Questions Submitted on December 23, 2010
Request for Proposal #305PUR-DHHRFP-LTC-ACCESS-OAAS
Louisiana Long Term Care Access Services

Question	Submitter	Section number /reference/ page	Question	Answer
1	MAXIMUS	Glossary, Page 5	Could the Department identify when the implementation of LA-POP is expected to commence?	Implementation of LA-POP is dependent upon a number of factors outside of direct OAAS control. Presently OAAS anticipates starting implementation in the latter part of calendar year 2011.
2	MAXIMUS	Glossary – EMEVS, Page 6	Is the eligibility verification a real-time or batched process? What is the current volume of billings?	The eligibility verification is done on a real time basis via either telephone or on-line. The current volume of billings is unknown.
3	WORLDNET SERVICES	Glossary. Face-to-Face Assessment. Page 6.	What is the average time that it takes to complete a face-to-face assessment or re-assessment?	1 to 1.5 hours
4	MAXIMUS	Glossary – Enhanced Public Awareness, Page 6	What process is the contractor required to continue—maintain website and develop Fact Sheets, or just send Fact Sheets per request?	The website and fact sheets regarding OAAS administered programs are developed and maintained by OAAS. Fact sheets will be sent out by the contractor on a per request and upon approval for a program.
5	MAXIMUS	Glossary - Initial Targeting Criteria Determination Date (ITC Determination Date). Page 6	What data elements will be tracked in LOCET?	Initial targeting criteria is contained in the LOCET Manual under the title of Imminent Risk. Any changes to the manual will be provided to the contractor.

6	MAXIMUS	Glossary, Page 7	Does the Department expect that the number of individuals requesting and/or receiving personal care services would change as a result of the replacement of the LT-PCS plan with a state personal care service plan?	It is not known at this time.
7	MAXIMUS	Glossary, Page 9	Could the Department describe how the automated plan of care is used in the care planning process for LT-PCS participants?	The automated plan of care is an electronic version to house the data and details of the client's plan of care.
8	Amerigroup	Glossary, Page 10	Will the Department please provide a schedule of the planned development and implementation of the additional Regional Single Point of Entry agencies?	The contractor will be informed of possible implementation dates as soon as they are determined.
9	MAXIMUS	I.B.2, Page 13	What is the roll out schedule for adding other regional SPOEs?	The contractor will be informed of possible implementation dates as soon as they are determined.
10	MAXIMUS	I.G, Page 14-15	Could the Department confirm that the expected transition period begins on 3/1/2010 and ends on 6/30/2010?	Transition activities may begin following the completion of a contract and before 7/1/2011.
11	WORLDNET SERVICES	I.G, Page 14-15	Will there be a transition period prior to or during implementation?	Transition activities may begin following the completion of a contract and before 7/1/2011.
12	WORLDNET SERVICES	I.G, Page 14-15	Will you consider a "staggered" implementation for the various regions throughout the state in order to ensure a smooth transition and assist the state in implementing and coordinating your activites?	The contractor should complete a seamless statewide transition by the beginning of the contract on 7/1/2011.
13	Amerigroup	Section II.A	Would award of this contract preclude the winning vendor from bidding on any future RFP for managed long term care service that the State may issue in the future?	This will be dependent on the nature of this contract's services and the nature of any now unknown future RFP.
14	MAXIMUS	II.A.1, Page 15	Will the contractor be required to exchange data by electronic interface with the Medicaid Eligibility system and/or MMIS?	EMEVS can be accessed either telephonically or electronically to confirm eligibility. If MMIS/MEDS access and/or interfaces are approved by the Department they will be provided to the contractor. The Contractor must provide any data lines and software required (contractor must

				accept the file layout the fiscal intermediary contractor utilizes), and all costs associated with any interface or access.
15	MAXIMUS	II.A.3, Page 16	Could the Department clarify when it is necessary to complete SPOE referrals by three-party phone transfer?	Calls regarding services for persons in Region 2 should be referred to CAAA – SPOE (Region 2).
16	MAXIMUS	II.B.1.1, OUTCOME #1 Page 17	Can a client be eligible for more than one OAAS program?	Yes.
17	MAXIMUS	II.B.1.4, OUTCOME #1 Page 17	Under what circumstances will the contractor refer clients to Medicaid eligibility for financial determination?	If an LT-PCS requestor is not Medicaid eligible at the time he contacts the contractor, he will be referred for Medicaid eligibility prior to completion of the face to face home assessment. If a nursing facility requestor is not Medicaid eligible at the time he contacts the contractor, he will be referred for Medicaid eligibility after completion of the LOCET.
18	MAXIMUS	II.B.1.a, Page 18	Does the requirement of “no overnight travel” include a one-day airline flight?	No, a one day airline flight will not considered as an acceptable alternative for “no overnight travel”.
19	ACS	II.B.1.a, pg. 18	Will OAAS please clarify that all calls must be handled by call center staff in Louisiana rather than rolling to support centers outside of the State?	To order to receive any points in this criterion, the proposer must not only provide the physical address of the call center, but must provide convincing evidence in the proposal that the proposer currently operates a call center at this location, and that this call center will be utilized to provide the services described in the RFP if proposer is chosen for award of the contract; or, if the proposer does not currently operate a call center at this location, the proposer must provide in the proposal a copy of an agreement with the call center owner, acknowledging that an agreement exists for this call center to be utilized in providing services described in the RFP.
20	MAXIMUS	II.B.1.b, Page 18	The RFP requires the contractor to track “calls received by area code and time of day, track timeliness of answered calls, track quantity of abandoned calls, length of calls, origin of calls by area code, parish where services are sought, type of caller (client, family, friend or service provider), type of	Please see procurement library for current contractor’s record of inbound and outbound calls.

			client seeking services (Medicaid or non-Medicaid), type of information sought (information and referral, request for services, complaint, status of service)," Can the Department provide this information for the current contract, for a representative time period? If only some of the elements listed above are available, can they be provided to prospective bidders?	
21	MAXIMUS	II.B.1.b, Page 18	Can the Department provide an average call length for inbound calls the Contractor should expect?	The current contractor reports an average call length of 15-16 minutes.
22	E Q Health Solutions	"II.A.7 pp. 20, 36	16 *The Contractor will use OAAS approved software and database systems. See Sections II.B.1.g and II.G. of this RFP."* II.B.1.g. is entitled Provide program choice Information II.G. is Fraud and Abuse Will the Department please clarify if II.H, Technical Requirements, is the appropriate section rather than II.G? Will the Department please refer proposers to the correct section (as opposed to II.B.1.g)?	See addendum Item #1.
23	MAXIMUS	II.B.1.b, Page 18	Is compliance with the 5% abandon rate measured on a daily or monthly basis to determine compliance with the requirement?	Monthly.
24	MAXIMUS	II.B.1.d, Page 19	Does the reference to "10th day of the month" mean business days or calendar days?	Calendar days.
25	MAXIMUS	II.B.1.e. Page 19	Under Contractor Reporting, please clarify if it is the Contractor's system that maintains a record of Parish, type of client, type of information sought, etc. or if a State system is to be used for this purpose.	The contractor's system will be used.
26	MAXIMUS	II.B.1.e, Page 19	For clarification, callers who leave a message are considered abandoned, even if their message is returned within the contract standards?	Yes.
27	MAXIMUS	II.B.1.f, Page 20	Under Contractor Reporting, the Contractor is required to track messages left after hours? Is the intention to exclude	It is expected that messages left after hours are tracked and that messages left during the day are also tracked.

			messages left during the work day?	
28	MAXIMUS	II.B.1.g, Page 20	Is there an existing repository of the information to be provided over the phone? Is it in paper or electronic form currently?	Information provided over the phone can be found on the OAAS website, from approved scripts by the state, and by established documents that are on the website.
29	MAXIMUS	II.B.1.h, Page 20	Does the comprehensive database described here currently exists? If it does, will it be accessible to the selected Contractor?	See page 20, B.1.H, "contractor shall obtain or develop and maintain an up-to-date statewide comprehensive data base…."
30	MAXIMUS	II.B.1.h. Page 20	What is the department's established frequency for updating the database?	It must be updated frequently enough to ensure that the referrals made are to valid, current providers of services.
31	MAXIMUS	II.B.1.h, Page 20	Will the state provide a download file with the information available on the Louisiana Answers web site?	No,the Louisiana Answers website is not under the auspices of OAAS. The Governor's Office of Elderly Affairs maintains that website.
32	MAXIMUS	II.B.1.i, Page 20	How long are the calls referred to the Regional SPOEs?	This question is unclear. Calls referred to Regional SPOEs will be performed for the duration of this contract. The length of calls are dependent upon the nature of the calls.
33	MAXIMUS	II.B.1.i, Page 21	How will the standards be handled if the SPOE cannot be reached for reasons beyond the control of the Contractor?	They will not be considered as live transfers, but will be counted in the total number of calls referred.
34	MAXIMUS	II.B.1.j, Page 21	The RFP says that outgoing mail is 3-6 times the number of clients. Can the Department provide bidders with information on the quantities and types of mail sent monthly?	This information can be obtained by use of Attachment VI, Activity Counts and addendum #7.
35	MAXIMUS	II.B.1.j, Page 21	Can the department provide information on what is included in each mailing? Is it a simple letter or are there any inserts expected?	Presently, and depending on the letter, inserts may accompany a letter. Inserts may include plans of care and copies of the MDS assessment.
36	MAXIMUS	II.B.1.j, Page 21	Will bidders be required to provide correspondence in languages other than English? If so, which languages will be covered, and what are the approximate proportions?	Yes, at the onset of the contract, contractor must be able to provide documents in Spanish and Vietnamese as well as English will be required at the onset of the contract; 5% population threshold thereafter for other languages encountered. Please see page 8 of RFP, Multi-lingual Requirements, for additional information.
37	MAXIMUS	II.B.1.j, Page 21	The RFP says "The contractor will be responsible for costs, compilation, and distribution of printed materials described as "written information" and "Freedom of Choice." What is this	Written information will include such publications as fact sheets, decision letters, appointment letters, and other information which is prescribed by OAAS program rules and requirements. Freedom of

			referring to?	Choice is a listing of current, qualified providers of services the client is requesting.
38	MAXIMUS	II.B.1.k. Page. 21	The RFP requires that: "The contractor will be responsible for ensuring that all appropriate correspondence is printed in a timely manner…" Is the correspondence generated by the State systems, or must the contractor's system generate the correspondence?	Until the state's OPTS system is fully operationalized, the contractor will be required to generate some correspondence. For the correspondence which is functional in the OPTS system on 07/01/2011, the contractor will be required to utilize those items within OPTS.
39	MAXIMUS	II.B.1.k. Page. 21	If correspondence is generated by OPTS, what types of notices are generated?	It is expected that, at the beginning of this contract, OPTS will generate all LOCET decision notices, and appointment letters. Since it is still under development there may be more letters which OPTS will generate.
40	MAXIMUS	II.B.1.k, Page 21	Could the Department provide a list of all correspondence that the contractor is required to print and send?	Please see Answers #35 and #38.
41	MAXIMUS	II.B.2. Outcome #2, Page 22	How many LTC-AS requests should the Contractor expect to receive monthly? Is this equivalent to the "Est. number of LOCET's initiated for LTPCS/ADHC/EDA" in Attachment VI?	The contractor will not only receive LOCET requests as noted in Attachment VI, but will field calls from requestors who are not outrightly eligible for OAAS services and who need to be referred to other agencies.
42	MAXIMUS	II.B.2.a-b, Page 22	How many, or what proportion, of requestors are referred to Medicaid, are in hospitals or in Adult or Elderly Protective Services?	Proportions cannot be determined; allowance may be made for longer time for case to be completed due to a referral to medicaid for eligibility which will be determined on a case by case basis.
43	MAXIMUS	II.B.2.b, Page 22	Is the LOCET screening performed only if requestor is already eligible for Medicaid?	The LOCET can be performed regardless of Medicaid eligibility.
44	MAXIMUS	II.B.2.c, Page 23	What proportion of LOCET clients are denied?	3%.
45	MAXIMUS	II.B.2.c. Page 23	Does LOCET include assessment or scoring tools that automate the eligibility decisions or provide support to the assessor who is making a decision manually?	The LOCET algorithms within the OPTS software automate the level of care eligibility decision. Part 1 of the ITC decision is also automated. If the ITC requirement is not met within Part 1, the Part 2 ITC decision is made manually upon review of Medical Deterioration documentation (See LOCET Manual, Imminent Risk).
46	MAXIMUS	II.B.2.d, Page 23	What proportion of LOCET clients requesting LT-PCS will require a Medical Deterioration Review? Is this equivalent to "Est. Number of Medical Determination (imminent risk) letters	Yes, the estimated number of medical determination letters sent in Attachment VI represents the number of medical deterioration determinations which will were required.

			sent" listed in Attachment VI?	
47	MAXIMUS	II.B.2.c, Page 23	Does the screening for Initial Targeting Criteria take place as a part of the LOCET telephone administration process, or is this a separate process requiring additional document review?	Part 1 of the ITC screening takes place as part of the telephone LOCET Process. If ITC is not met in Part 1, the Medical Deterioration review process must take place, which is designated as Part 2 of the ITC process. (See LOCET Manual, Imminent Risk.)
48	MAXIMUS	II.B.2.c. Page 23	How much time is allotted to receive the physician statement?	The Medical Deterioration documentation must be received within 30 days of the mailed request.
49	MAXIMUS	II.B.2.d, Page 23	Could the Department provide the number of medical deterioration reviews completed by the current contractor from January – June 2010?	The following are the meds dets reports completed for the following months: Jan 10- 79; Feb10- 92; Mar 10- 100; April - 82: May 10-79;June 10-80.
50	MAXIMUS	II.B.3.a, Page 24	How long does the LT-PCS assessment take to perform, on average?	Approximately 1-1.5 hours
51	MAXIMUS	II.B.2.g. Page 24	"Contractor will share updated information electronically with certain entities as specified by OAAS. Contractor must share information with the registry contractor, regional single entry point agencies (e.g., for transfer of client information) and others required by OAAS." Please specify the other agencies and total number of interfaces.	All currently known agencies have been named. In the event that future changes are made in processes, additional entities will be named when they are identified.
52	MAXIMUS	II.B.2.h, Page 24	Does the monthly reporting of demographic updates included itemized changes (i.e., each person's change of address) or the number of changes made in the OPTS?	The number of changes made in OPTS and the timeliness in which these are communicated with the registry contractor.
53	MAXIMUS	II.B.2.h. Page 24	Is the provision of demographic information to the registry contractor accomplished through an electronic interface or a paper-based process?	OAAS anticipates it will be an electronic process.
54	MAXIMUS	II.B.2.h Page 24	The RFP states, "Upon learning new client contact information, contractor shall update OAAS Participant Tracking System (OPTS) within one business day and contact registry contractor within two business days." Does OPTS have the ability to store multiple address and phone records for each client (residence vs mailing address, home versus cell phone)?	OPTS does have the capability to store multiple address and phone records for each client (residence vs mailing address, home versus cell phone).

55	MAXIMUS	II.B.2.h Page 24	The RFP states, “Upon learning new client contact information, contractor shall update OAAS Participant Tracking System (OPTS) within one business day and contact registry contractor within two business days.” Are the updates to OPTS and registry contractor electronic Interfaces or manual entries in the associated systems?	Please see answer #53.
56	MAXIMUS	II.B.3.a, Face-to-face Assessments, P. 25	The assessments deliverables list mentions the LOCET screening decision, but not the MDS-HC decision. Is there a deliverable for this?	Item II.B.3.a. on pages 24 – 25 refers to the timeliness of the MDS-HC face-to-face assessment in relation to the date the LOCET screening was completed. These deliverables do not refer to the LOCET screening decision. Item II.B.3.e. refers to the timeliness of the MDS-HC decision.
57	MAXIMUS	II.B.3.b, Page 25	Does the Department anticipate whether the assessments for LA-POP will be longer than for LT PCS? If so, by how much?	No, it is not anticipated to be longer.
58	MAXIMUS	II.B.3.c, Page 25	Is the 95% standard applied only to those interested in LA-POP? In other words, will clients who are not interested in LA-POP count against the Contractor when measuring this standard?	The 95% standard is only applied only to those interested in LAPOP.
59	MAXIMUS	II.B.3.c, Page 25	Approximately how long does the Department expect the LA-POP Self-Direction Assessment will take to complete?	This is a one –page assessment completed by the client and is not expected to take more than 5 to 10 minutes.
60	MAXIMUS	II.B.3.c, Page 25	Please share the instrument used for the Self-Direction Assessment?	Please see the Procurement Library.
61	MAXIMUS	II.B.3.c, Page 25	Does the department intend to provide an electronic system to complete the Self-Direction Assessment?	At the present this is not an electronic assessment. Time lines for establishing electronic systems for tools are not yet established.
62	MAXIMUS	II.B.4.a, Page 26	Could the Department confirm that plans of care for LT-PCS and LA-POP are to be developed for all clients receiving face-to-face assessments, as opposed to only for clients determined eligible using the MDS-HC instrument?	See addendum item #2.
63	MAXIMUS	II.B.4.a, Page	Is the hardcopy of the plan of care that is provided to the client during the face-to-face home visit an initial draft of the	Yes, it would be considered to be an initial draft. If changes are made during the completion of the final draft, that final draft must be

		26	plan as opposed to a final version of the plan, since 95% of plans of care must be completed within one business day of the face-to-face assessment visit and 100% of plans of care must be developed within 5 business days of the face-to-face assessment visit?	also be provided to the client.
64	MAXIMUS	II.B.4.a. Page 26	Is the plan of care done through an online application? If yes, it is it part of the State's software or that of the Contractor?	Yes, This is an online application and part of the state's software.
65	MAXIMUS	II, B.4.c, Page 27	Could the Department clarify for which program(s) the Plan of Care must be sent to the Provider and Department Fiscal Intermediary and/or registry contractor?	See addendum item #3. .
66	E Q Health Solutions	II.B. B.4.D P. 27	Can the state clarify item, "B.4.c. Distribute Plan of Care for non-LA-POP and non-LT-PCS requestors." If the individuals are not enrolling in LA-POP or LT-PCS, for which programs would the LTC-AS be preparing a plan of care? Could the state also clarify the role of the "registry contractor" including how the LTC-AS would be interacting with it?	See addendum item #3. The registry contractor will obtain information from the LTCAS contractor for use and maintenance of the waiver registries.
67	MAXIMUS	II.B.4.d, Page 27	In what format will the Plan of Care be electronically submitted to the Medicaid fiscal agent and/or registry contractor? Please clarify when each agency would receive the data.	The POC is an electronic Word document. It is to be printed and mailed to the provider and department fiscal intermediary and / or registry contractor within 3 days of the confirmation of services availability.
68	MAXIMUS	II.B.4.e, Page 28	How long do reassessments typically take?	Generally 1-1.5 hours
69	Independent Living Systems	B.4.f.; p. 28	Contractor will follow-up by phone with client to confirm services were initiated after issuance of Prior Authorization by registry contractor or Medicaid Fiscal Intermediary. What is the "prior Authorization" activity count that will require follow up?	Prior authorization will be issued by the registry contractor. 100% of prior authorizations will require follow-up. Refer to activity counts for initial and reassessment MDS-HC's on pages 69-71.
70	Independent Living Systems	C.1.; p. 31	Additional Tasks - Client Monitoring. What is the volume of clients you anticipate in each of the 3 years?	The bidder should refer to Attachment VI, Activity Counts, estimated number of active care plans for LT-PCS only recipients for each of the 3 years, pp. 69-71 of RFP. Also see addendum #7.

71	E Q Health Solutions	II.B .5.c. Page 29 B.5.c. Page 29	Can the state provide clarity regarding the parameters for selecting a representative sample for items B.5.c and d? For example, would a 90% confidence level and +/-10% margin of error be appropriate?	The parameters for selecting a representative sample for items B.5.c. and d. are a 95% confidence level and +/- 5% margin of error.
72	MAXIMUS	II.B.5.f, Page 30	Could the Department provide the number of complaints received by the current contractor from January – June 2010, by type of complaint?	Jan 10- 41;Feb 10 17; Mar10 -29; April 10- 37; May10 -35; Jime 10 -7. Types of complaints are not available.
73	E Q Health Solutions	II.C.1 Page 31	The state includes the following optional task: "OAAS may consider expanding those functions to include on-going client monitoring (monthly telephone contacts and quarterly client visits) as part of its quality management system. If OAAS decides to expand assessor duties, the Contractor will be required to contact clients each month by telephone and to visit on-site with clients on a quarterly basis. The purpose of these contacts shall be for the Contractor to verify that services are continuing as described in the client's current Plan of Care." This task appears to be duplicative of services being requested under the scope of another RFP, RFP # 305PUR-DHHRFP-WCS-MVA. Given that the state is bidding this other contract, is it still interested in obtaining proposals and costs on this optional task? If so, how does the state envision that the two efforts would or would not relate to each other?	The two RFPs are two separate efforts.
74	ACS	II.C, pg. 31 - 32	To ensure all bidders price the appropriate scope of work, please provide the following information to further define the additional tasks noted in this section of the RFP. What is the anticipated implementation date of the LAPOP program? What is the anticipated initial number of participants, and what is the anticipated number of participants yearly thereafter? What tasks are included in the Scope of Work for the LAPOP program during the monthly phone calls and quarterly site visit? What criteria will be used to determine successful fiscal management of the service provider? What actions need to be taken upon	Implementation of LA-POP is dependent upon a number of factors outside of direct OAAS control. Presently OAAS anticipates starting implementation in the latter part of calendar year 2011. Other items will be determined upon implementation of LA-POP.

			discovery of failure to be successful with fiscal management of the provider?	
75	Independent Living Systems	C.2.; p. 32	Additional Tasks - Client Monitoring with Fiscal Oversight for LA-POP Recipients. What is the volume of clients you anticipate in each of the 3 years?	Generally 10-13% of clients will choose the option for Self Direction.
76	MAXIMUS	D. Page. 32	The RFP requires that "Upon termination of contracted services, all equipment purchased under this agreement shall revert to the State." Please provide an inventory of equipment, if any, which would be available from the previous contractor to use on this current contract by the new Contractor.	Please refer to the procurement library for a copy of the most recent inventory.
77	MAXIMUS	D, Page 32	RFP states that "Upon termination of contracted services, all equipment purchased under this agreement shall revert to the State". Would the Department please expand on what is included in this statement? Do purchased equipment such as computers, servers, office equipment, etc fall into this category?	Yes.
78	MAXIMUS	D, Page 32	How will the contractor be compensated for un-amortized start-up costs in the event of termination prior to the completion of the 3 year contract?	The contractor will not be compensated for unamoritized costs in the event of a termination prior to the completion.
79	MAXIMUS	D.1. Page 32	What data software, source code and/or database will the incumbent contractor transfer to the new contractor if the incumbent is not awarded the contract?	None. Any source code will be given to the new contractor by OAAS.The incumbent contractor unless approved in the transition plan the current contractor will not transfer resources directly to the new contractor, but OAAS will transfer source code and or databases owned by the state will be transferred to the new contractor.
80	MAXIMUS	E.i, Page 33	Is the classification "Telephone Specialists" the same as "LOCET Intake Specialist" or is the LOCET Intake Specialist one type of Telephone Specialist?	The telephone specialists noted in E.i. Page 33 refers to the LOCET intake Specialist.
81	ACS	II.F.2.b, pg. 34; III.M.9.d, pg. 48 III.O.2, pg.52; IV.D.1, pg. 53	To provide clarity for all bidders, will the State please list the minimum staffing positions that are to be considered Key Personnel? For example, please confirm that management personnel, including the Project Manager and Operations	Key personnel that cannot be replaced without the written consent of the Department are: the Project Manager and persons serving in management positions ; supervisors of client assessment specialists. These persons must be located in Baton Rouge, or call

			managers, are to be designated key personnel, full time, located in Baton Rouge.	center or similar proximity. Please see page 47 item 7.
82	Amerigroup	Section III.M.8.a	Section III. M.8.a requires the proposal to include information regarding previous projects and experience. Please confirm that experience of affiliated companies (e.g. companies under the same ownership) is acceptable for inclusion in this response. National companies with Medicaid experience typically establish a new subsidiary in each of the markets they operate in to establish a local health plan and domestic company to apply for licensure and contract with state partners. It makes sense to allow respondents to list experience of affiliated companies, as this experience with Medicaid managed care and other publicly funded programs will support and greatly benefit any new health plan We believe it is the State's intent to capitalize on the years of experience of national organizations.	If information on experience on previous projects provided is related to affiliated companies, this and the nature of the affiliation and its relevance to the current project must be clearly noted and explained.
83	MAXIMUS	F.1.g Page 35	In Section F the RFP states, "Contractor will be assessed $50.00 per day for each day beyond the 3rd day that a LOCET letter is not mailed out." While section B.2.e, states, "The Contractor shall mail 100% within 3 business days from printing date." What date is Part F.1.g based from and is the LOCET letter mailing measured in calendar days or business days?	Per RFP page 23, II.B.2.e, the contractor shall generate notices on the LOCET completion date. Per RFP page 7, Glossary, LOCET completion date, is the date the intake specialist activates the Complete button on an OPTS LOCET. For those LOCETs which require a Medical Deterioration review, per RFP page 23, this review shall be completed within 5 business days after receipt of the Medical Deterioration information. LOCET OPTS Verification Screen data will be input when this review is complete. A second notice will be generated at this point.
84	MAXIMUS	F.2, Page 35	This section indicates that there is a "cure period" during which time the contractor can correct any deficiency and avoid liquidated damages. However, this section also states that liquidated damages will start to accumulate immediately upon contractor's deficiency. Please explain the cure process and timeline.	The cure process allows for the contractor to correct a deficiency within a specified timeline. The cure timelines will be dependent on factors such as those noted in page 35-36 item F.2.
85	MAXIMUS	H. Page 37	Please describe the technical platform/software and specific functionality of the following state systems:	a. The Electronic Medicaid Eligibility Verification System (eMEVS) Web Application provides a secure web-based tool for low-volume

			a. Electronic Medicaid Eligibility Verification System (EMEVS) b. OPTS for participant demographics and LOCET c. Telesys® for MDS HC d. OAAS Designated Automated Plan of Care Statewide	providers who do not work with a switch vendor to verify Medicaid eligibility information. The application is accessible to providers who Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software.Access to the eMEVS web user application is controlled by login ID and password. DHH determines who is an authorized user and defines user access capabilities. b. The OPTS system runs on a SQL Server 2008 database with a web front-end. Its main function is to collect demographic information about clients and feed that information to TeleSys. OPTS is houses the LOCET screening data. It wil also produce letters that need to be sent to various clients. c. and d. TeleSys runs on a SQL Server 2000 database with a Windows application as the front-end. The front-end application uses a Rapid Application Development (RAD) tool and the .NET framework. The purpose of this system is to collect MDS-HC information about clients established in OPTS. TeleSys also houses the LTPCS plan of care at the present time.
86	MAXIMUS	H. Page 37	The RFP requires that in addition to the systems named in the question immediately above in a.-d., the Contractor must ”Utilize the following software and data base systems, and others as required by OAAS”. Please describe the technical platform/software and specific functionality of these other systems.	Please see answer #85.
87	MAXIMUS	N. Page 40	Is the 10% retainage the only funds withheld on a monthly basis or is there potential for additional withheld funds each month depending on meeting the objectives and deliverables as described in this section?	There is the potential for additional funds to be withheld depending on meeting the objectives and deliverables. Please see liquidated damages section F., pages 34-35.
88	MAXIMUS	N. Page 40	How are the administrative costs reimbursed to the contractor? Will payments be made on a fixed price basis (monthly based on the annual administrative costs in the cost proposal)? If not how are they reimbursed?	The administrative costs will be reimbursed to the contractor based on the annual fixed price submitted in the proposal and divided by 12 (monthly).

89	MAXIMUS	N, Page 40	Per this section the contractor will be paid on a monthly basis based on meeting the objectives and deliverables for all components required under the contract and achievement of key performance standards. Please define the monthly acceptance process.	The department contract monitor will review invoices vs. department data and rfp requirements to determine payment amount.
90	MAXIMUS	N, Page 40	Will the Department consider releasing retainage payments on a quarterly basis rather than an annual basis?	No.
91	Amerigroup	Section II.N Page 40	Section II.N. identifies that an annual 10% retainage will be established under the contract. Will the Department please identify specific performance measures that the release of these funds will be contingent on?	The department will determine release based on contractor performance.
92	ACS	III. J. 6, pg. 43	Would OAAS prefer that the redacted version of the proposal be submitted in an electronic version only?	Please submit all documents as instructed in Section III. J.6., page 43.
93	ACS	III.K.1, pg 43	Requirement III.K.1 states that bidders should provide an "item by item response to" the RFP. However, Sections III.L and III.M outline and direct bidders on the content to include in the proposal, including responding to Section II, Scope of Work. Please confirm that bidders do not need to provide item by item responses to the information in RFP Sections I and IV.	Correct. Section 1 (general information) and Section IV (contract information) do not require a response.
94	ACS	III.M.5.c.1, pg. 44	In this requirement, is OAAS asking for the location of the project office or the bidder's corporate location?	The project office.
95	E Q Health Solutions	43. III.K.1	The RFP asks for an item-by-item response; Does this mean the offeror should respond directly to all of the items included in section M. Proposal Content?	Yes.
96	E Q Health Solutions	III.M.6.f & g. Page 46	Item f and g appear to be the same. Is there a missing item? Also, could the state clarify what it is looking for when it asks the offeror to, "Demonstrate an understanding of, and ability to implement, the various types of organizational strategies to be integrated within the day to day operations, which are critical in organizing their functioning and maximizing	See addeda item #5.

			productivity."	
97	ACS	III.M.6.f, pg. 46 III.M.6.g, pg. 46	It appears that RFP requirements 6.f. and 6.g. are duplicates. Please confirm if this duplication resulted in another requirement(s) being inadvertently omitted?	See addendum Item #5.
98	E Q Health Solutions	III.M.6.k. Page 46	Can the state clarify what is means by, "Address proposed method of real time connectivity for purposes described in this RFP?"	Describe how the bidder intends to connect electronically in order to perform the electronic functions noted in this RFP.
99	E Q Health Solutions	III.M.6.d Page 46	How does item "d. Provide a written discussion of the work plan addressing process flow, time frames for each component; how findings will be addressed in the process; and the ability to maintain the work plan schedule (i.e. drawing on firm resources, training, etc.) differ from item "m. Explain processes that will be implemented in order to complete all tasks and phases of the project in a timely manner, as outlined within Section II. Include charts and graphs which reflect the work plan in detail." Would it be acceptable for the offeror to address these two items together?	Each item of these sections should be addressed. The contractor should determine the most effective and clear manner of addressing both sections.
100	MAXIMUS	M. 6.f.-g Page 46	Please confirm that f and g are the same and "g" should be deleted and the remaining subsections renumbered.	See addendum #5.
101	MAXIMUS	M.7 Page 47	Would a lease for call center space be sufficient to meet this requirement, if the proposer does not have a call center already established and plans to create such a call center in the identified lease space?	Yes.
102	E Q Health Solutions	III.M.7 Page 47	Item 7 on page 47 does appears to fall between two sections identified in the proposal outline on page 44. Should the response on the call center location be included in the work plan/execution or the corporate experience section of the proposal?	The Call Center location should be included in the Work Plan/Execution section of the proposal.
103	E Q Health Solutions	III.M.7 Page 47	Would the state be willing to grant the 10 points to a proposal from a vendor who: (a) has a physical location in Louisiana that would allow for day travel to anywhere in the state that is large enough to house a call center; (b) currently operates a	Please refer to page 47, Item II.M.7. of the RFP.

			call center in another state; and (c) could build the call center infrastructure within the Louisiana location within one month of contract award (well in advance of the proposed implementation date)?	
104	MAXIMUS	M.12.a, Page 49	Is it the expectation that the bidder will spread the cost of implementation of the required programs over the 3 year contract period?	Costs should be shown in the year in which they are incurred.
105	ACS	III. M. 11.C, pg. 49	Would OAAS prefer that requested financial information be submitted in an electronic version only?	Please submit the information as requested on page 49.
106	Amerigroup	Section IV.9 Page 54	Please confirm that bidders are not required to hold a Medical Necessity Review Organization license issued by the Louisiana Department of Insurance to perform the services under the contract.	The contractor shall be responsible for contacting the Department of Insurance to determine whether the license is required to perform the duties of this contract. The laws governing medical necessity review organizations can be found in Chapter 7 of Title 22 of theLouisiana Revised Statutes (LRS 22:3070 et seq.). For your convenience, a copy of the statutes and rules are available on the Department of Insurance's web page at www.ldi.state.la.us.
107	MAXIMUS	Attachment IV: Pricing forms, Pages 64-67	To be clear, vendors are submitting a price for the administrative costs, and a separate price per assessment? Please confirm that we are to provide mutually exclusive prices, with no cost element being placed in both price points.	Yes, Please see addendum #6 with templates. You ar to provide two mutually exclusive prices with no cost element being placed in both price points.
108	ACS	Attachment IV Cost and Pricing Template	Please confirm that "Grand Total Proposed Cost" on the final page of Attachment IV Cost and Pricing Template should not include costing for the 2 additional tasks (and only include the totals for assessments and administrative costs).	See page 50 d. Proposer shall submit a separate cost and pricing analysis for the possible additional tasks described in Section II.C, which are client Monitoring and Client Monitoring with Fiscal Oversight for LA-POP recipients
109	INDEPENDENT LIVING SYSTEMS	Attachment IV; p. 64-66 and Attachment VI; p. 69-71	The "Est. number of initial MDS-HC home visit assessments " in Attachment VI Activity Counts show a decline from year 2008 to 2009 to 2010. Whereas the plus "Est. number of MDS-HC reassessments " show a yearly increase. Why are the assessments going down and the reassessments going up? How did that impact the face-to-face assessment projections in Attachment IV for Year 1, 2, and 3 which we assume to be a total of these to activity counts?	Initial assessments decreased from one year to the next because the number of new enrollees was less in those years. The reassessments increased because total enrollment in the program increased each year, thus more participants required a reassessment. Total number of face – to – face assessments would be initial assessments plus reassessments.

110	MAXIMUS	Attachment IV: Pricing forms, Pages 64-67	For non- incumbents, should start up costs be included in administrative costs, or in the per-assessment costs, or both?	It is up to the responder to determine if the start up cost is administrative or assessment related. See page 50.
111	WorldNet Services	Attachment IV Cost and Pricing Template. Page 64-67	Cost analysis tool identifies adminsitrative services and cost for assessment. As the billable event trigger appears to be the assessment cost, will you consider a separate fee schedule for intake, referral and adminstration of the LOCET tool? If no, what is the yearly volume for intake, referral and administration of the LOCET tool? What percentage of these same individuals do not receive an assessment?	1. No, OAAS will not consider a separate fee schedule. 2. See the activity counts in Attachment VI. 3. At least 3 percent do not receive assessments.
112	INDEPENDENT LIVING SYSTEMS	Attachment VI; p. 69	Year 2008 Activity Counts Total for 8 Regions does not sum accurately for the numbers indicated in the respective Regions. For instance "Est. number of applications for NF admission (received by OAAS)" shows total of 17,609 but actually totals to 15,563. Can you offer insight or corrective totals?	See addendum item #7 for corrected totals.
113	Independent Living Systems	Attachment VI; p. 69-71	Activity Counts - "Est. number of active care plans for LT-PCS only recipients" had significant increase in 2010 compared to 2008 and 2009. What is the projected number of "Est. number of active care plans for LT-PCS only recipients " for Year 1, 2, & 3? Will new programs coming on line impact be included in your estimates?	OAAS cannot predict new program volume or additional waiver slots. Currently there are no implementation plans which would significantly impact these estimates.
113a	MAXIMUS	Attachment VI, Page 69	For Activity – 2008, the totals for the 8 regions appear to be incorrect in some cases. Please clarify.	See addendum item #7 for corrected totals.
114	MAXIMUS	Attachment VI, Page 69	What is the difference between LOCETs “initiated” and “performed”?	LOCETS *performed* refers to those LOCETS *completed.* Not all LOCETS initiated are completed for various reasons (informant does not have enough info, something happens to the call, etc.)
115	MAXIMUS	Attachment VI, Page 69-71	The tables list information for Single Point of Entry calls only for 2008. Is any more recent information available?	See page 70 (Jan-Dec 2009); See page 71 (Jan –June 2010)

116	MAXIMUS	Attachment VI, Page 69-71	Do the numbers shown in the tables reflect calls received or answered?	This question is unclear. The tables reflect the number of inbound calls.
117	MAXIMUS	Attachment VI, Page 71	Does the number of active care plans for LT-PCS only recipients take into account care plans developed upon initial assessments and reassessments?	The number of active care plans for LT-PCS is a count of all enrolled recipients during the time period, regardless of whether they are in their initial year or a subsequent (reassessment year). This measure gives an unduplicated count of LT-PCS recipients during the time period.
118	MAXIMUS	Attachment VI, Page 71	Are there any activity counts related to outbound calls made for follow-up, clarifications, and returned messages?	Please see the Procurement Library.
119	INDEPENDENT LIVING SYSTEMS	Attachment VI; p. 72	Activity Counts - "Total Recipients by Programs". How do these numbers translate to activity counts related to specific deliverables?	This information is provided to allow the contractor to estimate total costs, to determine how much of the workload is devoted to LT-PCS, etc.
120	E Q Health Solutions		Can we obtain copies of the 2005 “Louisiana’s Plan for Immediate Action: Providing Long-Term Care Choices for the Elderly and People with Disabilities,” and the 2007 “Louisiana’s Plan for Choice in Long-Term Care: Comprehensive Long-Term Care Reform Plan” mentioned on page 13 of the RFP	Please see the procurement library for these documents. They can also be found at these websites: The 2005 plan can be found at http://www.dhh.state.la.us/offices/publications/pubs-105/Plan%20for%20Immediate%20Action.pdf The 2007 plan can also be found on the OAAS website at : http://www.dhh.state.la.us/offices/publications/pubs-77/LA%20Plan%20for%20Choice%20in%20Long-term%20Care%20_Full%20document_web.pdf
121	E Q Health Solutions		Can the state provide more information on its Aging and Disability Resource Center (ADRC) and how it envisions that the ADRC will intersect with the LTC-AS scope?	There are 9 ADRC’s in the state of LA. Please see additional information at the website: http://goea.louisiana.gov/ The ADRC hosts the LouisianaAnswers and SenioRX Web sites, which provides information about long-term planning and facilitates access to resources and provides assistance with obtaining low cost or free prescriptions. The ADRCs may be a resource for the

				LTC-AS contractor in providing information on local resources and programs.The Capital Area Region 2 SPOE is in the Capital Area ADRC umbrella.
122	E Q Health Solutions		Does the state anticipate that all of the LOCET screens will be done telephonically? If no, what portion would need to be done in person?	Yes. The LOCET screening is done by the LTC-AS contractor completely by telephone.
123	E Q Health Solutions		Can the state provide a full listing of the initial targeting criteria (ITC)? Is there a form the state uses to collect this information? Is this information typically gathered telephonically at the same time the LOCET screen is done?	See Answer # 5.
124	E Q Health Solutions		How will the LTC-AS make referrals for programs other than LT-PCS (e.g., waivers, PACE)? Can the state help clarify the LTC-AS' responsibilities in these cases? Will the LTC-AS have access to average wait times to assist people in making informed choices about their LTC options?	The LTC-AS contractor is responsible for recording the applicant's program choices in the OPTS for HCBS including waivers and PACE. In the instance of PACE, the applicant may or may not have previously contacted the PACE program and is only calling the contractor to receive a LOCET. Yes, the LTC-AS contractor will have access to the average wait times on registries
125	E Q Health Solutions		Does the state anticipate that almost all people who would go on a wait list for a waiver would apply for LT-PCS?	No.
126	E Q Health Solutions		Does the state anticipate that the LTC-AS will administer the Relationships and Routines Map to all people who qualify for LT-PCS? Can the state provide copies of these tools and estimate time for completing them?	The Relationships and routines maps are only preferred examples of tools which can be used in development of a person centered plan of care. Please see the procurement library for samples.
127	E Q Health Solutions		Can the state provide a copy of the Self-Direction Assessment?	Please see the Procurement Library for a DRAFT copy of the Assessment.
128	E Q Health Solutions		What portion of the LT-PCS denials go through the appeals process? Can the state provide an estimate of the amount of time the LT-PCS is likely spend supporting an appeal?	Proportions of appeals are difficult to estimate as the number of applications varies. The estimated time devoted to appeals is approximately 3 hours per appeal.
129	E Q Health Solutions		What information does the state maintain on LT-PCS providers? How is this information stored? Is it in a database that can be transferred to the LTC-AS?	The Medicaid fiscal intermediary (currently Molina) houses and maintains a provider locater tool data base.

130	E Q Health Solutions		Can the state provide the criteria and tools used for the Medical Deterioration Reviews?	Please refer to the Level of Care Policy Manual issued November 25, 2008; Chapters 7.0 pages 16-21. More detailed guidance will be provided to the contractor.
131	Amerigroup		Has there been any consideration by the agency to implement a comprehensive, integrated Risk Based Medicaid Long Term Care program to increase the utilization of Home and Community Based services, improve the quality of life of your clients and also provide the State cost savings?	Only questions related to the current RFP will be addressed in this Question and Answer document.