

Bureau of Health Services Financing
**RFP # 3000016353 – Home & Community-Based Services Data Management and Electronic Visit
Verification Services**

Addendum #10

October 22, 2021

Your reference is directed to RFX Number 3000016353 for the Request for Proposals (RFP) for Home & Community-Based Services Data Management and Electronic Visit Verification Services, which is scheduled to open at 11:59 PM (CT) on Friday, November 12, 2021.

Part 1 - Additional Written Questions & Answers

Part 2 – RFP Revisions

PART 1 – Additional Written Questions & Answers

Question #	RFP Section Number	Section Heading	Vendor Question	Agency's Response
1	1.1, 1.11.9, 1.11.11	1, 20, 22	<p>Section 1.1 of the RFP states: “ LDH is soliciting competitive proposals from qualified Proposers for the procurement of a system for HCBS Data Management and EVV services. The State recognizes the various development and deployment approaches to this project: Software as a Service (SaaS), custom software development, commercial-off-the-shelf (COTS), or some combination of these approaches. This RFP allows for any or all of these approaches to be proposed.”</p> <p>This seems inconsistent with the following: Section 1.11.9 which states... “Develop a solution that utilizes each of the OTS Enterprise Architecture (EA) components described in Attachment G. Enterprise Architecture Integration Requirements. EA will provide additional functionality to the system by re-using components so that these functional areas are not duplicated within the proposed solution. The following are EA components that are expected to be used with the proposed solution:</p> <ul style="list-style-type: none"> o API Gateway (APIGW) o Enterprise Service Bus (ESB) o Identity Access Management (IAM) o Data Warehouse (DWH) o Electronic Document Management System (EDMS) o Master Data Management (MDM) o Consumer Communications o Business Rules Engine (BRE) <p>Ensure integration (real time, application programming interface [API], file transfer protocol [FTP], etc.) with the State's or third party systems is orchestrated via the State's EA system,</p>	Refer to Revision #5 in Part 2 of this addendum.

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			<p>unless agreed to by both parties in any ensuing contract</p> <p>and Section 1.1.11 which states...</p> <p>Proposer shall clearly outline the solution's technical approach as it relates to a service oriented architecture. Details should include a description of capability and potential strategy for integration with future LDH wide enterprise components as they are established, specifically making use of an enterprise service bus for managing touch points with other systems, integration with a master data management solution and flexibility to utilize a single identity and access management solution. The Proposer shall clearly identify any systems or portions of systems outlined in the proposal which are considered to be proprietary in nature.</p> <p>Does a proprietary, self-contained, remotely hosted SaaS solution have to utilize the State's EA components?</p>	
2	N/A	N/A	If the answer to Question 1 is yes, please specify how the state expects a self-contained, remotely hosted system to be integrated with the current Enterprise solution and future solutions?	See response to Question 1.
3	N/A	N/A	Does a proprietary, self-contained, remotely hosted SaaS solution have to utilize the State's EA - Attachment G?	See response to Question 1.
4	N/A	N/A	If the answer to Question 3 is yes, please specify how the state expects a self-contained, remotely hosted system to be integrated with the Enterprise solution? Which requirements in Appendix G are mandatory for SaaS ?	See response to Question 1.
5	N/A	N/A	What is the required timeframe for processing services, identifying which services should be blocked for payment, and returning them to the Service Provider and/or Support Coordination Providers within the system?	The required timeframe for processing services, identifying services blocked for payment and returning them to the service provider and/or support coordination providers within in the system is daily. In order

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				to provide a daily update of units released for billing, the Contractor must have processed the services per the RFP requirements, including but not limited to Section 2.1.2 General Prior Authorization bullet 6, "Ensure updated Prior Authorization data is available to providers on a daily basis, including units delivered, released for billing, paid, and Units remaining per Prior Authorization".
6	N/A	N/A	Is the system required to reconsider services on an ongoing basis against overlaps with additional reported services by other providers and to recheck changed records against LDH business rules and policies? If so how often must the services be reconsidered and is the lookback period as long as two years?	Yes, the system is required to re-review services on an ongoing basis as services are entered or modified in the system. There is no limit on the retrospective review period. All services must be processed according to the requirements in effect at the time of service delivery.
7	N/A	N/A	How will the Prior Authorizations be issued for OAAS if an OAAS ePOC is not being developed by the vendor? Is there another ePOC system that the vendor is expected to interact with or will the vendor be responsible for reviewing and processing paper documents?	An external ePOC system, OPTS, will provide the PA information for OAAS Waiver and LT-PCS plans of care. Refer to Revision # 1 in Part 2 of this addendum.
8	N/A	N/A	Will the vendor be expected to review and process paper documentation in order to issue or change Prior Authorizations or Waiver segments? If so what documentation and business rules should the vendor be expected to know and utilize in this process?	Yes. RFP Section 2.1 PRIOR AUTHORIZATION SERVICES and Exhibit 1, "Business Rules for HCBS Currently Addressed in the Prior and Post Authorization Process" provide the rules for issuing prior authorizations and post authorization. Any clarification of the rules will be provided to the successful Proposer.
9	N/A	N/A	The state must currently file quarterly NVRA Activity Reports. Is the NVRA process part of the RFP? If is so, what are the policies and procedures in reference to the work expected of the contractor?	Refer to Revisions #2 and #3 in Part 2 of this addendum.

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10	N/A	N/A	What are the policies and procedures regarding the DOJ SMI agreement in reference to the work expected of the contractor?	<p>The DOJ SMI agreement is identified as "My Choice" in the RFP and is located in Section 2.3.4 "MFP Transition/Enrollment Process". Please refer to Section 2.3.4.1, "Contractor Responsibilities", bullets 7 and 8, for My Choice responsibilities. Also refer to Attachment P, "Reporting" for the My Choice Program report required as a deliverable.</p> <p>The State's policies and procedures for My Choice do not address Contractor requirements.</p>
11	N/A	N/A	Must the State, LGE's, Service Agencies, Support Coordination Agencies, and the Attorney General's Office have real-time access to service level information including geo-locations?	Yes. Section 2.6 of the RFP states <i>"Provides users real-time access to service data in the system."</i> Service data includes geo location.
12	N/A	N/A	Will MCOs require access to their recipient information including the associated support coordination agency and the current assigned support coordinator?	<p>RFP Section 2.6.1 EVV DATA INTEGRATOR REQUIREMENTS states the following: <i>For service providers who are contracted with one of the MCOs, the Contractor shall provide a response file to each MCO detailing their providers' compliance with EVV. The Contractor shall allow MCO staff access to the EVV system to facilitate their care coordination and program integrity activities;</i></p> <p>The RFP does not require MCOs to have access to the Support Coordination Agency or Support Coordinator for their recipients. However, policy would not prohibit the MCOs from having such access.</p>
13	N/A	N/A	Will MCOs require access to the service audit report within the system for EPSDT recipients that they authorize?	Yes.

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14	2.6	Q/A #77 and 2.6	To ensure that all bidder base pricing is on the same assumptions, please supply numbers of current state staff providing the services listed in Section 2.6 of the RFP.	Per Exhibit 36, as of 7/2/2021 there were 74 LDH staff and LDH contractor staff utilizing the EVV system for clock in and clock out. Of that number, 8 are LDH staff.
15	1.11.2	Q/A Part 2 #3, RFP 1.11.2	<p>Q/A Part 2, #3 - Prior and Post Auth/Request for Service Registry/Data Management/EVV/Chisholm were previously topics of their own but are now sub-topics of the Project Work Plan.</p> <p>Is it LDH's intention for these topics to be addressed only as part of the project work plan section or should they be separate sections in the Approach and Methodology section?</p>	<p>Section 1.11.9, the Approach and Methodology section of the proposal should elicit a high level approach and responses with sufficient detail to satisfy evaluators that the Proposer has the appropriate experience, knowledge and qualifications to perform all deliverables of the scope of work described in Section 2.0.</p> <p>Section 1.11.11, Project Work Plan, shall more specifically address the proposer's approach in providing each of the sub-bulleted deliverables of the scope of work listed in Addendum 8, #3, Section 1.11.2 Table of Contents, including, but not limited to, the five (5) sub-bulleted services mentioned in this Q/A. Section 1.11.11 provides the requirements and details to be included by the Proposer in the Project Work Plan for the sub-bulleted services.</p>
16	1.1.11	Q/A Part 2 #5, RFP 1.1.11	<p>Q/A Part 2, # 5 strikes the requirement for a work plan in RFP Section 1.11.9, however RFP Section 1.11.11 and the evaluation table (Q/A Part 2, #14) still require a work plan.</p> <p>Please confirm if it is LDH's intent for bidders to include a work plan in the proposal.</p>	Yes. A Project Work Plan is a required component of the proposal response as indicated in Section 1.11.11, Project Work Plan.
17	2.11	Q/A Part 2, #19, Sec. 2.11	<p>Section 2.11 Outsourcing of Key Internal Controls:</p> <p>Can the HITRUST audit be submitted in lieu of the SSAE 18 SOC 1 1/2 audit?</p>	Yes, the HITRUST audit may be submitted in lieu of the SSAE 18 SOC 1 ½ audit. Refer to Revision #7 in Part 2 of this addendum.
18	1.11.8	RFP Section 1.11.8	Project Manager – must be based in Baton Rouge, Louisiana and allocated 100% of time to the HCBS Data Management and	No.

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			<p>EVV contract.</p> <p>If the vendor has a track record of providing successful support for other similar projects without a local Project Manager, would the state consider removing this requirement?</p>	
19	2.7.5	RFP Section 2.7.5	<p>LOCAL OFFICE The Contractor shall establish and maintain a local office in Baton Rouge, Louisiana. This office must have the ability to accommodate in-person provider trainings including seating and computer workstations for at least fifteen (15) individuals.</p> <p>If the vendor has a track record of providing successful support for other similar projects without having a local office, would the state consider removing this requirement?</p>	No.
20	N/A	Attachment C, Sample Contract	<p>Item 12: All non-third-party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third-party software and source code, records, reports, documents, or other material related to this contract and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract.</p> <p>This item requires a vendor to transition to LDH all source code, records, reports, documents, and other material delivered or transmitted to the Contractor by state. This requirement is indicative of a custom build enterprise solution and not of a SaaS model where a vendor brings a pre-built solution and makes modifications as needed. The source code, applications, and domain names are intellectual property in</p>	At termination of any contract resulting from this RFP that includes SaaS, the State will not retain ownership of source code on SaaS platforms.

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			<p>which the system is built and applies to other clients.</p> <p>Will LDH confirm that, at termination of contract, the state will not retain ownership of source code on SaaS platforms, which may be deployed with other states, agencies, and clients?</p>	
21	N/A	Exhibit 36	<p>Participants: In Exhibit 36 Major Record/Data Counts, the state provides participant counts per program. There are 31,230 members listed, plus another 53,673 noted as not currently receiving EVV, but who will be beginning EVV during the awarded contract.</p> <p>In order for bidders to propose the best price, can the state verify if bidders should estimate 31,230 or 84,903 participants receiving EVV during this contract?</p> <p>In this case, we are referring to "participants" as members who have authorization for personal care services and home health services, who will be a part of this project.</p>	<p>The Proposer should consider all "active" participants listed in Exhibit 36 except for EPSDT Case Management Participants - active as an estimate of participants receiving EVV, which totals 83,926 participants.</p> <p>The Proposer should also consider the participants listed in Exhibit 41 for CY20 for Home Health Care Services as an estimate of recipients (based on calendar year 2020) who will receive EVV, which totals 8,949. Some of the participants for Home Health Care Services may receive more than one service. LDH cannot provide how many participants received more than one Home Health Care service.</p> <p>Please refer to Section 2.6 Electronic Visit Verification of the RFP for services that will utilize the EVV system.</p>
22	N/A	Addendum 8 - 20.RFP ATTACHMENT X: SERVICE LEVEL AGREEMENTS - 1.0. SYSTEM UPTIME and 21. Section	<p>1.0 System Uptime - Definition - Users shall be able to access the System twenty-four (24) hours a day, seven (7) days a week, at a monthly uptime of 99.5%, with the exception of planned downtime due to system upgrades or routine maintenance. All planned downtime shall be communicated and agreed to by LDH.</p> <p>4.1 #4- The Contractor's system must have a monthly daily uptime of ninety-nine and five-tenths percent (99.5%) or greater, 24/7/365, with the exception of planned downtime</p>	System uptime requirement is daily. Refer to Revision #4 in Part 2 of this addendum.

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		4.1 PERFORMANCE STANDARDS AND LIQUIDATED DAMAGES	<p>due to system upgrades or routine maintenance. All planned downtime shall be communicated and agreed to by LDH. Downtime must not exceed eight (8) hours per scheduled event, unless agreed upon by LDH. The Contractor shall supply a monthly daily system uptime report to LDH on a monthly basis.</p> <p>The SLA section and Performance Standard sections contradict each other, is the system uptime requirement "a monthly uptime of 99.5%" or "a daily uptime of 99.5%"?</p>	
23	4.1	Section 4.1 PERFORMANCE STANDARDS AND LIQUIDATED DAMAGES	<p>4.1 #4- The Contractor's system must have a monthly monthly daily uptime of ninety-nine and five-tenths percent (99.5%) or greater, 24/7/365, with the exception of planned downtime due to system upgrades or routine maintenance. All planned downtime shall be communicated and agreed to by LDH. Downtime must not exceed eight (8) hours per scheduled event, unless agreed upon by LDH. The Contractor shall supply a monthly daily system uptime report to LDH on a monthly basis.</p> <p>The SLA as modified only allows for 7.2 minutes of downtime a day, ensuring that virtually any outage will cause an SLA miss. The penalties could theoretically accumulate 30x more frequently (daily vs monthly). Will LDH please consider changing the SLA back to monthly?</p>	No.
24	1.5	1.5. TERM OF CONTRACT	<p>LDH reserves the right to contract for up to thirty-six (36) months with the concurrence of the Contractor and all appropriate approvals.</p> <p>Please explain any circumstances that would lead to the initial contract being for less than the full 36-month base period?</p>	See section 1.38 of the RFP, which provides termination for cause, convenience, and non-appropriation of funds.
25	N/A	Addendum 8, Rev. 3	<p>Project Work Plan</p> <ul style="list-style-type: none"> • Prior and Post Authorization • Request for Services Registry 	See response to Question 15.

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			<ul style="list-style-type: none"> • Data Management • Electronic Visit Verification • Chisholm Class and Case Management <p>Will LDH please confirm that these five bullets are only to be addressed under the PWP section and not under Approach and Methodology Section?</p>	
26	N/A	Addendum 8, Q85 and Rev 15	<p>Q: The RFP indicates in section 1.11.9 that contractors are to develop a solution that uses the OTS Enterprise Architecture (EA) components including Consumer Communications, and there are numerous requirements within RFP section 2 stating that the contractor will be responsible for mailing certain documentation. If the Consumer Communications component is fully integrated into the State's Enterprise Print Center for print and mail fulfillment as stated within the RFP, please clarify whether the contractor is expected to generate documents / reports and send them to the Enterprise Print Center (via the Consumer Communications component) for print / mail fulfillment or if the contractor is expected to provide print / mail services separately.</p> <p>A: The Contractor will be responsible for printing and mailing such documentation specified in the RFP.</p> <p>Can LDH please provide a list of the forms that a vendor will need to scan, print and mail?</p> <p><i>See other individual questions below regarding this same reference.</i></p>	Refer to Exhibit 42, Mailings Required by Contractor for types of mailings and the average page count.
27	N/A	Addendum 8, Q85 and Rev 15	<p>Same as Above</p> <p>Does LDH provide the print templates, so that no staff is needed from vendor to compose/create the forms?</p>	Yes. LDH will provide the templates for the Contractor to use.

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28	N/A	Addendum 8, Q85 and Rev 15	<p>Same as Above</p> <p>What is average page count of the mailings that will be required by the State?</p>	Refer to Exhibit 42, Mailings Required by Contractor for types of mailings and the average page count.
29	2.8	2.8 Technical Requirements	<p>Unless explicitly stated to the contrary, the Contractor is responsible for all expenses required to obtain access to LDH systems or resources which are relevant to successful completion of the requirements of this RFP. The Contractor is also responsible for expenses required for LDH to obtain access to the Contractor's systems or resources which are relevant to the successful completion of the requirements of this RFP. Such expenses are inclusive of hardware, software, network infrastructure and any licensing costs.</p> <p>Please confirm that this requirement does not require vendors to pay fees to LDH and instead we're just having our systems connect to LDH systems as required and providing access to our solution to LDH.</p>	Agreed. The Contractor is not required to pay a fee to LDH for access of its systems. However, to the extent that the systems of the Contractor and LDH are incompatible for any reason, and not accounted for in the budget as proposed by the Contractor to cover such expenses, the Contractor will be responsible for all other out of pocket costs necessary to make the systems compatible so as to ensure successful completion of the requirements of the RFP, which may include, but are not limited to hardware, software, network infrastructure and any licensing costs.
30	N/A	Attachment V, Section 4 Secure Development	<p>Requiring applications integrate with the State's Microsoft Active Directory (AD) and Identity Management (IAM) solutions in such a way that internal State users seamlessly authenticate and are not presented with a logon form, if single-sign on is applicable to the scope of the agreed upon Services and/or set out in the applicable SOW.</p> <p>Please provide technology details of the State's current AD and IAM solutions. Further details will help us to determine the uplift to ensure integration.</p>	SAML 2.0 is used to authenticate against the State's Active Directory.
31	N/A	Exhibit 36 Participants – EVV Participant Numbers	<p>Location of Exhibit 36 Table EXHIBIT 36 Major Record Data Counts</p> <p>Please separate the EVV number from the data management participant figures. Exhibit 36 provides a list of participants. The total number in the participation section of the Exhibit</p>	No question asked. No response provided.

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			<p>totals to 114,400.</p> <p>More exact participation figures of how many program participants are receiving EVV services will improve our ability to accurately price the services.</p> <p><i>See individual questions below regarding this reference.</i></p>	
32	N/A	Exhibit 36 Participants – Participants	<p>Same as Above</p> <p>How many of these participants receive EVV services?</p>	See response to Question 21.
33	N/A	Exhibit 36 Participants – Numbers	<p>Same as Above</p> <p>Does “closed” in the first line (OCDD/OAAS/EPSTDT Participants – closed...) mean that this population of 29,497 should not be counted in current participants? Or are these still active participants?</p>	Yes. Closed means this population should not be counted in current participants. They are not active participants.
34	N/A	Exhibit 36 Participants – Numbers	<p>Same as Above</p> <p>What is the overlap of recipients who receive services in both the OAAS/OCDD/EPSTDT AND also provide services for the CPST/PSR programs?</p>	LDH does not have the number of OAAS/OCDD/EPSTDT recipients who overlap with CPST/PSR program. EVV for the CPST/PSR program has not been implemented as of October 2021.
35	N/A	Exhibit 36 – Providers – Provider Figures	<p>Same as Above</p> <p>The total number in the Provider section of this Exhibit total 943</p>	No question asked. No response provided.
36	N/A	Provider Figures	<p>Same as Above</p> <p>How many of these Providers provide EVV services?</p>	<p>The Proposers should consider all providers listed in Exhibit 36 Major Record Data Counts as of 7/2/2021 except for the "Number of third-party EVV vendors" (5), which totals 938. Third party EVV vendors are not providers.</p> <p>The Proposers should also consider the Home Health Care Agencies identified in Exhibit 41 as</p>

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				an estimate of HHCA providers enrolled as of 7/2/2021 which totals 220.
37	N/A	Provider Figures	<p>Same as Above</p> <p>What is the overlap of providers who provide services in both the OAAS/OCDD/EPSTD AND also provide services for the CPST/PSR programs?</p>	LDH does not have the number of OAAS/OCDD/EPSTD providers who overlap with CPST/PSR program. Due to the nature of services provided in the CPST/PSR program, LDH anticipates minimal overlap between these provider groups.
38	N/A	Provider Figures	<p>Same as Above</p> <p>Are self-directed providers included in the above provider count? If not, what is the total number of self-directed providers?</p>	Yes. There are two Fiscal Employer Agents counted as providers who submit data through a third party EVV vendor for all individuals -participants in Self-Direction. As of August 2021, there were approximately 1,800 participants in Self-Direction.
39	N/A	Addendum 8 – Question 3	<p>Q: How many 3rd party EVV vendors are there currently approved or in the process of approval and what is the maximum number of different vendors allowed?</p> <p>A: There is no restriction on the number of third-party EVV vendors. Refer to Exhibit 36 - Major Record/Data Counts in the procurement library for the number of provider agencies currently utilizing a third-party EVV vendor.</p> <p>Recognizing the challenge in scoping out the work to interface with each 3rd party vendor, will the State allow the contractor to price hourly packages to the 3rd party vendor allowing proper support for interface and ongoing maintenance of the interface to increase participation and reduce risk in the project.</p>	Costs proposed must be fully encumbered. The Contractor will not be allowed to bill LDH, the provider, or the third party EVV vendor for implementation and ongoing support and maintenance of the interface with third party EVV vendors.
40	N/A	Addendum 8, - Question 76 – EVV Aggregator	Q: If the contractor's solution has a means to capture the location of services by GPS when cellular and internet connectivity are not available, would that be sufficient to meet this requirement?	The State will allow GPS and/or IVR capabilities as the primary options when there is no cellular or internet access, and the connectivity

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			<p>A: No. All proposers must include the Connectivity Form functionality as part of the proposed solution.</p> <p>While we recognize the States response to Q&A #76, we respectfully submit that employing the connectivity forms process adds an additional layer of complexity and cost to the project that may not be warranted.</p> <p>CMS has approved GPS as an accurate way to electronically verify that visits have taken place. If there is no cellular or internet connectivity for a recipient of services, would the State allow GPS to be the accurate form of verification? The EVV vendor software should have the capability of using the mobile app in offline mode, where GPS is captured and then the information is synced back to the server when connectivity is reestablished.</p> <p>Another possible CMS approved option would be for the State to allow for the use of IVR verification for those recipients who have landline access.</p> <p>We respectfully ask the State to allow that GPS and/or IVR capabilities are the primary options when there is no cellular or internet access and that the connectivity form is only used where no other CMS approved options are available.</p>	<p>forms shall be used when no other State approved options are available.</p>
41	N/A	Addendum 8 – Question 44/45 – Technical Help Desk	<p>Q44: Please provide call volumes we would be expected to receive. If average handle time is available, please provide it.</p> <p>A: The volume of support calls provided for in Section 2.7.3 of the RFP will depend upon the complexity of the Contractor's system(s), the information available, and the training of end users. The current contractor received 761 support calls in May 2021, with an average handle time of 7.1 minutes.</p> <p>Q45 Besides this assistance scenario, what other types of calls</p>	<p>No. As stated, the volume of support calls will depend upon the complexity of the Contractor's system(s), the information available, and the training of end users. The data provided represents a single month's call volume from the current contractor.</p>

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			<p>is the technical support helpdesk expected to handle? A: The types of support calls may include, but not be limited to, user support training, technical support software, PA inquiries, RFSR inquiries, Service Audit assistance, Support Coordination POCs, and EPOCs.</p> <p>Can respondents make assumptions that this is the longer-term average monthly helpdesk call volume?</p> <p><i>Regarding the one month of call metrics provided, please see below questions regarding this reference;</i></p>	
42	N/A	Addendum 8 – Question 44/45 – Technical Help Desk	<p>Same as Above</p> <p>What percentage of the calls were for EVV and what was the percentage for the other program items, such as inquiries, audit assistance, support coordination, etc...?</p>	LDH is unable to provide the percentage of calls for EVV or other activities.
43	N/A	Addendum 8 – Question 44/45 – Technical Help Desk	<p>Same as Above</p> <p>What types of users are calling into the technical help desk? Field staff/caregivers? Or are there administrators of the provider organizations calling in for technical help questions?</p>	LDH is unable to provide the types of users contacting the help desk.
44	N/A	Addendum 8 – Question 4	<p>Q: How many 3rd party EVV vendors are there currently approved or in the process of approval and what is the maximum number of different vendors allowed? A: There is no restriction on the number of third-party EVV vendors. Refer to Exhibit 36 - Major Record/Data Counts in the procurement library for the number of provider agencies currently utilizing a third-party EVV vendor.</p> <p>The State advised there will be approximately 105,527,725 records sent from the previous contractor to the new Contractor. How many of these records are EVV records? Will the Contractor be permitted to define, or participate in defining, the data file/format this data will be received in?</p>	<p>Approximately 78% of records will be Service Records (including all iterations), which are collected either through EVV or manually entered.</p> <p>Data transfer processes, including file formats, will be determined during contract negotiations with the successful Proposer.</p>

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			<p>There is no restriction on the number of third-party EVV vendors. Refer to Exhibit 36 - Major Record/Data Counts in the procurement library for the number of provider agencies currently utilizing a third-party EVV vendor.</p>	
45	N/A	Addendum 8 – Section 2.8.2 CMS Certification	<p>The Contractor's HCBS Data Management and EVV solution must be compliant with all requirements for CMS certification and fully certified within twelve (12) months from the Operational Start Date. The Contractor must provide all data, artifacts, demonstrations, trainings, and resources needed to achieve certification. The Contractor is expected to comply with the State and its Independent Verification and Validation (IV&V) vendor, if used, in the pursuit of certification. The Contractor's HCBS Data Management and EVV solution must comply with CMS' Seven Conditions and Standards:</p> <ul style="list-style-type: none"> • Modularity Standard - use of a modular, flexible approach to systems development, including the use of open interfaces and an exposed API; the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats. • MITA Condition - requires states to align with, and advance increasingly in, MITA maturity for business, architecture, and data. • Industry Standards Condition - ensures States alignment with, and incorporation of, industry standards, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the Secretary under section 1104 of the Patient Access and Affordable Care Act (ACA); and standards and protocols adopted by the Secretary under section 1561 of the ACA. • Leverage Condition - promotes solution sharing, leverage, 	No question asked. No response provided.

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			<p>and reuse of Medicaid technologies and systems within and among states.</p> <ul style="list-style-type: none"> • Business Results Condition - Supports accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public. • Reporting Condition - requires states to produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. <p>*Interoperability Condition - ensures seamless coordination and integration with the Exchange (whether run by the state or federal government), and allows interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services.</p> <p>The State expects both the Data Management and EVV modules to be certified. <i>The following questions pertain to these same expectations.</i></p>	
46	N/A	Addendum 8 – Rev. 13, Section 2.8.2 CMS Certification	<p>Same as Above</p> <p>Knowing EVV is certified under Outcomes Based Certification and Data Management under the new Streamlined approach, will the State have two different workstreams with SMC and OBC SME's?</p>	The State will negotiate how to define the work stream(s) with the successful Proposer.
47	N/A	Addendum 8 – Rev. 13, Section 2.8.2 CMS Certification	<p>Same as Above</p> <p>Although the Data Management System and the EVV System will be seamless, these are two different systems with two different functionality expectations. Will the State hold separate certification meetings to accommodate the two different certification expectations by CMS?</p>	The State will negotiate the certification meetings' schedule with the successful Proposer.

Question #	RFP Section Number	Section Heading	Vendor Question	Agency's Response
48	N/A	Addendum 8 – Rev. 13, Section 2.8.2 CMS Certification	<p>Same as Above</p> <p>Because there are two different certifications occurring, CMS will likely have two different sets of personnel who would attend certification meetings, with some overlap. Will the state have two different timelines for certification: one for data management and one for EVV?</p>	No. Section 2.8.2 CMS CERTIFICATION states “The Contractor’s HCBS Data Management and EVV solution must be compliant with all requirements for CMS certification and fully certified within twelve (12) months from the Operational Start Date”.
49	N/A	Addendum 8 – Rev. 10, Section 2.6.2 EVV Service Audits	<p>Pull On a weekly basis, pull the top thirteen (13) Participants for OAAS, OCDD, and EPSDT PCS services with the most service audits outside the degree of accuracy, using a three hundred sixty-five (365) Calendar Day window.</p> <p>The State expects weekly data pull of the top 13 participants for OAAS, OCDD, and EPSDT services..... If a vendor has a reporting feature that currently pulls top provider activity, would the State accept a self-service report that would allow this data to be pulled at any time?</p>	Yes, if the report meets the following condition: Section 2.6.2, Service Audits states that the Contractor will “ <i>Conduct a prescreening prior to sending the service audits to the program offices for review</i> ”. A self-service report would require the Contractor to conduct the prescreening activities prior to the report being made available in the system.
50	N/A	Addendum 8 – Section 2.6.3 Other EVV Requirements	<p>“If available via application, support integration with all major mobile operating systems, including, but not limited to, Android and iOS.”</p> <p>Can the State define what it considers to be the major mobile operating systems and if such systems are not supported today can the vendor support them through a change order process in the future.</p>	Refer to Revision #6 in Part 2 of this addendum.
51	N/A	Addendum 8 – Section 2.5.6 EPSDT SERVICE LOG	<ul style="list-style-type: none"> • Develop reporting in coordination with LDH. At minimum, the Contractor shall be able to generate all reports listed in Attachment R. EPSDT Electronic Plan of Care Reports List and Data Elements. • Review and approve POCs according to guidelines in the EPSDT Support Coordination Manual. • Coordinate with LDH staff to update the EPSDT Support Coordination Manual annually and as needed. 	One FTE currently performs the activities in bullets 2 and 3 as well as activities required in Section 2.5.7 "EPSDT Case Management Training". Bullet 1 is a requirement of the system.

Question #	RFP Section Number	Section Heading	Vendor Question	Agency's Response
52	N/A	Addendum 8 – Section 2.5.6 EPSDT SERVICE LOG	<p>How many FTEs are currently performing this today?</p> <ul style="list-style-type: none"> • Develop reporting in coordination with LDH. At minimum, the Contractor shall be able to generate all reports listed in Attachment R. EPSDT Electronic Plan of Care Reports List and Data Elements. • Review and approve POCs according to guidelines in the EPSDT Support Coordination Manual. • Coordinate with LDH staff to update the EPSDT Support Coordination Manual annually and as needed. <p>Is this an administrative role or are credentials required to perform these tasks? If so, which credentials are required?</p>	The individual that reviews and approves EPSDT plans of care should have knowledge of care planning, from either previous experience or education/training. This is not considered an administrative role, but a care plan review and approval role that requires knowledge of the EPSDT Support Coordination program. Specific credentials are not required.

PART 2 – RFP Revisions

1. Section 2.1.2 GENERAL PRIOR AUTHORIZATION - OAAS AND OCDD SERVICES is hereby amended as follows:

Interface with the OAAS Participant Tracking System (OPTS) to receive service data necessary for issuing PAs for Long Term-Personal Care Services (LT-PCS) and OAAS Waivers daily;

2. Section 1.6 ACRONYMS AND TERMINOLOGY is hereby amended to include the following:

National Voter Registration Act (NVRA) Federal law passed in 1993 that requires each state to establish Federal election voter registration procedures. Section 7 of the NVRA requires any office in a covered State that offers either public assistance or state-funded programs primarily engaged in providing services to persons with disabilities must offer voter-registration services.

3. The RFP is hereby amended to add Section 2.7.7, National Voter Registration Act Requirements to state the following:

The Contractor is considered a “reporting entity” for purposes of the National Voter Registration Act and is required to comply with the National Voter Registration Act Operational Policy and any subsequent changes or amendments thereto. The Contractor shall:

- Send the OCDD and OAAS approved form(s) to participants, whose record is maintained in the Home and Community Based Services Registry, upon notification of a change of name and/or address;
- Forward all completed mail voter registration application forms received by the Contractor to the respective Registrar of Voters no later than 2 business days of receipt; and
- Retain all completed Voter Registration Declaration forms and copies of all completed LA Voter Registration Applications in the applicants' files and according to the approved retention schedule.

Quarterly, the following information will be aggregated and provided electronically by the Contractor using the NVRA Quarterly Program Reporting Form to the OAAS and OCDD designated NVRA Department Coordinator within three (3) business days after the close of the reporting period:

- The total number of applications for service, assistance or admission, recertification, and changes of name/address relating to such service or assistance received by the Contractor.
- The total number of declaration forms received by the individual.
- The total number of completed mail voter registration applications received by the Contractor.

4. ATTACHMENT X : SERVICE LEVEL AGREEMENTS (SLA), Section 1.0 SYSTEM UPTIME, is hereby amended as follows:

Users shall be able to access the System twenty-four (24) hours a day, seven (7) days a week, at a ~~monthly~~ daily uptime of 99.5%, with the exception of planned downtime due to system upgrades or routine maintenance. All planned downtime shall be communicated and agreed to by LDH.

5. Section 1.11.9 APPROACH AND METHODOLOGY is amended as follows:

Proposals should define the Proposer's technical approach in providing services and identify the tasks necessary to meet the RFP requirements of the provision of services, as outlined in Section 2. Scope of Work/ Services. Proposals should include enough information to satisfy evaluators that the Proposer has the appropriate experience, knowledge and qualifications to perform the scope of services as described herein. Proposers should respond to all requested areas below:

- Provide Proposer's understanding of the nature of the services and how its proposal will best meet the needs of the Department.
- Provide Proposer's understanding of CMS' EVV Outcomes-Based Certification requirements for an MMIS functional module, and specifically how the proposed solution meets or can meet these requirements.
- Define the approach in providing the services as outlined in the Statement of Work.
- Define the approach in identifying the tasks necessary to meet requirements.

- Provide any relevant information deemed appropriate for any proposed solution to include, at a minimum, the following components:
- Description of how software meets the federal and State requirements for HCBS and EVV.
 - Discussion of functionality of the software.
 - Define approach to system and data security.
 - Identify areas of project risk and strategies to mitigate these risks.
 - Define the methodology to be used for system configuration.
 - Description of how the software converts and maintains transferred data from the current EVV system and supports required reporting.
 - Define strategy for application knowledge transfer to position the State to be self-sufficient after contract termination, if applicable.
- Develop a solution that utilizes each of the following OTS Enterprise Architecture (EA) components, which are more fully described in Attachment G. Enterprise Architecture Integration Requirements-Revised 6/21/2021, unless otherwise agreed to by both Parties:
 - API Gateway (APIGW)
 - Enterprise Service Bus (ESB)
 - Identity Access Management (IAM)/Single Sign On
 - ~~○ Data Warehouse (DWH)~~
 - ~~○ Electronic Document Management System (EDMS)~~
 - ~~○ Master Data Management (MDM)~~
 - ~~○ Consumer Communications~~
 - ~~○ Business Rules Engine (BRE)~~
- ~~Ensure integration (real time, application programming interface [API], file transfer protocol [FTP], etc.) with the State's or third party systems is orchestrated via the State's EA system, unless agreed to by both parties in any ensuing contract.~~
- Describe how their solution will utilize the State's MoveIT platform, as more fully described in Attachment G. Enterprise Architecture Integration Requirements, for all file transfers.
- Describe how each of the following EA components will be leveraged in their solution:
 - Data Warehouse (DWH)

- Electronic Document Management System (EDMS)
- Master Data Management (MDM)
- Consumer Communications
- Business Rules Engine (BRE)

If proposing an alternative to one of these components, Proposers must describe their alternative solution in detail and explain why the approach is more beneficial to the State. This explanation must include financial and project impacts, preferably in the form of Return on Investment (ROI), and including information regarding any value added in respect to project implementation schedule, ease of implementation, and technology alignment.

- Work with LDH, MES, LDH T-MSIS team, and CMS to ensure that all Transformed Medicaid Statistical Information System (T-MSIS) data file layouts and information are mapped out correctly and are in compliance with CMS specifications. In addition, all CMS Standard Operating Procedures document requirements and stipulations must be met. CMS pre-acceptance T-MSIS edits need to be incorporated in data validations to ensure that file data submissions to CMS are consistent, accurate and timely. CMS directives to states can be found at <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO18008.pdf>.
- Provide plans and/or schedule for implementation, or orientation, or installation, etc. (as relevant to the RFP requirements).
- Provide plans for training.
- Develop and provide provisions for customer service, including personnel assigned, toll-free number, and account inquiry, etc.
- Any other information deemed pertinent by the Proposer including terms and conditions which the Proposer wishes the State to consider.

6. Section 2.6.3 OTHER EVV REQUIREMENTS bullet 2 is amended as follows:

- If available via application, support integration with the all major mobile operating systems, ~~including, but not limited to,~~ Android and iOS.

7. Section 2.11 OUTSOURCING OF KEY INTERNAL CONTROLS is amended as follows:

LDH will require the Contractor and/or subcontractors, if performing a key internal control, to submit to an independent Statement on Standards for Attestation Engagements (SSAE) 18 System and Organization Controls (SOC) 1 and/or type II audit of its internal controls and other financial and performance audits from outside companies to assure both the financial viability of the program and the operational viability, including the policies and procedures placed into operation. The audit firm will conduct tests and render an independent opinion on the operating effectiveness of the controls and procedures.

The Contractor could be required to provide a quality control plan, such as third party Quality Assurance (QA), Independent Verification and Validation (IV &V), and other internal project/ program reviews and audits.

These audits will require the Contractor to provide any assistance, records access, information system access, staff access, and space access to the party selected to perform the indicated audit. The audit firm will submit a final report on controls placed in operations for the project and include a detailed description of the audit firm's tests of the operating effectiveness of controls.

The Contractor shall supply the Department with an exact copy of the report within thirty (30) calendar days of completion. Such audits may be performed annually during the term of the contract. The Contractor agrees to implement recommendations as suggested by the audits within three months of report issuance at no cost to the State Agency. Cost of the SSAE 18 audit is to be included in the cost being proposed in response to this RFP. The State will accept a Health Information Trust Alliance (HITRUST) Certification from a HITRUST Authorized Certifiable Information Security Framework (CSF) Assessor in lieu of the SSAE 18 SOC 1 and/or type II audit.