

Pre-Admission Screening and Resident Review Level I Services

RFP # 3000015670

Section 1.14.1 Proposer Inquiries

Addendum #4

| Question # | RFP Section Number | RFP Page Number | Relevant RFP Language | Vendor Question | OAS Response |
|------------|---|-----------------|-----------------------|---|--|
| 1 | 1.1 Purpose | 6 | | Is there a current PASRR Level I contractor? Was there a PASRR Level I contractor prior to the current process? | Please refer to RFP Section 1.2 for a description of the current system. This function is not currently carried out by a contractor, nor has it been in the past. |
| 2 | 1.2 Background | 6 | | For the current process, what is the current average and maximum file size of provider documents? | Maximum file size is 30 MB uncompressed. Information about average file size is not available. |
| 3 | 1.9.2 | 12 | | Can you confirm that section 1.9.2. outlines the format you wish offerors to follow in the proposal response, and that section 2.0 Work plan is informational? | Yes.-RFP Section 1.9.2 outlines the format for offerors to follow in the proposal response. Section 1.9.4.1 and Section 2.4.2.1, refer to the Level I Screen, which is the Work Plan of the RFP. Part 2. Scope Work/Services is mandated as part of the terms and conditions of the RFP. Per RFP Section 1.9.4. Approach and Methodology, "Proposer <u>should</u> state the approach it intends to use in achieving each objective of the project as outlined, <u>including a project work plan</u> and schedule for implementation." RFP Part 2. Scope Work/Services is mandated as part of the terms and conditions of the RFP and any resulting Contract. |
| 4 | 1.1 Purpose | 6 | | What is the expected amount of the annual allotment of funds? | The State-requests that the Proposer submit their anticipated costs without reference to the annual allotment. |
| 5 | 1.5 Definitions | 9 | | Do the Level II authorities, the Office for Citizens with Developmental Disabilities and the Office of Behavioral Health, currently have a contractor to complete their Level II screenings? | OBH contracts with Medicaid Managed Care Organizations (MCOs), which are private entities that provide covered healthcare services to enrollees in exchange for a monthly capitated amount, per enrollee. An MCO is responsible for conducting, or subcontracting, to conduct PASRR Level II evaluations of its enrollees upon referral from the OBH, PASRR Level II authority. OCDD contracts with Local Governmental Entities for the population they serve. |
| 6 | 1.2 Background | 6 | | Of the 33,014 Level I screens that were processed over the last three state fiscal years, how many required a Clinical Review (additional documentation was required/Level I information was insufficient) but a Level II screening was not required? | This information is not tracked in the current system. |
| 7 | 1.5 Definitions | 9 | | Is the LDH Form 142 a required form for the Level I screening notification process? Who completes this form? | The LDH Form 142 is a required form that notifies the provider about the length of an approval based on level of care determinations and, when required, Level II authority decisions. The current process is that the Level I authorities make the level of care decisions and fill in the form. The form is then forwarded, as necessary, to Level II authorities for their final decision. |
| 8 | 1.36.3 Termination for Non-Appropriation of Funds | 34 | | What is the minimum notice in case of contract termination due to non-appropriation of funds? | In the event the State must exercise contract termination due to non-appropriation of funds, the contract shall terminate on the date of the beginning of the first fiscal year for which funds have not been appropriated. |

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| 9 | 2.2.1.1.10.b | 40 | | The RFP states that the user defined reports shall include the Level II decision (if applicable). Will OBH and/or OCDD or their contractor(s) require edit access to the system to input their Level II determinations within the Level I record? If not, who would enter this information and how would it be received? | OBH and OCDD will not require edit access, but it would be desirable if it can be easily integrated. If it cannot be easily integrated, Level I authority staff will receive and enter the information. |
| 10 | 2.2.1.1.10.c. | 40 | | The RFP states that the user defined reports shall include a list of individuals admitted to a nursing facility. Will this admission data come from the state or only from the contractor's system? | This is the critical area of function for the application. The successful Contractor must be able to provide this information. |
| 11 | 2.2.4 Notices, Section 2.2.4.3 | 41 | | The RFP states that the system will provide electronic notice on the level of care eligibility determination. Will the contractor provide level of care determinations for nursing home eligibility in addition to the PASRR Level I screening approval process? If so, is an additional assessment (form/tool) required and who completes this process? | The PASRR Contractor will not make determinations regarding level of care. That is managed by OAAS using a separate software application. The PASRR software will need to pull and push LOC data, but not make LOC decisions. |
| 12 | Section 2.4.2 IT Integration and Configuration | 46 | | Please describe the purpose for integration with OPTS. | The purpose of the integration is to capture and merge LOC decisions. |
| 13 | Section 2.4.2 IT Integration and Configuration | 46 | | Please describe the purpose for integration with Utopia. | The purpose of the integration is to capture and merge OBH decisions. |
| 14 | Detailed Project Work Plan | 47 | | Will the Level II Authority be required to also use Atrezzo? If not, what will be the process for gathering data to meet the requirement of documenting Level II decisions and admissions to NFs? | No, Level II Authority is not required to use Atrezzo. Data integration is referenced in RFP Section 2.4.2: IT Integration and Configuration, and there is no reference to Atrezzo in the RFP. Currently, the information is shared via email and entered by staff into a software application that allows for the creation of a form that provides as notice to providers of eligibility. The preferred process will be for Level II decisions to be electronically shared. The Contractor will also need to obtain admission information from the referral source or the nursing facility. The Proposer is asked to describe the system they currently have in use. |
| 15 | Section 4.2.2 Reports | 52 | | What would on demand reporting mean? Is this different from the report schedule listed under 4.2.2? | Please refer to RFP Section 1.3 Goals and Objectives. It is expected that the proposed application will allow for on-demand, user defined reports in addition to the report schedule listed in RFP Section 4.2.2 Reports. |
| 16 | Section 1.9.7 Cost Proposal, page 18 | 18 | "An item-by-item breakdown of costs shall be included in the proposal. Proposers shall submit the breakdown in the same format as the attached sample cost template form (Attachment V, Cost Template)." | Is Attachment V, Cost Template the only required cost breakdown form that needs to be submitted? | The Cost Template is the only cost form required to be submitted as part of the RFP Proposal response. Proposer(s) shall use Attachment V: Cost Template - Revised 10/22/2021, which will be published in Addendum 5. |
| 17 | Section 1.11 Technical and Cost Proposals, pg 18-19 | 18-19 | One (1) searchable electronic copy of the technical proposal on a USB flash drive. • One (1) searchable electronic copy of the technical proposal on a USB flash drive. | The RFP only lists flash drives for the Technical proposal and the Redacted proposal. Please confirm that no USB flash drive is required for the Cost proposal (just printed/paper copies). | Please refer to RFP Section 1.11 Technical and Cost Proposals. A USB is not required for the Cost Template. A USB flash drive for the Cost Template may be included at the proposer's discretion. However, a hard copy of the Cost Proposal must be submitted. |
| 18 | Section 1.9.2 Table of Contents, page 12; and Section 1.9.4.1 Level 1 Screen, page 13 | 13 | "The proposal should be organized in the order contained below. Requested Proposal Outline, including the Table of Contents: • Cover Letter • Table of Contents • Company Background and Experience • Approach and Methodology o Work Plan/Project Execution" 1.9.4 Approach and Methodology 1.9.4.1 Level 1 Screen | In Section 1.9.2, the requested proposal outline in the TOC has the first item under Approach and Methodology titled "Work Plan/Project Execution". Is this the same as section 1.9.4.1 Level 1 Screen, that is listed first following 1.9.4 Approach and Methodology? | Please refer to the response to Question 3. |

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| 19 | Attachment II: CF-1; Attachment III: HIPAA ; and Attachment IV: Electronic Vendor Payment Solution | 59, 65, & 67 | Forms: Attachment II: CF-1; Attachment II: CF-1; Attachment III: HIPAA; Attachment IV: Electronic Vendor Payment Solution | Please confirm that Attachment II: CF-1, Attachment III: HIPAA, and Attachment IV: Electronic Vendor Payment Solution are for reference only, and do not need to be included with the proposal response. | Attachments II, III and IV are for reference. Per RFP Section 1.29, "the Proposer should submit with its proposal any exceptions or contract deviations that its firm wishes to negotiate." |
| 20 | Section 1.9.8 Certification Statement, page 18 | 18 | | Is the Certification Statement to be included in the Technical proposal? | Yes. |
| 21 | Section 1.11 Technical and Cost Proposals, page 18 | 18 | "1.11 Technical and Cost Proposals The State requests the following should be submitted as separate files: One (1) Original (clearly marked "Original") and six (6) numbered copies of the technical proposal. The proposal shall be named: RFP# 3000015670 Technical Proposal – [Proposer Name]. One (1) Original (clearly marked "Original") and six (6) numbered copies of the cost proposal. The proposal shall be named: RFP# 3000015670 Cost Proposal – [Proposer Name]. | The TOC outline in Section 1.9.2 lists "Cost and Pricing Analysis" as the last item. The instructions in Section 1.11 request that the Cost proposal be submitted separately. Is the "Cost and Pricing Analysis" listed in the TOC outline intended to be part of the Technical proposal? If so, what information should be provided in that section that is not included in the Cost proposal, Attachment V: Cost Template (Section 1.9.7, Cost Proposal)? | The Cost Proposal is not part of the Technical Proposal. |
| 22 | Section 1.2 Background | | Over the last three state fiscal years, OAAS has processed an average of 33,014 Level I Screens from a variety of referral sources including, but not limited to hospitals, psychiatric hospitals, nursing facilities, rehabilitation hospitals, hospices, and physician offices. Trend data regarding the number of Level I PASRRs processed per year is provided in Attachment VI, <i>Trend Data</i> . | How has the 1135 waiver and automatic exempted hospital discharge changed the volume of Level 1s submitted? Is there an estimate for when the waiver will end? | The number of Level I PASRRs received in FY21 was 33,423. The specific data reflecting how the Level 1s are impacted by the 1135 waiver and automatic exempted hospital discharge is not known at this time. However, please note that the difference between the average Level I Screens and the most recent data is only 400 requests and is not the highest we have received in a given FY. Except for a brief period following Hurricane Ida in September of 2021, reliance on the waiver was limited to waving Level II authorizations at admission. The State is not currently operating under normal procedures. |
| 23 | 1.3 Goals and Objectives | | Number 9 notes, Interface with and maintain real time data sharing with LDH computer applications built on the .NET Framework. | Will there be a need or expectation for data migration with a previous system or ability to migrate in the future? | There is no expectation for data migration. |
| 24 | 1.9.5 Proposed Staff Qualifications (Preferably limited to four (4) pages except for resumes) | | Key personnel and the percentage of time directly assigned to the project should be identified. | Please clarify what positions are defined as key personnel. | Key personnel should be defined by the Proposer. |
| 25 | Attachment V: Cost Template | | Anticipated Number of Units. – This number reflects a projection only and is not a guarantee of the number of units/screens expected. It is for evaluation purposes only. | The Configuration/integration deliverable has an anticipated number of units of 15 hours. Is 15 hours the maximum number of hours that we can plan on for configuration/integration, or will those exact numbers be negotiated upon award? | The Cost Template states that the number of units of 15 hours is anticipated only , not fixed. This number may increase or decrease upon negotiation of the contract, but the rate per unit will remain as proposed by the Contractor. |
| 26 | General | NA | | Does the Department require Level I submitter requests to use the exempted hospital discharge option to undergo clinical review by the vendor to confirm accuracy and appropriateness of the EHD request? | Questions about the accuracy and appropriateness of an EHD will be researched and resolved by Level I staff. It is anticipated that the vendor will notify OAAS staff of the request as part of the system integration. |
| 27 | General | NA | | Please detail the Department's dementia exclusion criteria and process and associated Vendor responsibilities. | Level I PASRRs are referred to the Level II authority for all individuals suspected of having serious mental illness and dementia unless the Level II authority has previously determined that dementia was primary. However, supporting documentation is required from the referral source and the vendor would be expected to request that documentation. |
| 28 | 1.2 | 6 | | Please confirm that the chosen vendor will only receive PASRR Level I requests for individuals who have already been determined to meet NF LOC and the vendor will have no involvement in the LOC process. | The Contractor would receive PASRR Level I requests for all individuals regardless of NF LOC determinations. The Contractor will have no responsibility for determining NF LOC. |
| 29 | 1.2 AND 2.2.4.3 | 6 and 41 | | If LOC decisions are to be made by another entity leveraging the OAAS "custom-built and owned application," please describe how data is received by the vendor | The Contractor is expected to integrate data captured and reported in LDH applications provided regarding level of care. |

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| 30 | 1.7 | 10 | | Due to the ongoing national public health emergency and associated remote working conditions, would the Department accept electronic submission of the proposal response via email in lieu of hard copy (printed) proposal packages? | No. Please refer to Sections 1.7, <i>Hard Copy Proposal Submission</i> , and Section 1.11, <i>Technical and Cost Proposals</i> , for instruction regarding acceptable methods for submission of the proposal. |
| 31 | 2.2.1.1 (7) | 39 | | A. Does the Department intend to tie system data regarding completion date of required PASRR Level I and Level II activities to payment start dates at NF admission? B. If so, when is this anticipated to be implemented? | Medicaid payment is not necessarily tied to the date of admission. Individuals are often admitted under their Medicare benefit, and the nursing facilities report at the point of conversion. No change in provider reporting requirements are envisioned. |
| 32 | 2.2.1.1 (10) | 40 | | The RFP states that the vendor must capture and report on Level II <i>decisions</i> . Please confirm that the vendor is not required to upload/store copies of the Level II Evaluation and/or Determination Report. | The Contractor is expected only to capture and report decisions. |
| 33 | 2.2.3 | 40 | | Will the Department permit Licensed Practical Nurses under the supervision of a licensed RN to complete Level I review? | RFP Section 2.4.4 allows for the exceptions for clinical reviewers to be made on a case by case basis. Insufficient case information is presented here to determine if an exception is warranted. |
| 34 | 2.2.4.3 | 41 | | If the bidder is to make LOC decisions for any Level I submissions as part of this contract, please detail any requirements for sharing outcomes to any system or entity beyond submitter, accepting NF, and authorized state PASRR staff. | The Contractor will not make LOC decisions. |
| 35 | 2.2.4.3 | 41 | | Are vendors required to provide the LOC outcome for all Level Is or only the Level Is that are referred to Level II? | The Contractor will not make LOC decisions. |
| 36 | 2.2.4.3 | 41 | | Please describe the Department's preferred method for pushing LOC outcome data to the vendor's system. | The Department requires an abstracted, secure FTP of encrypted files. |
| 37 | 2.2.6 | 42 | | <i>"The Contractor shall provide initial and on-going training to all referral sources, nursing facilities and LDH users as needed to use the software application. The initial training shall be provided in-person at locations arranged by LDH."</i> A. Please provide the number and location of initial in-person trainings. B. If the public health emergency continues, will the Department allow the Contractor to provide initial trainings virtually? | A. This information is not available at this time. B. The Department will follow CDC recommendations regarding gatherings when the contract is awarded. |
| 38 | 2.4.2 | 46 | | A. Does the Department intend to tie system data regarding completion date of required PASRR Level I and Level II activities to payment start dates at NF admission? B. If so, when is this anticipated to be implemented? | A. The vendor is expected to integrate data provided regarding level of care and Level II decisions. B. The vendor is expected to push decisions about the need for Level II evaluations. |
| 39 | RFP 2.3.1.1 & Attachment III BAA - 8 | 43 & 65 | | Section 2.3.1.1 requires known breaches to be reported no later than 48 hours after confirmation of the event and Section 8 of the BAA states that security incidents/breaches are to be reported within 3 days of becoming aware. Please clarify the timeframe for reporting. | The timeframe for reporting a known breach is 48 hours after confirmation of the event. |
| 40 | Attachment V | 68 | | The Cost Template states "...rate shall be fully burdened with all costs for the provision of services, including travel, and administrative expenses, which cannot exceed twelve percent (12%) of direct cost. Please further clarify how this 12% cap is applied to the proposer's unit rate. | Attachment V: Cost Template is being replaced in its entirety with Attachment V: Cost Template – Revised 10/22/2021, which is attached to and published in Addendum 5. |
| 41 | Attachment V | 68 | | Please confirm that the vendor would be paid per each completed unit for each category listed in Attachment V: Cost Template. | Yes, the Contractor will be paid at the proposed rate for each completed unit per category. However, the specific terms of payment will be negotiated after award in the payment terms of the awarded contract. |