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

May 4, 2014

Dear Prospective Respondent:

The Department of Medical Assistance Services (DMAS or the Department) is soliciting responses from organizations interested in providing input into the provision of preadmission screenings for Virginians requesting publicly funded long-term care services. This is not a formal solicitation and the Department will not award a contract based on responses to this Request for Information (RFI) RFI 2014-01. The Department, however, will use the responses to strengthen the program's design and determine the feasibility of this initiative.

The Department is very interested in developing a timely and quality transition from the current preadmission screening process to a process that utilizes the current Medicaid regulations yet allows for a variety of options to perform all aspects of the screening process and to meet the increasing demand.

Organizations must check the eVA VBO at http://www.eva.virginia.gov for all official postings or notices regarding this RFI. Posting of such notices will also be done on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/rfp.aspx but the eVA VBO is the official posting site.

Organizations are requested not to call this office. All issues and questions related to this RFI should be submitted in writing to the attention of Helen Leonard, Division of Long Term Care, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, and should be submitted by email in MS Word format to RFI2014-01@dmas.virginia.gov In order to allow sufficient time for responses, DMAS is requesting all questions be submitted to the Department by 5:00 PM E.S.T. on Wednesday, May 14, 2014.

If your organization is interested in providing input, you are invited to submit a response to the Department. Responses should be received by **5:00 PM E.S.T. on Friday, June 6, 2014**. Documents should be addressed per the instructions in RFI 2014-01

The Commonwealth will not pay any costs that any Organization incurs in preparing a response and reserves the right to reject any and all responses received.

Sincerely,
Chris Banaszak
DMAS Contract Manager

REQUEST FOR INFORMATION
RFI 2014-01

Issue Date: May 4, 2014

Title: Centralized Processing Unit for Long-Term Care Preadmission Screenings

All inquiries should be directed in writing via email in MS Word 2007 Format to:
RFI2014-01@dmas.virginia.gov

Helen Leonard, Division of Long-Term Care
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Deadline for submitting inquiries: 5:00 PM E.S.T., Wednesday, May 14, 2014

Response Due Date: Responses will be accepted until **5:00 PM E.S.T., June 6, 2014**

Submission Method: Responses should be mailed to the following:

"RFI 2014-01"
Department of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, Virginia 23219
Attention: Helen Leonard

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, §2.2-4343.1 or against an Offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Virginia Preadmission Screening Process
Request for Information

I. Response Requirements

1. **Purpose of Request:** This is not a formal solicitation and the Department will not award a contract based on response to this RFI. This is strictly a means for the Department to obtain vendor input into the development of a centralized process for conducting Virginia's preadmission screenings for Medicaid publically funded long-term care services, including individuals applying for the Individual and Family Supports Developmental Disability Waiver (DD Waiver) and screenings for the Program of All Inclusive Care for the Elderly (PACE). Your response is not a commitment by your organization to provide the services as described, however, a reasonable estimate regarding potential services and the costs required to provide these services is desired.

2. **Important Dates:** Questions regarding this RFI should be submitted to RFI2014-01@dmas.virginia.gov no later than 5:00 PM E.S.T on May 14, 2014. Responses are due to the department no later than 5:00 PM E.S.T. on June 6, 2014.

3. **RFI Contact:** The principal point of contact for this solicitation in DMAS shall be:

   Helen Leonard
   Department of Medical Assistance Services
   600 East Broad Street, Suite 1300
   Richmond, Virginia 23219
   Email: RFI2014-01@dmas.virginia.gov

   All communications with DMAS regarding this RFI should be directed to the principal point of contact. All RFI content-related questions should be in writing to the principal point of contact.

4. **Length of Response:** Responses should be no more than 8 pages in length. The Department will review attachments beyond the 8 page limit; however, a limited number of attachments will be appreciated. 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. Responses should also include information about your organization's direct experience in providing preadmission screening activities for Medicaid and non-Medicaid individuals.

5. **Number of Copies:** The responder shall submit one original hard copy and one electronic copy in MS Word format (Microsoft Word 2007 or compatible format) by the response date and time specified in this RFI. In addition, the responder shall submit a redacted (proprietary and confidential information removed) electronic copy in PDF format of their response.

6. **Proprietary/Confidential Information:** All data, materials and documentation originated and prepared for the Commonwealth pursuant to this RFI belong exclusively to the Commonwealth

and shall be subject to public inspection in accordance with the Virginia Freedom of Information Act and subject to Va. *Code* § 2.2-4342. Confidential information shall be clearly marked in the proposal and reasons the information should be confidential shall be clearly stated.

Trade secrets or proprietary information submitted by a Offeror are not subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror shall invoke the protections of §2.2-4342(F) of the *Code of Virginia*, in writing, either before or at the time the data is submitted. The written notice shall specifically identify the data or materials to be protected and state the reasons why protection is necessary.

The proprietary or trade secret materials submitted shall be identified by some distinct method such as highlighting or underlining and shall indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire response, line item prices and/or total proposal prices as proprietary or trade secrets is not acceptable and, in the sole discretion of DMAS, may result in rejection and return of the responses**. Attachment A of this RFI shall be used for the identification of proprietary or confidential information and submitted with the response.**

7. Submission and Acceptance of Responses

The responses, whether mailed or hand delivered, should arrive at DMAS no later than 5:00 PM. EST on June 6, 2014. The address for delivery is:

Proposals may be sent by US mail, Federal Express, UPS, etc. to:
RFI 2014-01
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219
Attention: Helen Leonard

Hand Delivery or Courier to:
RFI 2014-01
Department of Medical Assistance Services
7th Floor DMAS Receptionist
600 East Broad Street
Richmond, VA 23219
Attention: Helen Leonard

Organizations should check the eVA VBO at http://www.eva.virginia.gov for all official postings of addendums or notices regarding this RFI. DMAS also intends to post such notices on the DMAS website at http://www.dmas.virginia.gov/Content_pgs/rfp.aspx, but the eVA VBO is the official posting site that organizations should monitor.

II. Operations Overview

1. **Virginia Department of Medical Assistance Services:** The Department of Medical Assistance Services (DMAS) is the Single State Agency in the Commonwealth of Virginia that administers the Medicaid program for low-income people under Title XIX and Title XXI of the Social Security Act. The Medicaid program is financed by federal and state funds and administered by the state according to federal guidelines.

   The Commonwealth of Virginia, acting through its Department of Medical Assistance Services (DMAS), hereinafter referred to as the Department, is committed to offering Medicaid applicants and enrollees high quality, appropriate, and cost-effective services.

2. **Background:**
   Medicaid benefits include coverage for long-term care services and supports (LTSS) by providing services in an institution (e.g., nursing facility), through home and community based services (HCBS) waivers and through the Program for All-Inclusive Care for the Elderly (PACE). HCBS Waivers or PACE can be authorized as an alternative to nursing facility care only when the individual meets the level-of-care criteria for a nursing facility and is at risk of nursing facility placement.

   Pre-admission screening was implemented in Virginia in 1977 to ensure that Medicaid-eligible individuals admitted to nursing facilities meet the DMAS nursing facility criteria based on the level of need for assistance with activities of daily living (ADL), level or risk, and medical and stilled nursing needs. In 1982, § 32.1-327.2 (re-codified at § 32.1-330) of the *Code of Virginia* was revised to require pre-admission screening for all individuals requesting LTSS to determine eligibility for Medicaid covered HCBS or institutional long-term care. (See Attachment I for copy of *Code* citations.) Pre-admission screening is the first level of authorization for Medicaid reimbursement for nursing facility level-of-care for HCBS and for the PACE Program. "At risk" is defined as needing services within 30 days or less in the absence of institutional placement.

   Pre-admission screening is a team (nurse/physician and social worker) process to:
   - Evaluate the medical, nursing, developmental, psychological, and social needs of each individual believed to be in need of *or* at risk of nursing facility admission;
   - Analyze specific services that the individual needs;
   - Evaluate whether a service or a combination of existing community services is available to meet the individual's needs; and
   - Determine the level-of-care required by the individual by applying existing criteria for nursing facilities, assisted living facilities, or HCBS Waiver services.

   The Uniform Assessment Instrument (UAI) has been the primary screening tool used in Virginia since 1993 for the following services: nursing facility, Program of All Inclusive Care for the Elderly (PACE), and the Elderly or Disabled with Consumer Directed Services (EDCD), Alzheimer's Assisted Living, and the Technology Assisted Waivers.

   Currently, the Department utilizes local departments of social services and district health departments to conduct community based preadmission screenings. The department contracts with acute care hospitals to perform hospital preadmission screenings for individuals receiving care and being discharged from acute care hospitals. Eligibility and ongoing financial case

maintenance for the Medicaid program is managed by 120 local departments of social services throughout the state that are locally administered, and state supervised by the Virginia Department of Social Services (VDSS). The Department maintains responsibility for setting Medicaid policy.

The 2014 Session of the Virginia General Assembly passed House Bill (HB) 702 added the following language to the Code of Virginia §32.1-330: *In addition to or in lieu of utilizing screening teams described herein, the Department shall contract with other public and private entities to conduct required community-based and institutional screenings in jurisdictions in which the screening team has been unable to complete screenings of individuals within 30 days of the individuals' application.*

In order to implement HB 702, 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, which will be effective July 1, 2014. The process should allow for the community-based and institutional teams to make referrals to another entity when the 30 requirement will not be met by the jurisdiction.

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. Currently screenings for this waiver are performed through child developmental clinics and local health districts. A Medicaid Memo was issued June 12, 2013 containing a description of the program background and screening locations that became effective July 1, 2013. This memo can be found on the DMAS web site at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal. Effective November 12, 2013, DMAS transferred the day-to-day operations of the DD Waiver to the Department of Behavioral Health and Developmental Disabilities (DBHDS). As a part of Virginia's transformation of the home and community based services waivers serving individuals with intellectual and developmental disabilities, DMAS is soliciting, as a part of this RFI, best practice models screening individuals with developmental disabilities for the DD Waiver.

3. **Population:**
The development of Home and Community Based Services (HCBS) Waivers combined with the increasing lifespan for older adults and individuals with disabilities, has lead to increase in the number of community-based **and** hospital discharge screenings to total 19,188 and 19,698 in State Fiscal Years (SFY) 12 and 13. The number of children screened in each of these years is approximately 1,600 of the total screenings. Over the past several years, the increasing numbers of screenings have placed a stress on community resources, particularly local departments of social services responsible for providing the social work component of the team. DMAS paid the Virginia Department of Health (VDH) the federal share to perform 10,346 and 12,303 community based screenings in FY12 and FY 13, respectively. 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[1]. The Virginia Department of Social Services (VDSS) uses a random moment sampling (RMS) process to determine cost allocation for the local social services departments' time used to

[1] Department of Planning and Budget 2014 Fiscal Impact Statement, House Bill 702, page 2.

conduct pre-admission screenings. VDSS receives approximately $750,000 in federal Medicaid revenue annually from DMAS based on time spent by local staff completing assessments.[2]

Individuals must be six years of age or older with a developmental disability to be a candidate for the DD Waiver. From January 1, 2012 through December 31, 2012, there were 1,070 screenings performed by community screening teams for this waiver; screenings have steadily increased each year and this trend is expected to continue. Payment for a DD Waiver screening is $300 rest of state (ROS) and 350 Northern Virginia (NOVA). As if March 18, 2014 there were 944 individuals enrolled in the DD Waiver; 1,401 individuals were on the waiting list for that waiver. Screening procedures and forms are contained in the Individual and Family Developmental Disabilities Services Waiver provider manual found on the DMAS website at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal.

4. **Systems:**
The Medicaid Management Information System (MMIS) is the computer system used to store enrollee and provider information, issue benefits and track claims data. This system is managed (via a contractor) by the Department.

The preadmission screening vendor for Medicaid will need to access MMIS. The vendor will be required to develop, provide and utilize a paperless workflow system based on the existing requirements described in https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual.

5. **Location:** The Department will expect that the vendor will operate from an office location in the Richmond Metropolitan area of Virginia that is no more than 25 miles from the Department of Medical Assistance Services located at 600 East Broad Street, Richmond, VA. The physical location and operations of a centralized call center shall be part of the response to this RFI and shall include provisions for call overflows. At a minimum, the local office site will be a secure site to house functional units as required under the contract in addition to all management information systems required to effectively administer all services as required. In addition, the Contractor shall provide office space and equipment, including computers, for Department staff that will be co-located at the site for monitoring and oversight. The number of State staff required is to be determined based upon the size of the operational contractor staffing.

The vendor may utilize satellite or regional offices in Virginia or teleworking arrangements to support the central office. The vendor's response should explain how satellite/regional offices or teleworkers fit into their overall Capacity Management and Business Continuity Plans.

6. **Type of Contract:** If implemented, DMAS plans to pay a monthly fixed administrative fee to the contractor to provide the agreed upon services. Please provide an estimated annual amount for each of the first three years.

Please include the following options in your cost estimates listed separately (see Appendix A for information regarding number of adults and children screened):

a. Pricing for screenings for adults in the community;

[2] Department of Planning and Budget 2014 Fiscal Impact Statement, House Bill 702, page 2.

b. Pricing for screenings for children in the community;
c. Pricing for screenings for children and adults in the community;
d. Pricing for screenings for adults in a hospital;
e. Pricing for screenings for children in a hospital;
f. Pricing for screenings for adults and children in a hospital;
g. Pricing for screenings for children applying for services through the DD Waiver;
h. Pricing for screenings for adults applying for services through the DD Waiver;
i. Pricing for referring individuals for Preadmission Screening and Resident Review (PASRR) for Level II screening;
j. Pricing for initial start-up beginning July 2015 for one year;
k. Other recommended options or enhancements listed separately; and
l. Other pricing options.

7. **Services:** The Department expects that the vendor will include at a minimum the services listed below. Other than the systems listed above, the Department expects that the vendor will provide all hardware, software, office equipment and space to support these services. Please indicate your ability to provide each.

   a. The vendor will need to respond to a variety of customer service calls including, but not limited to: general program information, requests for screenings, scheduling of screenings, application assistance, application/eligibility status, and complaint and issue resolution. In order to accomplish quality customer service responses, a Richmond-based, centralized customer service process is required and must include a toll-free Call Center (which does not need to be Richmond-based) with extended business hours weekdays/house, Monday – Friday from 6:00 AM to 9:00 PM, Saturday and Sunday from 10:00 AM to 6:00 PM. At a minimum, the process must include an automated call distribution, IVR system, telephonic signatures, call monitoring, and translation services.
   b. A Fax Server available for receiving faxes 24 hours a day/7 days a week
   c. Other technologically advanced means of documenting customer contacts, communicating with individuals requesting screenings and tracking appointments, screenings and determination whether or not the individual meets the functional criteria for HCBS waivers.
   d. Statewide Inbound & Outbound Mailroom processes
   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 volume in demand for screenings
   f. Enrollment or modifications to enrollment or other case information as needed
   g. Means of tracking and reporting call center contacts
   h. Document scanning of received documents
   i. A Paperless Workflow system and automation to enhance the ability to respond quickly to screening requests

j. Maintenance of an applicant/enrollee-friendly program information website in at least English and Spanish – similar to the www.famis.org website
k. All assessors will be responsible for completing training on the use of the UAI through the current Virginia Commonwealth University Courses or training utilizing the Level of Functioning process administered by the Virginia Department Behavioral Health and Developmental Services, as appropriate.

8. **Staffing:** Your response should include desired staffing ratios for each operational unit, an organizational chart reflecting projected staffing, and staff qualifications. Please also address:

   a. How you would ensure that staff are knowledgeable and experienced and can perform functions efficiently and with a high level of accuracy;
   b. How you would capitalize on the local DSS eligibility worker knowledge and experience;
   c. How you would capitalize on the local department of health worker knowledge and experience;
   d. How you manage call center staff to promote and ensure first call resolution; and
   e. How you propose meeting the requirement to individuals and families to apply "in-person" and to receive appointments for screenings and decisions related to whether or not the individual in need of a screening meets functional criteria. Please provide one option that utilizes contracts with local DSS agencies and district health departments.

9. **Volume Estimates:** Currently, each local department of social services responds to inquiries and requests for screening in their jurisdiction; there is no centralized scheduling or tracking system to ensure the timely response to requests and completion of the screening process. Based on your experience and the known enrollment and application data (in Appendix A), please provide volume estimates for the following in each of the first three years of the contract. Also, please describe the methodology used to determine the estimates.

   a. Annual number of Inbound Calls
   b. Annual number of Outbound Calls
   c. Annual number of Screening Requests
   d. Annual number of Screenings Completed
   e. Annual number of Screenings Completed within five working days of the Request for Screening

   Note: Please include estimates for the DD Waiver separately.

   The Department expects a consistent volume reflective of trends over the past three years with overall growth continuing.

10. **Quality Measures:** Please describe your organization's recommended method for ensuring, monitoring, tracking, evaluating, and reporting quality in operations and timeliness of responding to requests for screenings and completion of the screening process. Please include strategies for ensuring that work is being processed and background processes are running as expected in a paperless workflow and electronic case record environment

11. **Proposed Timeline:** The transition from the existing community based and hospital based screening processes will need to begin no sooner than July 2015 and may be phased in based on the respondent's recommendations to this RFI. Please provide a timeline for implementation based on the following key dates.

Key Dates:

- **May 2014** – Initiate the public information process for transitioning the existing screening process to a vendor provided services; develop business rules and secure staff/equipment to perform screenings
- **July 2014** – Issue Request for Proposals
- **September 2014** – Award contract(s)
- **December 1, 2014** – Implement contract(s)

Attachment A

PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION
To Be Completed By RFI Responder and Returned With Your Response

Trade secrets or proprietary information submitted by an Responder shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Responder must invoke the protections of § 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data or other material is submitted. The written notice must specifically identify the data or materials to be protected including the section of the response in which it is contained and the page numbers, and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. In addition, a summary of proprietary information submitted shall be submitted on this form. The classification of an entire response document, line item prices, and/or total prices as proprietary or trade secrets is not acceptable. If, after being given reasonable time, the Responder refuses to withdraw such a classification designation, the response will be rejected.

Name of Firm/Responder:_____, invokes the protections of § 2.2-4342F of the Code of Virginia for the following portions of my response submitted on _____.
Date

Signature:_____ Title:_____

DATA/MATERIAL TO BE PROTECTED	SECTION NO., & PAGE NO.	REASON WHY PROTECTION IS NECESSARY

Appendix A:

Screening Location	2011	2012	2013	Total
Adults Screened in Acute Hospital	7,015	6,573	6,538	20,126
Adults Screened in Local Health	9,773	10,807	11,427	32,007
Children Screened in Acute Hospital	29	48	44	121
Children Screened in Local Health	1,592	1,760	1,689	5,041
Total	18,409	19,188	19,698	

Screening Region	2011	2012	2013	Total
Central Children	461	532	540	1,533
Central Adults	5,849	6,247	6,635	18,731
North Children	696	759	733	2,188
North Adults	3,550	3,777	3,873	11,200
Southwest Children	172	173	185	530
Southwest Adults	3,204	3,177	3,371	9,752
Tidewater Children	292	344	275	911
Tidewater Adults	4,185	4,179	4,086	12,450
Total	18,409	19,188	19,698	