total handle time above?	The State cannot. After-call work varies greatly depending on the nature of the call.
89	93	MAXIMUS	Annual Contractor Volumes	N/A	N/A	1	Can the State provide an estimate of the extent to which inbound or outbound call activity would decrease (on an average monthly basis) as a result of the move to MLTSS? In particular, what impact the removal of client monitoring and some provider coordination would have upon total volume	Please see Section 2.1 Comparison Table for FFS and MLTSS models on page 9. Also see Appendix G, Cost Template (page 2/3) for expected monthly volumes for each FFS and MLTSS.
90	94	MAXIMUS	Contractor Letter and Notice Volumes	N/A	N/A	1	There are a number of letter types included in the Procurement Library under OAAS Letters Mailed Out by Contractors that do not appear on this table of volumes. If these are the responsibility of the contractor to mail, could the State provide an estimate of volume for each one?	See "Detail of Notices Generated and Mailed" which has been added to the Procurement Library.
91	95	MAXIMUS	Contractor Letters and Notice Volumes	N/A	N/A	1	Could the Department provide an estimate of the number of inbound documents (by type if possible) received and processed by the contractor on a monthly basis?	From July – December 2015, 1100 USPS documents received monthly
92	96	MAXIMUS	Contractor Letters and Notice Volumes	N/A	N/A	1	Could the Department provide an estimate of the number of inbound faxes received (by type if possible) by the contractor on a monthly basis?	From July – December 2015, 10,518 faxes received monthly
93	97	MAXIMUS	Contractor Letters and Notice Volumes	N/A	N/A	1	Could the Department provide an estimate of the number of outbound faxes sent by the contractor on an average monthly basis?	Less than 50

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
94	98	MAXIMUS	RFP	2.3.4.4	Call Center Operations to Provide Effective Information and Referral	11	The RFP indicates that the vendor shall report an abandoned call as any caller who has hung up before reaching a call center representative. Is there a threshold under which a hang up should not be counted as an abandoned call? For example, would a call where the caller disconnected while waiting on hold for only 2 seconds count as abandoned for the purposes of this calculation?	Refer to 2.3.4.4. In the example given, the call would be considered abandoned.
95	99	MAXIMUS	RFP	2.5.2	Initiate and Assist Individuals in Voter Registration at Specified Times	14	The RFP requires that the vendor retain copies of the MVRA forms and completed VRD forms. For how long should the vendor retain these documents? Can these documents be retained as electronic images or should hard copies be retained as well?	Yes, the vendor must retain all completed National Voter Registration Act (NVRA) forms (completed VRD forms and copies of the MVRA forms). They may be maintained in either electronic format OR hard copy format: Electronic copies must be maintained for 10 years. Hard copies must be maintained for 5 years.
96	100	MAXIMUS	RFP	2.5.2	Initiate and Assist Individuals in Voter Registration at Specified Times	14	The RFP requires that the vendor retain copies of the MVRA forms and completed VRD forms. Can the state provide the current volume of forms that the incumbent retains and approximately how many new forms are received on a monthly or annual basis? Will a new vendor be required to receive and retain the forms currently retained by the incumbent?	For 2015, the current vendor received a total of 12,715 NVRA forms (MVRA & VRD forms). The incumbent currently retains 29,172 forms. Current contractor will hand over all of their NVRA documents to OAAS, and new contractor will need to store the documents.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
97	101	MAXIMUS	RFP	2.6.2.1.1	Timely Level of Care Screening using Level of Care Eligibility Tool (LOCET)	15	The RFP requires that the vendor perform 100% of LOCET screenings for individuals in a hospital within two (2) calendar days of receiving the request. If a request is received on a Friday and cannot be completed on the same day, should the vendor make an attempt to complete the LOCET on a Saturday or Sunday?	Yes
98	102	MAXIMUS	RFP	2.6.2.1.3	Timely Level of Care Screening using Level of Care Eligibility Tool (LOCET)	15	The RFP requires that the vendor perform 100% of LOCET screenings for individuals in protective services and who are in the hospital within two (2) calendar days of receiving the request. If a request is received on a Friday and cannot be completed on the same day, should the vendor make an attempt to complete the LOCET on a Saturday or Sunday?	Yes
99	103	MAXIMUS	RFP	3.2.5.1.5	Conduct Face-to-Face Assessment Visits for LTPCS Applicants and Participants	25	The RFP states that the vendor must conduct annual recertification assessments for LTPCS participants. Will a new contractor be required to convert data from the incumbent's system in order to determine the date of the most recent recertification for existing LTPCS participants, or will a new contractor be able to receive that data from OAAS?	The contractor will have access to a DHH data system that contains this information.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
100	104	MAXIMUS	RFP	9.2	Scoring for Veteran and Hudson Initiative	81	Can the Department clarify the formula to be used to calculate the allocation of points for a bidder that is not a certified small entrepreneurship but has engaged one or more certified entrepreneurs as a subcontractor? The criteria for selection are present in the RFP, but the formula to calculate the bidder's score is not.	There is no mathematical formula applicable to the allocation of points to a proposer that is not a certified small entrepreneurship but has engaged one or more such entities as subcontractors. Instead, points will be allocated to such a proposer in a way that reflects the evaluation team's best judgment of the extent to which the criteria set forth in section 9.20.1.2 have been met.
101	105	MAXIMUS	Appendix G	N/A	N/A	1	Can the Department clarify that the volumes shown in the Monthly Volume column are the volumes the State desires the contractor to price to? In addition, are the 2050 face-to-face assessments referenced for managed care in addition to the 1500 referenced in the fee-for-service estimate, or is there overlap?	The volumes shown in the Monthly Volume column are the volumes the State desires the contractor to price to. The 2050 face-to-face assessments referenced for managed care are inclusive of the 1500 assessments referenced in the fee-for-service estimate. Fee-for-service model includes assessments for the LTPCS program only. The managed care model includes assessments for LTPCS, ADHC and CCW programs.
102	106	MAXIMUS	RFP	2.8.3.1.	Written Language	18	What languages are spoken by more than 4% of the population?	Refer to the Procurement Library item, "Louisiana Language Distribution."
103	107	MAXIMUS	RFP	2.9.3.	OAAS- Provided Training	18	The RFP requires that the contractor receive a daily file from the Enrollment Broker. For what purpose will this daily file be used (.e.g., to reconcile enrollments in a managed care scope or something else)?	Yes, the purpose is to reconcile the enrollments in an MLTSS scope. The contractor would need to communicate the results of a client's assessment to the EB. This file would serve as a reference document.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
104	108	MAXIMUS	RFP	2.11.3.3.2.	Simple Random Sample	21	What random record review audit tool will supplied by OAAS to measure accuracy, completeness and timeliness of the MDS-HC assessments? Please confirm that this tool will be supplied by OAAS.	OAAS can provide information for the development of an audit tool which the contractor may wish to modify to address additional quality assurance needs of the contractor. Information about OAAS MDS-HC quality audits may be found in the Procurement Library under "OAAS internal Operations Manual, Section VI."
105	109	MAXIMUS	RFP	3.1.	Perform Comprehensive Assessments for LTPCS Applicants and Participants	23	What percentage of the population typically requires a re-assessment due to a change in status?	Individuals may have multiple change of status assessments performed. The procurement library contains historical counts of change in status assessments.
106	110	MAXIMUS	RFP	2.3.9.1	Maintain Community Resource Directory	13	Can the contractor assume that an existing database of community resources is available and will be provided to the contractor at the beginning of the contract? How is this community resources database currently updated?	DHH will make the referral database available to the contractor through a DHH data system or as an Excel spreadsheet (to be determined by DHH). The contractor is responsible for maintaining the and updating the resource directory.
107	111	MAXIMUS	RFP	6.10.1	Eligibility Data Exchange	50	The RFP requires that the the contractor receive a daily file from the Enrollment Broker. For what purpose will this daily file be used (.e.g., to reconcile enrollments in a managed care scope or something else)?	See above answer.
108	112	MAXIMUS	RFP	Gen	N/A	N/A	the RFP requires that the the contractor receive a daily file from the Enrollment Broker. For what purpose will this daily file be used (.e.g., to reconcile enrollments in a managed care scope or something else)?	See above answer.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
109	113	MAXIMUS	Appenix F	Table	Part II, Question 4	n/a	Appendix F requests that the table be completed for each LTSS contract we have entered into in the last five years. It also says to limit our response to two pages inclusive of the table. As we have many LTSS contracts within the last five years, it is unlikely that we could limit the table to two pages. Do you prefer to have us select some of our contracts and remain within the 2 page limit, or provide information for all of the contracts and exceed the two page limit?	The proposer should use a separate Appendix F for each LTSS contract entered into within the last five (5) years. The proposer can use up to two pages for each contract description.
110		PCG	Public Consulting Group	2.3.4.3			With respect to requirement 2.3.4.3., is a live operator needed at the call center 24 hours/day, 7 days/week?	Refer to Section 2.3.4.2. The 1-800 number shall be manned during business hours (8:00 am to 5:00 pm M-F) excluding official state holidays.
111		PCG	Public Consulting Group	2.7.1.2.			With respect to requirement 2.7.1.2., what defines a timely report?	All incidents of possible abuse involving DHH clients as alleged victims and/or DHH or affiliate staff as the accused shall be reported immediately to APS. APS may develop specific reporting procedures for individual facilities/programs within DHH.
112		PCG	Public Consulting Group	3.14.1.,			With respect to requirement 3.14.1., what is defined as 'not delivered appropriately'?	Services which are not delivered appropriately are those which do not adhere to the participant's approved person-centered plan of care.
113		PCG	Public Consulting Group	3.6.1			With respect to requirement 3.6.1., will DHH supply the contractor with a list of available service provider agencies?	Yes.
114		PCG	Public Consulting Group				What is the monthly average of participant complaints received?	Average of 19 complaints per month.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
115		PCG	Public Consulting Group				Does DHH intend to award each scope of work outlined in this RFP to a separate vendor?	No. DHH expects one vendor to perform the scope of work required currently in the fee-for-service delivery model and then transition to the MLTSS scope of work in the event that the MLTSS service delivery model is implemented during the term of this contract.
116		PCG	Public Consulting Group				How many FTEs currently work on each scope of this project?	Current FTE is 130. This should not be taken as guideline by proposers. Proposers should develop their own FTE and staffing design based on the requirements of this RFP.
117		PCG	Public Consulting Group				How many individuals currently receive services on each waiver or program?	Refer to the Procurement Library items, "Volumes."
118		PCG	Public Consulting Group				Is the contractor responsible for securing locations at which to conduct face-to-face assessment visits?	Face-to-face assessment visits are conducted in the participant's home.
119		PCG	Public Consulting Group				What is the expected application volume for each waiver or program?	Refer to the Procurement Library items, "Volumes."
120		PCG	Public Consulting Group				What is the expected call center volume?	Refer to the Procurement Library items, "Volumes, LTC Contractor Annual Volumes for period 07-01-2011 through 01-31-2016"
121		PCG	Public Consulting Group				What is the value of the current contract?	\$52,232,522.00 for the five year contract period ending June 30, 2016.
122		PCG	Public Consulting Group				Who is the current incumbent?	Xerox State Healthcare, LLC

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
123		PCG	Public Consulting Group				Will DHH please provide the OAAS Quality Monitoring audit tool?	OAAS cannot provide the tool. However relevant sections from the OAAS internal "Operations Manual, Section VI" have been added to the procurement library.
124		PCG	Public Consulting Group				Will DHH provide any training to the selected contractor a. Will staff complete training and certification in the use of the Level of Care Eligibility Tool (LOCET) after the RFP is awarded?	See appendix H, item 12. Also, the Procurement Library Document, "List of OAAS-Required Training" is all provided by OAAS. OAAS will provide training in many areas, including MDS-HC certification, LOCET, appeals, NVRA, plan of care development, etc. Staff will complete training for LOCET after the contract is awarded.
125	1	Xerox Care and Quality Solutions, Inc.	RFP	General	N/A	N/A	Will DHH please confirm whether the Proposers can submit a list of negotiation points with their proposal. If so, where in the proposal should they include these points?	No, proposers should not submit negotiation points with their proposal. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
126	2	Xerox Care and Quality Solutions, Inc.	RFP	General	N/A	N/A	Will DHH please confirm that the Proposers will have the ability to negotiate the final agreement prior to contract execution including Appendix B?	After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.
127	3	Xerox Care and Quality Solutions, Inc.	RFP	2.0	ORGANIZATION OF RFP: Two Scopes of Work, Three Sets of Deliverables DHH has conducted planning and development to implement a system of managed Medicaid for individuals receiving or at risk for needing LTSS. Proposers are required to provide responses, including distinct cost proposals, for each of the two (2) scopes of work.	8	Since the State emphasizes the different scope of work and cost of services under the current LTSS Delivery model versus the future MLTSS Delivery model, can the State please clarify when the transition is set to occur? Also, please clarify whether it will be a phased in transition, either over time, or by region? This information will help bidders plan staff resources accordingly.	The State cannot provide timing for this transition nor confirm that the transition will definitely occur during the term of the contract. However, it is a possibility that the State will move to an MLTSS delivery model. Planning completed thus far does not call for a phased in implementation. The contractor will have several months lead time to prepare for such a transition if it does occur.
128	4	Xerox Care and Quality Solutions, Inc.	RFP	2.3.4.2	Call Center Operations to Provide Effective Info and Referral	11	Please confirm that it is acceptable to allow the caller to leave a message instead of a number.	It is acceptable for the caller to leave a message and/or a number.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
129	5	Xerox Care and Quality Solutions, Inc.	RFP	3.9. 5.2	Performance Indicator: The contractor shall provide representation at 100% of appeals.	29	What is the anticipated number of hearings per year that the Contractor is expected to attend?	The contractor is expected to have staff at all hearings. Data regarding appeals and hearings can be found in the Procurement Library. Assessors are not generally required to attend appeals. In the last year there have been 9 instances where an assessor was required to call in for an appeal hearing. Instances why an assessor may be asked to call in are as follows: 1. at the request of the contractor if the contractor feels the appeals coordinator will have a difficult time defending the MDS-HC or MDS-HC notebook 2. at the request of the Administrative Law Judge 3. At the request of the State 4. If there is legal representation for the appellant.
130	6	Xerox Care and Quality Solutions, Inc.	RFP	4.2.7	The contractor shall perform accurate and timely change of status reassessments through face-to-face assessment visits. These are conducted upon any reported change in condition which may affect the participant's continued eligibility.	36	How will the contractor be notified of the need for an MCO participant to have a change of status reassessment?	The MCO shall have the responsibility to notify the Access Contractor of a need for status change. Procedures have not been established for this process. Prior to implementation of a managed care delivery system, OAAS will work with the Access Contractor and MCOs to establish the procedures.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
131	7	Xerox Care and Quality Solutions, Inc.	RFP	6.1.9. 12.1.5 12.3. 12.12.3 12.16 12.29	Systems and Technical Requirements, General Requirements Terms and Conditions, General Requirements Terms and Conditions, Applicable Laws and Regulations Terms and Conditions, Entire Contract Terms and Conditions, HIPAA Privacy and Security Compliance and HIPAA Business Associate Agreement Terms and Conditions, References to Statutes, Rules, or Regulations	44 89 90 94 94 99	Will DHH please confirm that if a change in any applicable State or Federal laws, regulations, policies, or procedures results in a change of scope that affects the cost of services being provided by the Contractor, that any resulting change in scope will be handled through the modification, amendment, or PAQ procedures as outlined in the RFP?	Confirmed, but only if the change in applicable state or federal laws, regulations, policies, or procedures has a substantial effect on the cost of services being provided by the contractor.
132	8	Xerox Care and Quality Solutions, Inc.	RFP	6.2.3.	6.2.3. The systems shall conform to the following HIPAA-compliant standards as amended for information exchange. Transaction types may include, <ul style="list-style-type: none"> • ASC X12N 270/271 Eligibility/Benefit Inquiry/Response; 	45	Please provide the reasons when the contractor would be expected to use the 270/271 eligibility transactions.	Currently eligibility status is queried using an online system. It is possible that future State systems would make use of the 270/271 transaction for Medicaid eligibility interchange.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
133	9	Xerox Care and Quality Solutions, Inc.	RFP	6.2.3.	6.2.3. The systems shall conform to the following HIPAA-compliant standards as amended for information exchange. Transaction types may include, • ASC X12N 278Utilization Review Inquiry/Response;	45	Please provide the reasons when the contractor would be expected to transmit 278 authorization data transactions.	It is possible that future State systems would make use of the 278 transaction for prior authorization interchange.
134	10	Xerox Care and Quality Solutions, Inc.	RFP	7.1 & 7.1.1	General Requirements	56	In this requirement the State refers to an "approved Disclosure Form" which should be submitted with the proposal. Would the State please provide this form as it was not included with the RFP or the released Appendices, as listed on page 104?	See Procurement Library for the "Disclosure of Ownership Form."
135	11	Xerox Care and Quality Solutions, Inc.	RFP	7	General Requirements, Insurance Requirements	56-58	Would DHH please consider negotiating the insurance terms in Section 7 to ensure that the State's insurance requirements also align with the Contractor's standard corporate policies?	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
136	12	Xerox Care and Quality Solutions, Inc.	RFP	8.11	Contract Monitoring and Compliance, Imposing Liquidated Damages	63	<p>Will DHH please consider adding the following language to Section 8.11 to allow for the fair assessment of liquidated damages?</p> <p>Liquidated damages will not be imposed in the following circumstances:</p> <ol style="list-style-type: none"> 1. When changes in scope, direction, or program funding are made at the request of DHH, and such changes impact the Contractor's ability to perform in accordance with service levels; 2. When a force majeure event occurs; 3. When program processes are changed at the request of DHH, and such changes impact the Contractor's ability to perform in accordance with service levels; 4. When any stated assumption on which a performance goal is based turns out not to have been correct; or 5. When the failure is due to the acts or omissions of DHH or a third party outside of the Contractor's reasonable control. 	<p>At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.</p>
137	13	Xerox Care and Quality Solutions, Inc.	RFP	8.12.1	Contract Monitoring and Compliance, Amounts for Liquidated Damages	63	<p>Would DHH be willing to negotiate a monthly total aggregate cap on liquidated damages? The Contractor's suggested cap would be at ten (10%) percent of the monthly invoice amount.</p>	<p>At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.</p>

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
138	14	Xerox Care and Quality Solutions, Inc.	RFP	9.11 & 9.11.3, 9.17.9	Proposal Submission	69 & 73	Would the State please confirm that the cost proposal (Part XIII) and the financial statements (Part XV) should be included in one separate binder from other binders required for submission?	See Addendum 2.
139	15	Xerox Care and Quality Solutions, Inc.					<u>[No question submitted.]</u>	
140	16	Xerox Care and Quality Solutions, Inc.	RFP	12.7	Contract Language Interpretation	Page 92	Would DHH please consider deleting Section 12.7?	No.
141	17	Xerox Care and Quality Solutions, Inc.	RFP	12.18.1	Terms and Conditions, Indemnification and Limitation of Liability	95	See Addendum 4 for this question and answer.	
142	18	Xerox Care and Quality Solutions, Inc.	RFP	12.18.1	Terms and Conditions, Indemnification and Limitation of Liability	95	Will DHH please consider applying the following carve outs under section 12.18.2. to section 12.18.1: 12.18.2.1. Prompt written notice of any action, claim or threat of infringement suit, or other suit, 12.18.2.2. The opportunity to take over, settle or defend such action, claim or suit at the contractor's sole expense, and 12.18.2.3. Assistance in the defense of any such action at the expense of contractor.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
143	19	Xerox Care and Quality Solutions, Inc.	RFP	12.18.8	Indemnification and Limitation of Liability, "The State and Authorized User may, in addition to other remedies available to them at law or equity and upon notice to the contractor, retain such monies from amounts due contractor, or may proceed against the performance and payment bond, if any, as may be necessary to satisfy any claim for damages, penalties, costs and the like asserted by or against them."	96	There is a reference to a performance and payment bond. Please confirm a performance and payment bond is not a requirement of the RFP.	Confirmed.
144	20	Xerox Care and Quality Solutions, Inc.	RFP	12.26.8	Terms and Conditions, Terms of Payment	99	Will DHH confirm the Contractor will not be under obligation to continue to perform once DHH is invoiced the maximum amount of the contract unless the contract maximum is increased through an amendment to the contract?	Confirmed.
145	21	Xerox Care and Quality Solutions, Inc.	RFP	12.30	Terms and Conditions, Right to Audit	100	Will DHH please confirm that the only financial information that will be audited under this section are those required to validate the accuracy of invoices?	We cannot confirm this because the Department has no control over other auditing agencies and cannot make a commitment on their behalf.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
146	22	Xerox Care and Quality Solutions, Inc.	RFP	12.35 12.36 12.39	Terms and Conditions, Termination for Convenience, Terms and Conditions, Termination for Contractor Insolvency, Bankruptcy, Instability of Funds Terms and Conditions, Termination or Reduction in Scope of Work for Non-Appropriation of Funds	101 101 102	Would DHH please consider negotiating the termination provisions so that they are in line with industry standards?	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.
147	23	Xerox Care and Quality Solutions, Inc.	RFP	12.40	Terms and Conditions, Time is of the Essence	102	Will DHH please consider removing Section 12.40 Time is of the Essence as it is not applicable to the type of services being provided under this procurement.	No.
148	24	Xerox Care and Quality Solutions, Inc.	RFP	12.42	Terms and Conditions, Use of Data	103	Will DHH please confirm that this section does not apply to the Contractor's proprietary data or information?	DHH will not disclose proprietary information.
149	25	Xerox Care and Quality Solutions, Inc.	RFP	12.45	Terms and Conditions, Warranty to Comply with State and Federal Regulations	103	Will DHH please consider amending the language as follows: The contractor shall warrant, to the best of its knowledge , that it shall comply with all state and federal laws and regulations as they exist at the time of the Contract or as subsequently amended as applicable.	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
150	26	Xerox Care and Quality Solutions, Inc.	Appendix B	Appendix B-3	Contract between State of Louisiana Department of Health and Hospitals, Auditors	Page 2	Would DHH confirm that any audit conducted under this provision will be conducted during business hours on business and will not be intrusive. If audits are intrusive, any liquidated damage incurred as a result of this interruption will be waived. Additionally, will DHH confirm that financial information required for this audit will only be those documents required to validate invoices.	We cannot confirm this because the Department has no control over other auditing agencies and cannot make a commitment on their behalf.
151	27	Xerox Care and Quality Solutions, Inc.	Appendix B	Appendix B-7	Contract between State of Louisiana Department of Health and Hospitals, Auditors	Page 2	Would DHH confirm that LA DHH is exempt from payment of Louisiana state and local sales/use taxes and will provide Contractor with any necessary certification to document such exemption?	Confirmed.
152	28	Xerox Care and Quality Solutions, Inc.	Appendix B	Appendix B-1	Contract between State of Louisiana Department of Health and Hospitals, Ownership of Proprietary Data	Page 2	Would DHH confirm that the Contractor will retain all rights to their proprietary information and it will at no time be subject to the requirements of this provision.	DHH cannot confirm this request as written.
153	29	Xerox Care and Quality Solutions, Inc.	Appendix B	Appendix B-2	Contract between DHH of Louisiana Department of Health and Hospitals, Indemnification	Page 3	Would DHH confirm that the language regarding indemnification in RFP Section 12.8 - Indemnification and Limitation of Liability supersedes the language in Appendix B 21?	At this time, DHH will not consider revising the RFP language as requested. After the contract has been awarded, DHH and the successful proposer will have the opportunity to consider and discuss possible revisions to be included in the language of the final executed contract in order to clarify this matter. DHH expressly disclaims any intention to make a binding commitment that it will agree to any such revisions.

REVISED ADDENDUM #3

	A	B	C	D	E	F	G	H
1	Number	Submitter Name	Document Reference	Section Number	Section Heading	Page Number	Question	The Department's Answers
154	30	Xerox Care and Quality Solutions, Inc.	Appendix E	Part XV	Financial Requirements	20	Given the size of the financial statements and the number of pages included in the statements, would the State consider a link to the statements or providing an electronic version on a CD or USB as acceptable?	The State will not accept a link to statements, but will accept a CD or USB.
155	31	Xerox Care and Quality Solutions, Inc.	Appendix G	Line 9	Total Cost for Fee-for-Service Proposal	2	Should the amount represent the total monthly cost? Or should it be the total cost for the base contract term?	The figure entered in line nine (9) of Appendix G should represent the total monthly cost for the fee-for-service proposal.
156	32	Xerox Care and Quality Solutions, Inc.	Appendix G	Line 10	Total Cost for Managed Care Proposal	2	Should the amount represent the total monthly cost? Or should it be the total cost for the base contract term?	The figure entered in line ten (10) of Appendix G should represent the total monthly cost for the managed care proposal.