COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

May 23, 2014

ADDENDUM No. 1 To Responders:

Reference Request for Information:	**RFI 2014-01**
Dated:	**May 4, 2014**
Due:	**June 6, 2014**

Below are updates that may delete, add, modify or clarify certain aspects of the aforementioned RFI. Please incorporate as necessary.

Page 8, Section 7, Services, item e.:
CHANGE – Item e in Section 7 is changed to read per the following:

e. Application tracking and processing; include effective strategies for ensuring timely scheduling and completion of the screening process with determinations consistent with current Medicaid policy; and describe the vendor's ability to "scale up" to support ~~additional assistance programs or~~ fluctuations in volume in demand for screenings

Responses to Questions – See Attachment A

A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

Christopher M. Banaszak
DMAS Contract Manager

Name of Firm: _____

Signature and Title: _____

Date: _____

Attachment A
RFI 2014-01, Addendum 1
Vendor Question and Answers

Question Number	Section	Question/Comment	Response
1	General	How do these pre-admission screenings relate to the federally required PASRR evaluations?	Virginia's PASRR Level II screening is performed by a separate contractor. This RFI does not include Level II screenings. However, the Department as a part of this RFI is interested in responses that, as a part of the assessment process, identify the need for Level II screening and making an appropriate referral to Virginia's contractor for PASRR.
2	General	Are the pre-admissions screenings for PASRR Level I screenings only or is DMAS also including PASRR Level II screenings in this RFI?	The preadmission screenings are for PASRR Level I. Level II are performed by a contractor and are not a part of this RFI.
3	General	Please confirm that legal terms and conditions will align to the work performed, and will have industry-appropriate limits of liability, for example.	Unless required otherwise by the Agency Procurement and Surplus Property Manual (APSPM), the Department of Medical Assistance Services (DMAS) tries to ensure that all legal terms and conditions contained within a solicitation align to the work to be performed and have appropriate limits of liability.
4	General	Acute hospitals are indicating as having 'overflow' volumes. The RFI indicates that DSS and health departments are determined to have overflow volumes when an assessment has not been completed within 30 days of application. A. Does the Department also permit acute hospitals 30 days for the application to be completed? B. It seems counterintuitive that hospitals might delay completion of applications for their discharging patients. Is it typical that hospitals wait beyond 30 days to conduct those assessments and, as a result, experience 'overflow'? If acute hospitals have less than 30 days, please clarify hospital turnaround expectations and how they impact the anticipated number of assessments the vendor should expect to complete for individuals in acute hospital settings.	Below is the expanded language from House Bill 702: *The Department shall contract with other public or private entities to conduct required community-based and institutional screenings in addition to or in lieu of the screening teams described in this section in jurisdictions in which the screening team has been unable to complete screenings of individuals within 30 days of such individuals' application.* There is no provision for completion of pre-admission screening post hospital discharge. The purpose of pre-admission screening is that the screening takes place prior to admission, so hospitals are not permitted to complete the documents post discharge.

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5	General	Will the un-redacted RFI responses be made publically available prior to the RFP process?	Only the redacted responses (proprietary/confidential information removed) will be made available for public release upon request.
6	General	Please define the geographic boundaries of the Central, North, Southwest, and Tidewater regions.	Please see attached list Exhibit A.
7	General	What is the anticipated contract maximum (total budgeted amount) annually for this project?	The Department requests that responses include anticipated costs for preadmission screenings; proposals may provide costs charged for similar services in other states and regions.
8	General	Does the Division require interested vendors to respond to the RFI in order to eligible for responding to an RFP?	No - The RFI does not pre-qualify any of the vendors and the RFP will be open to any vendor who desires to participate.
9	General	Please clarify the desired structure and objectives of this model, as follows: A. Is the Department desiring that the vendor will centralize: i. The web-based ***application and workflow for all applicants and screening data*** for the entire process (e.g., which includes the vendor's assessments as well as assessments conducted by DSS, health departments, and acute facilities)? ii. All ***assessment tools*** in a web-based application that will be used by DSS, health departments, and acute facilities? iii. All ***scheduling*** for the vendor as well as for DSS, health departments, and acute facilities? iv. Issuance of all ***outcomes and notifications*** for the vendor as well as for DSS, health departments, and acute facilities?	i. At this time, the Department is particularly interested in areas where there is an "overflow" of requests beyond which can be completed within 30 days. ii. Yes, there is only one assessment tool, the Uniform Assessment Instrument (UAI) and the additional supporting documents such as the DMAS-96; DMAS-95 and Level I and II and DMAS 97 forms. iii. Yes iv. Yes The Department requests that responses include options for

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		If there are other or different centralization goals not described above, please identify those as well.	centralization based on the vendor's experience.
10	General	Please provide a description of the workflow in the current environment including the steps that trigger the assessment and the steps subsequent to the assessment. For example, how are consumers referred to DSS/DOH and how does DSS/DOH dispatch the assessments/service plans once they have been completed?	The process for community based screenings has been in place since 1982. As the local entities providing the service (local department of social services and local health district/offices), requests for and referrals have been directed to either the local DSS or local health district. Community preadmission screening teams have had great flexibility in managing the "intake" process based on their local service delivery systems.
11	General	Does the Department of Behavioral Health and Disability Services have plans to implement the Supports Intensity Scale (SIS) assessment for the DD waiver or is it anticipated that they will continue to use the existing Level of Care criteria?	The Department of Behavioral Health and Developmental Services (DBHDS) has plans to use the SIS assessment tool for all persons with ID and DD once the ID and DD Waivers are renewed/revised. However, that will not replace the Level of Functioning (LOF) survey as the eligibility determiner for the DD Waiver. With the revision of the waivers, there may be a different process for completing the LOF, but that will be determined in the future.
12	General	Will the vendor be expected to push data to the MMIS vendor?	Yes
13	I - Length of Response	Please confirm that the cost model may be included as an attachment and will therefore not be counted among the 8 page limit.	Confirmed, that is correct.
14	I – Length of Response	The RFI states: *Responses should include a descriptive outline of your proposed operations and include a breakdown of the non-binding necessary costs for the first three years of a contract including pre-operations implementation.* Many states separate fixed service rates from implementation	Yes. Most, if not all, DMAS cost proposals will have the

Question Number	Section	Question/Comment	Response
		costs. This allows the significant cost of implementation tasks to be parsed from the fixed cost for service categories. Does the Department permit a separate implementation rate from the assessment rates to reduce the assessment rates over the term of the contract?	offeror separate their implementation rate from the assessment rate. Although separate, both the implementation and assessment rates are factored into the overall cost for scoring purposes.
15	I – Length of Response	Will the Department consider extending the page limitation from 8 pages to 30 pages to allow vendors to provide sufficient detail in their response? Please clarify if the cover letter and table of contents count toward the page limit	No, DMAS will not extend the responses to 30 pages. However, the cover letter and table of contents do not count toward the page limit.
16	II – Background	Are pre-admission screenings completed on individuals requiring nursing facility level-of-care who are not in need of Medicaid?	RFI, page 5 second paragraph describes the requirement related to preadmission screenings.
17	II - Background	Will the local departments of social services and district health departments continue in some capacity with the screenings? If so, what will role this entail?	It is feasible that in some jurisdictions departments of social services and district health departments/offices may continue in the same capacity. It is also feasible that some jurisdictions may request to be relieved of the PAS function for a variety of different reasons, including available resources.
18	II – Background	Currently, out of the 120 local departments, how many staff members are dedicated to preadmission screenings?	According to the Virginia Department of Social Service, Division of Budget, their random moment sampling process indicates for purposes of cost allocation, the average for 4 quarters was 44.27 FTEs. This number does not include any supervisory or administrative support staff. As local health districts/office also provide staff to support preadmission screenings, the Virginia Department of Health reports that approximately 40 FTEs (direct and support staff) with the majority of time attributed to direct staff.

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19	II – Background	A. Under the project model, if the Health Department or the DSS completes the assessment, which entity (e.g., the Health Department/DSS or vendor) would determine the individual's level of care after the assessment is completed (the entity that completed the assessment or the vendor)? B. Which entity would determine the specific waiver/service the individual qualifies for (the entity that completed the assessment or the vendor)? Under the project model, which entity would be responsible for managing the waitlist?	A. Currently the determination of LOC is performed jointly between the local health district and local department of social services. The Department would be interested in responses that describe each scenario. B. RFI, page 5, next to last paragraph lists the various waivers and programs for which community and hospital PAS teams refer individuals who meet LOC criteria. There are currently no waiting lists associated with waivers which utilize the preadmission screening process.
20	II – Background	What is involved in a screening referral? How would a vendor receive consumer information from the state?	Currently requests for community preadmission screenings are directed to the local department of social services or health district/office. Screenings referrals can come from a number of sources; including but not limited to directly from the individual/family, from local agencies and others. The Department envisions that requests for screenings would go 1) to the local agencies and be referred by the local agencies to a vendor for backlog, or 2) directly to the vendor depending upon future decisions made by the Department. Individuals making a request for a preadmission screening may or may not be eligible for Medicaid at the time of the request; financial eligibility for Medicaid is determined by the local department of social services and the vendor would refer the individual/family to the local jurisdiction where the individual resides to have Medicaid financial eligibility determined. The vendor would initiate the screening process and is paid for the screening regardless of the outcome of the screening. The state would not provide consumer information to the vendor at the time of the initial request.

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21	II – Background	The RFP states: *Preadmission screening is a team (nurse/physician and social worker)…* A. Does this indicate that the preadmission screening team can include a nurse **or** physician and a social worker? B. What are the specific credentials (e.g., BS level social worker, MS level social worker, licensed MS social worker) and experience requirements for each of the preadmission team members? C. Must both the nurse/physician and social worker be present during the onsite assessment? (or, alternatively, does the physician review information collected by the nurse?)	A. No. In Virginia, the medical portion of the assessment is completed by a nurse who is an employee of the local health district; the physician, who is also an employee of the local health district and is generally the district health director, reviews and signs the assessment documenting level of care meets or does not meet. B. As local department of social services provide the social work component of the preadmission screenings, the criteria relates to receipt of training and employee classification used within the Virginia social services system. In 2011 the *Code of Virginia* strengthened the social work title protection statutes requiring a subsequent change in the *Code* as follows: "For community-based screenings, the screening team shall consist of a nurse, social worker or other assessor designated by the Department and physician..." The Department is designating qualified local department of social services employees and others who previously participated in PAS teams and who have been training to administer the Uniform Assessment Instrument and conduct PAS in their localities. C. There is no specific provision in statue; generally the physician is not present and reviews the assessment and medical documentation provided by the nurse and social worker.

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		D. If both the physician/RN and the Social Worker need to be physically present, do both need to be present at the same time for the assessment or can their individual components be conducted separately? E. When an assessment is conducted by the Health Department or DSS, does the assessment team typically travel to and conduct the assessment at the site where the individual lives or, alternatively, is the assessment typically conducted at the DSS or Health Department site(s)? F. If the assessments conducted by the Health Department and DSS are conducted in a combination of both the individual's home and the physical setting of the DSS and/or health department , please estimate the percentage of time for which assessments typically occur in an individual's home. Under this project model, does the Department envision that the vendor will contract to use space at the DSS or Health Department to conduct overflow assessments?	D. See above. Yes, the individual components may be performed separately, however, a joint visit is recommended for the convenience of the individual as well as for the cross-disciplinary collaboration. E. Typically, the assessments are conducted where the individual lives. However, when individuals are out of state, assessments may be conducted via telephone. F. See above. No, at this point the Department does not envision that the vendor will use DSS or VDH/LDH space to conduct the overflow. However, if the responders have recommendations regarding how to efficiently conduct overflow assessments, the Department would be interested in that response.
22	II – Background	What percentage of total screenings performed annually will the vendor be expected to perform?	This performance measure has not yet been identified. The Department is interested in timeliness of completion of screenings to ensure that individuals eligible for services receive the services promptly.
23	II – Background	Is the state contracting for resident review? Does the number of screenings documented in the RFP include resident review?	No

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24	II – Background	(a) Is DMAS desiring the bidder to only serve as the "safety valve" for those screenings which cannot be completed within 30 days, or would the bidder be performing ALL level 1 screenings? (b) If the former, what is the anticipated volume for this "overflow"? (c) If the latter, please confirm that the volumes provided in the RFI represent ALL level 1 screenings, rather than simply the overflow.	(a) The Department is interested in responses to both; serving as the "safety valve" and performing the preadmission screening statewide. (b) The Department is currently gathering data on the anticipated volume of "overflow" – preliminary data indicate that jurisdictions experiencing "overflow" are more urban and have experienced some changes in the volume of requests for screenings. (c) Confirmed.
25	II – Background	In the past, which community-based and institutional teams had difficulty completing screenings of individuals within 30 days? What is the aggregate volume and volume by jurisdiction of screenings that are currently unable to be completed within 30 days?	Please see (b) in the response above.
26	II – Background	Item #3 on page 6 states: *In SFY 13, VDH received $2.0 million in federal reimbursement from DMAS for conducting those screenings and utilized approximately $1.1 million as state match for a total of $3.1 million in funding for the activity.* A. Please confirm that the total $3.1M is referring to the SFY 13 screenings and is not including the FY 12 screenings as well. What is the planned reimbursement schedule for the Scope of Work under this project (e.g., monthly)?	A. Item #3, page 6, states SFY 13. A decision has not been made at this time. Currently payment for services is accomplished between the Department and processes in place with Virginia Departments of Social Services and Health.

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27	II – Background	How many acute care hospitals are being utilized to perform the preadmission screenings and what are their locations?	Approximately 100 acute care hospitals in the Commonwealth are enrolled Medicaid providers. As part of the enrollment as a Medicaid provider one of the services they are able to perform is pre-admission screening. There is not a separate or distinct provider agreement for the purposes of pre-admission screening; it merely falls under the general duties that are completed under the overall provider agreement. The Department does not have a specific list as all enrolled providers can be found using the provider search function on the Medicaid web portal.
28	II – Background	The RFP states: *DMAS is interested in responses from public and private entities regarding the development of a "back-up" system to serve as a safety valve when existing community-based and institutional teams are unable to complete screenings of individuals within the requirement of the law.* A. At what point are the screening referrals made to the vendor? (For example, at beginning of the 30-day time limit when it's anticipated that the community-based/institutional team will not meet the turnaround goal, at some point during the 30-day time limit when the teams realize they will not meet the deadline, or after the teams have missed the 30-day time limit)? B. What is the required turnaround (completion) time for the Vendor's assessment?	A. We anticipate that local screening teams will notify the vendor once they have reached capacity and understand that the individuals will be placed on a waiting list. B. That is to be determined. We would like to see a 24-hour turnaround for an individual in a hospital requiring screening and a 72 hour turnaround for an individual in a community setting.

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29	II – Background	Is there a level or type of certification required to be held by the person conducting the DD Waiver screening? If so, what is required? What level of certification is required to review it for the application for determination?	Currently the Level of Functioning (LOF) for the DD Waiver is performed by Child Development Clinics through a Memorandum of Understanding with the Virginia Department of Health. These LOF assessments are completed by CDC staff with physician review and signature.
30	II – Background	The RFP states: *DMAS is also interested in responses related to the screening process for individuals with developmental disabilities who are applying for services through the DD Waiver… DMAS is soliciting, as a part of this RFI, best practice models screening individuals with developmental disabilities for the DD Waiver.* Does the Department wish the Vendor to complete IDD screens in this model or simply to submit best practice information?	The Department is interested in soliciting best practice models as well as a cost estimate for performance of IDD screenings.
31	II.2 - Background	Are all of the screenings to be conducted face to face or can the vendor complete the "in-person" screening via a virtual connection?	Face-to-face. Generally many individuals requesting a preadmission screening do not have the option for a virtual connection. However, if there are best practices models that you are aware of, we would consider them.
32	II.2 - Background	What is meant by a "back-up" system for preadmission screenings and is there an estimated volume of referrals that would not be turned around in 30 days?	Please see response to question #24.
33.	II.2 - Background	What level and type of certification is required to be held by the person conducting the pare-admission screening assessment?	Please see response to question #21.
34	II.3 – Population	Should the bidder infer that this $750K represents an anticipated annual "Not to Exceed" price point, for the volumes indicated in the RFI?	The reimbursement is based on volume/employee time dedicated to the activity.

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35	II.3 – Population	Are we expected to manage the wait list for the DD waiver?	No
36	II.3 – Population	Page 7, item 6 instructs the vendor to price 9 populations/areas of assessment. Item #6 refers the vendor to the volumes listed in Appendix A. Please confirm whether the vendor will be conducting the assessment volumes listed in Appendix A or, alternatively, only the **'overflow'** of those volumes.	Appendix A identifies the number of preadmission screenings completed. Please see response to Question to Item #24 regarding "overflow".
37	II.3 – Population	If the initial start up doesn't begin until July 2015, what is the back-up arrangement prior to completion of the start up?	The Department will use the responses from this RFI to finalize plans and timeframes for addressing the "overflow" in some jurisdictions as well as to make decisions and plans for statewide changes related to the current statewide preadmission screening responsibilities for community and hospital teams.
38	II.3 – Population	Is the Department soliciting for a new screening tool for the DD waiver?	No
39	II.3 – Population	By what percentage are screenings increasing year to year for the DD population? What is causing the increase?	There has not been an increase in screening from year to year.

<table>
<tr><th>Question Number</th><th>Section</th><th>Question/Comment</th><th>Response</th></tr>
<tr><td>40</td><td>II.3 Population</td><td>Please provide the volume of DD Waiver screenings by region.</td><td>These DD Waiver screenings completed (eligible and those determined not eligible to be placed on the waitlist) during SFY 13 and reported by DBHDS:
<table>
<tr><td>Alexandria</td><td>1</td></tr>
<tr><td>Arlington</td><td>9</td></tr>
<tr><td>Danville</td><td>3</td></tr>
<tr><td>Fairfax</td><td>85</td></tr>
<tr><td>Fredericksburg</td><td>25</td></tr>
<tr><td>Gate City</td><td>1</td></tr>
<tr><td>Harrisonburg</td><td>9</td></tr>
<tr><td>Lynchburg</td><td>12</td></tr>
<tr><td>Norfolk</td><td>93</td></tr>
<tr><td>Richmond</td><td>53</td></tr>
<tr><td>Roanoke</td><td>91</td></tr>
<tr><td>Tidewater</td><td>12</td></tr>
<tr><td>Winchester</td><td>26</td></tr>
</table></td></tr>
<tr><td>41</td><td>II.4 – Systems</td><td>How would the vendor need to interface with existing state information systems (such as the MMIS)? Would data entry into the MMIS be necessary?</td><td>MMIS data entry would be an option, but another option would be to submit pre defined file format that would be integrated with the MMIS.</td></tr>
<tr><td>42</td><td>II.4 – Systems</td><td>A. Will the vendor have login access to the MMIS portal (https://www.virginiamedicaid.dmas.virginia.gov/wps/portal)?
i. If yes, what additional functionality would be required to develop the “paperless workflow system”?
ii. Can additional functionality be added to the MMIS</td><td>Yes, the vendor will have access to the MMIS portal. MMIS data entry would be an option, but another option would be to submit pre defined file format that would be integrated with the MMIS.</td></tr>
</table>

Question Number	Section	Question/Comment	Response
		portal or must additional functionality be added using EDI transactions? If no, will the vendor have access to EDI transactions to develop the "paperless workflow system"?	
43	II.4 – Systems	The RFP states: *The vendor will be required to develop, provide and utilize a paperless workflow system based on the existing requirements…* Is it the expectation of the Department that the Vendor will create a web-based version of the Uniform Assessment Instrument (UAI) and Level I screening as part of this project to integrate with the paperless workflow system?	The vendor will have access to the MMIS portal. MMIS data entry would be an option, but another option would be to submit pre defined file format that would be integrated with the MMIS.
44	II.5 - Location	(a) Does the term "management information systems" imply that DMAS is expecting the bidder to host the Uniform Screening application at a data center in Richmond, or can the provider assume its own data center elsewhere? (b) Or, is DMAS performing the hosting function, and the bidder is only performing application support?	(a) No (b) Yes
45	II.5 – Location	What percentage of the non-centralized staff can be outside of VA?	There are no specific requirements for non-centralized staff outside of Virginia.
46	II.5 – Location	The RFI states: The physical location and operations of a centralized call center shall be part of the response to this RFI and shall include provisions for overflow. Does this statement mean that the **specific physical location** of the office be secured by the RFI due date or simply that the general area for the office site be named, as it would be difficult for a vendor candidate without a current local office to secure local space without an active contract.	The general area for the office is sufficient.

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47	II.5 – Location	In order to be responsive, it is important for the bidder to understand the primary focus and objectives of the call center. Please describe your goals for the functionality of the call center, for example, A. Is it the Department's intention that the call center be a centralized place to streamline **<u>all assessment referrals</u>** (including those to Departments of Social Services, District Health Departments, as well as well as the vendor's assessment teams)? What other objectives should the call center be designed to meet?	A The Department would be interested in information regarding a centralized area to streamline all preadmission screening referrals as well as the vendor's assessment teams. Reporting will be important regarding numbers of individual preadmission screening requests and completions as well as timeliness for completing the screenings. The Department is interested in receiving recommendations for performance measure related to call center activities and customer satisfaction.
48	II.5 – Location	If the call center does not need to be Richmond-based, can it be located in any State?	Yes
49	II.6 – Type of Contract	What is the process for a referral for a level II assessment?	During the Level I process, if the community or hospital pre-admissions screeners identify indicators for Level II screening, a referral is made to the Department of Behavioral Health and Developmental Services' contractor.
50	II.6 – Type of Contract	In order for the Vendor to accurately provide cost estimates for conducting **'overflow'** assessments, please provide the historical annual average overflow volume each year for the past three years (if that information is unavailable, please estimate volumes of overflow expected in each of the categories below):	Please see response to Question #24.

<table>
<tr><th>Question Number</th><th>Section</th><th>Question/Comment</th><th>Response</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th></th><th>Overflow FY 2011</th><th>Overflow FY 2012</th><th>Overflow Volume FY 2013</th></tr>
<tr><td>a. Screening for adults in the community</td><td></td><td></td><td></td></tr>
<tr><td>b. Screening for children in the community</td><td></td><td></td><td></td></tr>
<tr><td>c. Screening for children and adults in the community</td><td></td><td></td><td></td></tr>
<tr><td>d. Screening for adults in the hospital</td><td></td><td></td><td></td></tr>
<tr><td>e. Screening for children in the hospital</td><td></td><td></td><td></td></tr>
<tr><td>f. Screening for adults and children in the hospital</td><td></td><td></td><td></td></tr>
<tr><td>g. Screenings for children applying for services through the DD waiver</td><td></td><td></td><td></td></tr>
<tr><td>h. Screenings for adults applying for services through the DD waiver</td><td></td><td></td><td></td></tr>
<tr><td>i. Referring individuals for Pre-admission Screening and Resident Review (PASRR) Level II screening</td><td></td><td></td><td></td></tr>
</table>
</td><td></td></tr>
<tr><td>51</td><td>II.6 – Type of Contract</td><td>The RFI includes significant information about pricing based on limited information about process and requirements. How will the Division use this information related to requesting the same or</td><td>The Department anticipates that additional information will gathered regarding “overflow” and with ongoing data mining, analysis of trends by jurisdiction is underway to</td></tr>
</table>

Question Number	Section	Question/Comment	Response
		similar information through a Request for Proposal (RFP) process?	provide additional information for a future RFP.
52	II.6 – Type of Contract	Pages 7 and 8 (number 6, *Type of Contract*) lists 9 population/assessment categories the vendor is asked to price. Two of those categories (c. *adults and children in the community*, and *f. adults and children in the hospital)* combine the categories in the two items above them. A. Please clarify that items 'c' and 'f' are combined totals of the two sub-items above them. B. If 'c' and 'f' do not represent combined totals of the preceding two assessment types, please clarify how items 'c' and 'f' differ from the sub-items above them. What is the purpose of combining the totals it items 'c' and 'f' for a cost request (versus separated categories)?	A. and B. Yes, that is correct.
53	II.6 – Type of Contract	Though the RFI requires an office in Richmond, it also refers on page 9 to a requirement that the vendor must meet the requirements for individuals and families to apply 'in person'. It also requires the vendor provide one option that uses contracts with local DSS agencies and district health departments. Please clarify the expectations regarding the ***contracts*** between the vendor and local DSS agencies and district health departments: e.g., A. Is it the expectation that the vendor negotiate contracts with local DSS agencies and health departments so that the *vendor* may use their physical space to complete in-person assessments? B. Alternatively, is it the expectation that the vendor will schedule in-person assessments on behalf of/for those agencies?	A. Yes, that may be an option for addressing "overflow" when a locality is not able to complete preadmission screenings within 30 days. B. No, the expectation is that the vendor would perform the in-person assessments as a contractor of the Department and in compliance will all federal and state laws and regulations.

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54	II.6 – Type of Contract	Please confirm whether DMAS intends for the fixed administrative fee to be bound by some screening volume thresholds, beyond which additional fees may be charged for excess volume (commonly known as unit-based pricing).	This confirms DMAS' intent to pay a monthly fixed fee up to a set volume threshold with additional fees paid for volumes in excess. However, as part of the RFI process, DMAS is open to other payment methodologies proposed by Offerors and may adjust the payment structure in a future solicitation.
55	II.6 – Type of Contract	Will the vendor be responsible for conducting the Federally required PASRR Level 1 screening for all individuals being admitted into a Medicare/Medicaid certified Nursing Facility?	Yes
56	II.6 – Type of Contract	Who is responsible for conducting the PASRR Level II screenings?	Currently the Virginia Department of Behavioral Health and Developmental Services (DBHDS) contracts for the activity.
57	II.6 – Type of Contract	A. Will the Vendor be expected to be involved in appeals? B. If so: i. Please describe Vendor involvement in appeals. Please provide an estimate of the annual volume of appeals.	-Yes, the vendor will be expected to be actively involved in appeals. -Annual Estimate. It is difficult to estimate or predict, so the best indicator is to look to past performance. During calendar year 2013, we received **171** preadmission screening appeals. We expect between **171 to 200** for 2014. Of course, fluctuations in volume of pre-screenings, percentage of denials and other factors will result in fluctuations in number of appeals. <u>Vendor Responsibilities Related to Appeals</u> <u>Notification</u> The vendor must provide a notice to the applicant that includes a statement of what action they intend to take as the result of the screening, the reasons for the intended action, and the specific policy and regulations that support the action. The vendor must notify applicants of their right

Question Number	Section	Question/Comment	Response
			to appeal adverse actions directly to the Department of Medical Assistance Services (DMAS), provide information regarding the allowable timeframes to file an appeal, and provide DMAS' address to be used for filing an appeal. <u>Summary</u> Upon being notified that an appeal has been filed, the vendor must prepare and submit an appeal summary to the DMAS Appeals Division, the DMAS Contract Monitor, and the applicant within required time frames. The vendor must produce all relevant documents used in their decision, as well as policy and regulatory justification for the adverse action taken. The vendor must comply with all state and federal laws, regulations, and DMAS policies regarding the content and timeframes for appeal summaries. <u>Participation</u> The vendor must attend and defend their adverse actions at all DMAS appeal hearings whether in person or by telephone, as deemed necessary by the DMAS Appeals Division. Decisions involving medical reviews may require participation by the reviewing medical professional. Vendor travel and telephone expenses in relation to appeal activities shall be borne by the vendor.
58	II.7- Services	If the call center does not need to be Richmond-based, can it be located in any State?	The call center is not restricted to being Richmond-based.
59	II.7- Services	What languages would the call center be expected to translate?	Spanish, at a minimum. The Department is interested in responses that reflect best practice in this area. The vendor should have the capability to response to any language request via the use of a language line or other means of communication for individuals with hearing impairments, as well.

Question Number	Section	Question/Comment	Response
60	II.7- Services	What is the current customer service call volume per day, including weekends?	As the current preadmission screening process is operated locally, there is no data available regarding statewide call volume per day.
61	II.7- Services	Does the Department wish the screening process, itself, to be paperless (e.g., the UAI, the Level I, etc.)?	Yes, to the extent feasible.
62	II.7- Services	The RFI states: …*must include a toll-free Call Center (which does not need to be Richmond-based…).* Would the Department permit an out of state Call Center or is it the Department's requirement that the Call Center be located in the Commonwealth of Virginia (though not necessarily Richmond-based)?	Please see response to Question #57.
63	II.7- Services	The RFI states that the Vendor must provide: *Statewide Inbound & Outbound Mailroom processes* A. Will the vendor be responsible for issuing notices of outcomes of the assessments it conducts? B. Will the vendor be responsible for issuing notices of outcomes of the assessments DSS, Health Departments, and Acute facilities conduct? C. Please describe other expectations regarding this requirement. If the vendor is responsible for issuing notices of outcomes, to whom are those notices typically provided (e.g., individual, provider, others?)	A. Yes B. Yes, if the vendor performs the preadmission screening. C. No response Please review the DMAS Preadmission Screening Provider Manual https://www.virginiamedicaid.dmas.virginia.gov/wps/portal
64	II.7- Services	What is the current average length of time needed to perform a pre-admission screening? DD screening?	The Department has no data regarding the length of time needed to perform a preadmission screening or a DD screening. Each situation is different and may vary greatly depending on the individual who is the subject of the screening and the available of health and other needed information to make a level of care determination.

Attachment A
RFI 2014-01, Addendum 1
Vendor Question and Answers

Question Number	Section	Question/Comment	Response
65	II.7- Services	Please provide detail as to the type and quantity of incoming and outgoing mail the Department anticipates the contractor will handle related to this program each month.	The contractor will need to have the ability to mail completed documents to individuals or their representatives, and/or providers of service. Outbound mail will include the decision letter which documents the outcome of each pre-admission screening completed and includes appeal rights if the individual is not approved for service.
66	II.7- Services	What additional assistance programs are related to requirement II. 7.e?	The Department is deleting “”support additional assistance programs or” as shown below: e. Application tracking and processing; include effective strategies for ensuring timely scheduling and completion of the screening process with determinations consistent with current Medicaid policy; and describe the vendor’s ability to “scale up” to support ~~additional assistance programs of~~ *fluctuations* in volume in demand for screening
67	II.7- Services	What activities would the vendor be required to conduct during a PASRR screening? Would the vendor be responsible for Medicaid application assistance or tasks other than completing the UAI for the consumer?	Please review the DMAS Preadmission Screening Provider Manual https://www.virginiamedicaid.dmas.virginia.gov/wps/portal The vendor would be responsible for completing the UAI, the customer does not complete that form.
68	II.7- Services	How many FTEs are currently dedicated to performing the LTC PASRR and DD screenings currently? Please describe how these resources allocated among the various regions of the state and the process by which they are currently deployed?	Please see response to question #18.
69	II.7- Services	The RFP states that the Vendor must provide: *Maintenance of an applicant/enrollee-friendly program information website in at least English and Spanish…*	Yes.

Question Number	Section	Question/Comment	Response
		Is the program information website expected to be Section 508 compliant?	
70	II.7- Services	Please confirm that the technology solution for LTC Preadmission Screenings will be provided by the contractor and is not currently in place.	That is not correct. Virginia has an automated UAI that the vendor could access. The Department is interested building upon the existing system. The capacity for auto submission of the preadmission screenings already exists. Additional automated solutions are under development and will be provided to the contractor.
71	II.7- Services	Please provide examples of the expected types of documents that the contractor will need to gather related to the PASRR and DD screenings.	Please review the DMAS Individual and Family Developmental Disabilities Supports Waiver Provider Manual https://www.virginiamedicaid.dmas.virginia.gov/wps/portal
72	II.7- Services	What components does DMAS envision for the website? Upon review of the FAMIS website it appears this is not an enrollment portal but it does provide a link to the Commonwealth's enrollment portal. Is this the same level of functionality that is envisioned for this program? Will the selected contractor provide and host the website?	The Department is interested in responses that identifies best practices and provides suggestions for the most effective approach to assist individuals and families. Please refer also to response to question #59 related to population to be served and communication requirements.
73	II.8 – Staffing	Are we required to allow individuals to apply in-person for the DD waiver or for the pre-admission screening or both?	The question is not clear. Typically individuals in need of a pre-admission screening would find it difficult to "apply in-person" at a specific location for an assessment. The assessment is multi-dimensional and knowledge of the home environment will facilitate service planning if the individual is determined to be eligible for services. Please refer also to the response to question #31.
74	II.8 – Staffing	Please clarify the requirement for in-person assessments. For example, do assessments need to be administered in the consumer's home or at specified community locations?	In the individual's home / residence; some information may be completed in an office or clinical setting, for example, applicants for the DD Waiver may need to have psychological testing that is not performed in the home.

Attachment A
RFI 2014-01, Addendum 1
Vendor Question and Answers

Question Number	Section	Question/Comment	Response
75	II.9 – Volume Estimates	What is the expected total term of the contract?	Please see page 7, #6. Three years with the option to extend for an additional three years.
76	II.11 – Proposed Time Frames	What technology must be in place by the December 1, 2014 deadline?	That has not been determined; the Department will review responses to this RFI and then develop a Request for Proposals (RFP) as appropriate.
77	II.11 – Proposed Time Frames	Please describe what functions the contractor will need to have in place for December 1, 2014 versus what functions need to be in place for July 2015.	See response to questions #76 above.
78	II.11 – Proposed Time Frames	Page 10 states that the project will be '**the transition'** from the existing community based and hospital screening processes', while page 6 limits the scope of work to "**back-up**" those entities. A. Does the Department envision any or all of these processes ultimately or eventually transitioning all assessments to the vendor? If so, which processes might ultimately transition to the vendor and what is the expected timeline?	Yes, the Department is interested in both. However, given the current authority, addressing the "back-up" areas will be the initial focus. The Department is interested in best practices that would enhance the system statewide.
79	Appendix A	Please define the geographic boundaries of the Central, North, Southwest, and Tidewater regions.	Please see attached list Exhibit A
80	Appendix A	Appendix A appears to have volumes of actual screenings that take place. Historically, how many individuals apply but do not require screening?	There is no data available regarding individuals requesting screenings and to not receive a screening. The expectation is that a preadmission screening is completed when the individual indicates a need and requests the service.

Exhibit A

RFI 2014-01 Addendum 1

FIPS	Description	Region
001	Accomack County	Tidewater
003	Albemarle County	Central
005	Alleghany County	Southwest
007	Amelia County	Central
009	Amherst County	Central
011	Appomattox County	Central
013	Arlington County	North
015	Augusta County	North
017	Bath County	North
019	Bedford County	Central
021	Bland County	Southwest
023	Botetourt County	Southwest
025	Brunswick County	Central
027	Buchanan County	Southwest
029	Buckingham County	Central
031	Campbell County	Central
033	Caroline County	North
035	Carroll County	Southwest
036	Charles City County	Central
037	Charlotte County	Central
041	Chesterfield County	Central
043	Clarke County	North
045	Craig County	Southwest
047	Culpeper County	North
049	Cumberland County	Central
051	Dickenson County	Southwest
053	Dinwiddie County	Central
057	Essex County	Tidewater
059	Fairfax County	North
061	Fauquier County	North
063	Floyd County	Southwest
065	Fluvanna County	Central
067	Franklin County	Central
069	Frederick County	North
071	Giles County	Southwest
073	Gloucester County	Tidewater
075	Goochland County	Central
077	Grayson County	Southwest
079	Greene County	North
081	Greensville County	Central
083	Halifax County	Central
085	Hanover County	Central
087	Henrico County	Central
089	Henry County	Central
091	Highland County	North
093	Isle of Wight County	Tidewater
095	James City County	Central
097	King and Queen County	Tidewater

Exhibit A

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099	King George County	Tidewater
101	King William County	Central
103	Lancaster County	Tidewater
105	Lee County	Southwest
107	Loudoun County	North
109	Louisa County	Central
111	Lunenburg County	Central
113	Madison County	North
115	Mathews County	Tidewater
117	Mecklenburg County	Central
119	Middlesex County	Tidewater
121	Montgomery County	Southwest
125	Nelson County	North
127	New Kent County	Central
131	Northhampton County	Tidewater
133	Northumberland County	Tidewater
135	Nottoway County	Central
137	Orange County	Central
139	Page County	North
141	Patrick County	Southwest
143	Pittsylvania County	Central
145	Powhatan County	Central
147	Prince Edward County	Central
149	Prince George County	Central
153	Prince William County	North
155	Pulaski County	Southwest
157	Rappahannock County	North
159	Richmond County	Central
161	Roanoke County	Southwest
163	Rockbridge County	Southwest
165	Rockingham County	North
167	Russell County	Southwest
169	Scott County	Southwest
171	Shenandoah County	North
173	Smyth County	Southwest
175	Southhampton County	Tidewater
177	Spotsylvania County	North
179	Stafford County	North
181	Surry County	Tidewater
183	Sussex County	Tidewater
185	Tazewell County	Southwest
187	Warren County	North
191	Washington County	Southwest
193	Westmoreland County	Tidewater
195	Wise County	Southwest
197	Wythe County	Southwest
199	York County	Tidewater
510	Alexandria, City of	North
515	Bedford, City of	Central

Exhibit A

RFI 2014-01 Addendum 1

520	Bristol, City of	Southwest
530	Buena Vista, City of	Southwest
540	Charlottesville, City of	Central
550	Chesapeake, City of	Tidewater
570	Colonial Heights, City of	Central
580	Covington, City of	Southwest
590	Danville, City of	Central
595	Emporia, City of	Central
600	Fairfax, City of	North
610	Falls Church, City of	North
620	Franklin, City of	Tidewater
630	Fredericksburg, City of	North
640	Galax, City of	Southwest
650	Hampton, City of	Tidewater
660	Harrisonburg, City of	North
670	Hopewell, City of	Central
678	Lexington, City of	Southwest
680	Lynchburg, City of	Central
683	Manassas City, City of	North
685	Manassas Park, City of	North
690	Martinsville, City of	Central
700	Newport News, City of	Tidewater
710	Norfolk, City of	Tidewater
720	Norton, City of	Southwest
730	Petersburg, City of	Central
735	Poquoson, City of	Tidewater
740	Portsmouth, City of	Tidewater
750	Radford, City of	Southwest
760	Richmond, City of	Central
770	Roanoke, City of	Southwest
775	Salem, City of	Southwest
790	Staunton, City of	North
800	Suffolk, City of	Tidewater
810	Virginia Beach, City of	Tidewater
820	Waynesboro, City of	Central
830	Williamsburg, City of	Tidewater
840	Winchester, City of	North