

ADDENDUM FOUR QUESTIONS and ANSWERS

Date: July 23, 2020

To: All Bidders

From: Annette Walton/Julie Schiltz, Buyers
AS Materiel State Purchasing Bureau (SPB)

RE: Addendum for Request for Proposal Number 6317 Z1 to be opened August 13,
2020 2:00 P.M. Central Time

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the SPB website for all Addenda or Amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1	C. Schedule of Events	2	Please confirm that the date and time of Proposal Opening also represent the date and time that proposal submissions are due.	Yes. Bids must be submitted by 2:00 pm Central Time. Bid opening may begin after 2:00 pm Central Time. Response due date and time are the same as the opening date and time.
2.	E. Prices	2	Please confirm that a separate 2% price increase would be considered (if requested) during each of the two (2) renewal periods.	<p>The second paragraph of Section I.E PRICES is amended to the following:</p> <p>Prices submitted on the cost proposal form shall remain fixed for the initial five (5) year term of the contract. Any request for a price increase subsequent to the initial five (5) year term of the contract shall not exceed two percent (2%) of the previous Contract period <u>for each renewal period</u>. Increases will be cumulative across the remaining periods of the contract. Requests for an increase shall be submitted in writing to the State Purchasing Bureau a minimum of one hundred twenty (120) days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.</p>
3.	II. Terms and Conditions III. Contractor Duties IV. Payment	9	<p>The RFP states that “Bidders should complete Sections II through IV as part of their proposal” but responses to these sections are not included among the Proposal Instructions in Section VIII.</p> <p>Should responses to Sections II through IV follow item B. Corporate Overview in proposal responses?</p>	Responses to Sections II through IV should be included before the Technical Proposal or after the Corporate Overview.

			If not, please confirm where these items should be included.	
4.	II. Terms and Conditions III. Contractor Duties IV. Payment VI. Scope of Work Requirements	9	Sections of the RFP include a series of tables for Bidders to confirm their acceptance of RFP terms and requirements (Sections II through IV) or to respond to scope of work requirements (Section VI). Please confirm that Bidders may replicate these questions and tables in their proposal responses, as the RFP is a non-modifiable format (PDF).	The RFP is also posted in Word format, which allows for a working document during negotiation of terms and conditions. Please keep formatting and language as written in these sections and use the boxes for response.
5.	IV.E. Payment	26	Please confirm that the nature of the invoicing and the structure and frequency of payment for services delivered under this contract will be determined during the "Contract Finalization Period." Otherwise, please provide clarification about the nature and frequency of payments for this contract.	Per Section IV.C, invoices shall be submitted monthly.
6.	V.B.1. Quality Improvement Data System (QIDS)	28	There is reference to the state taking over operations of the data system upon contractual separation with the QIO/QIO-like Contractor. Please confirm that this includes both the initial five (5) year contract term as well as any subsequent renewal periods.	This reference is applicable to when the contract ends either at the end of the initial five (5) year term, any subsequent renewal period, or contract termination.
7.	V. Vision, Purpose, and Background C. Background E. Mortality	29	Each of these sections discuss the Beatrice State Development Center. Does the State expect that the QIDS will be configurable to this service setting as	Yes, the State requires that the QIDS will be configurable to BSDC.

	Reporting and Review Process		well?	
8.	V. Vision, Purpose, and Background C.2.	30	Pending need and available funds, the State may seek a Provider Review module within the QIDS. As described on Page 30, one provider type is Independent Providers. Does the State plan to include this provider type within the Provider Review module or will the module be for review of Agency Providers?	The provider review module would include both independent and agency providers.
9.	V.C.2. People Supported & Provider Network	30	Please provide the number of Agency and Independent Providers (developmental disabilities providers).	As of March 2020, there were 266 providers enrolled for the DD Day Services Waiver, and 932 enrolled for the CDD Waiver.
10.	V.C.3. Data Availability	31	<p>Are all required critical incidents currently reported through Therap?</p> <p>Please confirm if the selected contractor is expected to receive data (including incident reports) from Therap in order to import into the QIDS to perform the Critical Incident Process.</p> <p>Please confirm whether modifications will be made to Therap based on the comprehensive assessment of HCBS QMS and specifically the assessment, roadmap, and recommendations to</p>	<p>All incidents for the (2) DD Waivers are currently entered through Therap. For the AD and TBI Waivers, incidents are reported through DHHS's CONNECT system.</p> <p>The bidder's technical solution should identify if the solution proposed will provide the ability for direct entry of incident reports or will collect them via interface from Therap and CONNECT.</p> <p>This is outside the scope of this RFP.</p> <p>The Contractor will not be responsible for any modification costs.</p>

			<p>capture additional information.</p> <p>Please confirm that any cost associated with these modifications will not be the responsibility of the selected QIO contractor.</p>	
11.	V.C.4. Expanded Services	31	<p>It is stated that DHHS-DDD intends to start work with the selected QIO/QIO-like Entity on the two (2) Medicaid HCBS DD waivers discussed in the preceding section. However, this section then goes on to state that this RFP seeks bids to provide services across all waivers, with responses, including pricing, provided for all four (4) waivers (includes the AD and TBI waivers). Please confirm or clarify the following:</p> <ul style="list-style-type: none"> The QIDS should be designed and configured to accommodate all four (4) waivers as part of the mandatory (not optional) components of this bid. Please confirm that the proposed cost of the QIDS as captured within tab VI.B. QIDS of the Cost Proposal should include the cost of configuring this system for all four (4) waivers, within the five (5) year period bidders 	<p>The QIDS must be designed and configured for all four (4) waivers.</p> <p>The Mortality Reporting and Review Process must be designed and configured for all four (4) waivers.</p> <p>The Critical Incident Process must be designed and configured for all four (4) waivers.</p>

			<p>will be evaluated on.</p> <ul style="list-style-type: none"> • The Mortality Reporting and Review Process should be designed and configured to perform mortality reviews of individuals who receive/received services from all four (4) waivers. If this is the case, please provide an estimate of the total number of deaths by waiver over the past two (2) calendar years. • The Critical Incident Process should be designed and configured to perform a review of critical incidents associated with individuals receiving services from all four (4) waivers. If this is the case, please provide information about the location of the reported incidents for those on the AD and TBI waivers. • Will the selected vendor be able to receive additional data from these systems or is it the expectation of the Department that incidents for these waivers will be submitted directly into the QIDS? 	<p>See response to question #10.</p> <p>In calendar year 2018, there were 266 incidents received for the AD waiver and 1 for the TBI waiver for a total of 267. In calendar year 2019, there were 589 incidents received for the AD waiver and 7 for the TBI waiver for a total of 596.</p>
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			<ul style="list-style-type: none"> Please provide the average annual number of high-level critical incidents reported for those on the AD and TBI waivers over the past two (2) calendar years. 	
12.	V. Vision, Purpose, and Background 4. Expanded Services	31	<p>The RFP indicates work will begin on two Medicaid waivers with the intent to utilize the QIDS within two additional Medicaid waivers. Are the two additional waivers dependent on need and funding availability at a later date?</p> <p>Does the budget for the RFP currently include funding for all four Medicaid waivers?</p>	<p>Please see response to #11.</p> <p>Please provide your solution to meet all the requirements of the RFP and the Cost associated to accomplish that.</p>
13.	V.C.4. Expanded Services	31	Please provide the number of providers of services under the AD and TBI waivers.	As of March 2020 there were 3,305 enrolled providers for the AD Waiver, and 1 provider for the TBI Waiver.
14.	VI.B.3.c. Business Requirements	32	<p>It is stated that QIDS shall also be configured to include a number of expanded components (e.g., Provider Review, Claims, Level of Care, Peer Review), to be initiated at a later time based on needs and funds availability. Please confirm that the submitted price presented on tab VI.B. QIDS of the Cost Proposal should <u>not</u> include the price of adding these expanded components.</p>	See Cost Proposal Revision One – QIDS tab to provide pricing for optional modules.
15.	VI. Scope of Work Requirements	33	Can the State clarify their expectations for a Peer Review Module?	The purpose of this module is to allow a second review by another reviewer to ensure adherence to

	3. c. iii. Peer Review Module			protocols and inter-rater consistency. Bidders should provide a response identifying how the proposed solution meets the requirements of the RFP.
16.	VI. Scope of Work Requirements 5. c. and 5 s.	33 and 35	Is the expectation that the QIDS will directly interface with other systems? If the proposed solution is able to complete a data interchange from a prescribed format/table is this acceptable?	The solution must have the ability to import existing/historical data from DHHS systems. The bidder should propose whether they will utilize direct data entry, a system interface, or both, for ongoing data collection.
17.	VI.B.5.e. Required Functionality	34	It is stated that the QIDS will allow for data storage of participants' surveys. This appears to be consistent with a "Client Satisfaction (interview) module" as listed within the expanded components, to be initiated at a later time based on needs and funds availability. Please confirm that the QIDS ability to capture and store participants' surveys is a mandatory requirement and not an expanded component. If surveys are not mandatory, please confirm that the cost associated with this functionality should <u>not</u> be included within tab VI.B. QIDS.	The solution must have the ability to capture surveys currently being used and is a requirement. Surveys are a requirement.
18.	VI.B.5.f. Required Functionality	34	It is stated that the QIDS will allow for data storage of monitoring tools for both DHHS staff and providers of services. This appears to be consistent with a "Provider Review module" as listed within the expanded	The solution must have the ability to allow for data storage of monitoring tools for both DHHS staff and providers of services and is a requirement.

			<p>components, to be initiated at a later time based upon needs and funds availability.</p> <p>Please confirm that the QIDS ability to capture and store monitoring tools for both DHHS staff and providers is a mandatory requirement and not an expanded component.</p> <p>If this module is not mandatory, please confirm that the cost associated with this functionality should not be included within tab VI.B. QIDS.</p>	Data storage of monitoring tools is a requirement.
19.	<p>VI. Scope of Work Requirements</p> <p>5. e. and 5 f.</p>	34	<p>These sections state the QIDS will allow for data storage. Will the State clarify their definition of data in these requirements?</p>	<p>Documents are currently collected as paper copies. Bidders should provide a response as to how the solution meets the requirement, including but not limited to the ability to upload scanned copies and direct entry into the QIDS system.</p>
20.	<p>VI.B.5.j. Required Functionality</p>	34	<p>It is understood that the solution must include ongoing maintenance for one (1) year past contract expiration or termination and that any cost associated with this maintenance must be included on the Cost Proposal. Please provide direction on where this information should be included within tab VI.B. QIDS for Renewal Two, Year 3.</p>	<p>Bidders should include the cost of ongoing maintenance for one (1) year past contract expiration or termination after the initial term, after Renewal One, and after Renewal Two. See Revised Cost Proposal.</p>
21.	<p>VI. Scope of Work Requirements</p> <p>5. g.</p>	34	<p>How will OSEP be involved with the QIDS?</p>	<p>Please see VII.C. of the RFP.</p>

			What requirements/regulations would be monitored through the QIDS for OSEP?	
22.	VI. Scope of Work Requirements 5. h.	34	The RFP indicates the need for a case review system for all four Medicaid waivers based upon the State's needs and funds availability. If funds are not available to implement the QIDS across all four Medicaid waivers at the inception of the contract does the State have a prioritization of waivers and which waivers the QIDS would be configured for first?	See response to #11.
23.	VI.B.5.o. Required Functionality	35	Please confirm that the information provided for modules associated with the enhanced components listed on page 33 of the RFP is for review and scoring of the bidder's technical approach to delivering these services and that the cost of these modules should <u>not</u> be included within tab VI.B. QIDS. If they are required to be included within the QIDS (i.e., not optional enhancements, but core functions), please clarify the discrepancy between this section and that on page 33 in reference to expanded components.	See response to #14.
24.	VI.B.5.p. Required Functionality	35	It is stated that the QIDS shall be a solution that will function at the contract start date. Consistent	Section VI.B.5.p is amended with the following: The QIDS shall be a solution that will function no later

			with the Required Outcome listed on page 37, please confirm that the QIDS must be completed for the mandatory modules no later than six (6) months after the start of the contract.	than six (6) months after contract start date and support data gathering and management to meet assurances in the Medicaid HCBS waiver application (http://dhhs.ne.gov/Pages/D-D-Regulations-and-Waivers.aspx) and in state developed sub-assurances. Section VI.B.5.q is amended with the following: Describe how the QIDS would function for DHHS no later than six (6) months after contract start date.
25.	VI.B.5.p. Required Functionality	35	It is expected that the work performed by the QIO/QIO-like contractor (e.g., performing a comprehensive assessment and developing a blueprint for implementation of accepted recommendations, and then taking action to implement this blueprint) will need to be completed in order to properly configure the QIDS for the performance of Critical Incident Management Processes (CIMP). Please confirm that the CIMP module of the QIDS will not be required to be completed within six (6) months after the start of the contract in order to accommodate this.	The QIDS solution must be functional for current processes no later than six (6) months after contract start date. The QIDS solution must be configurable in order to take into consideration the recommendations of the blueprint thereafter.
26.	VI.B.5.q. Required Functionality	35	With regard to QIDS functioning, please clarify the date for "immediately."	See response to #24
27.	VI.B.5.t. Required	35	Please clarify whether the QIDS ability to	Yes, VI.B.5.t. is a requirement of the RFP.

	Functionality		<p>accept data from completed certifications of agency providers is a mandatory QIDS module or if this is an expanded component (e.g., Provider Review module).</p> <p>Please clarify whether the information included within the cost proposal, tab VI.B. QIDS should include the cost of this functionality and whether it will be included as part of the evaluation of bidders' costs.</p>	<p>Yes, pricing must be included in the QIDS tab of the cost proposal.</p>
28.	VI.B.8. Project Planning and Management	36	<p>It is stated that a written design and implementation plan will be submitted by the contractor to the DHHS Project Manager and receive DHHS approval, prior to initiating the remainder of the work within the scope of this project. This requirement is included within the QIDS section of this RFP Scope of Work Requirements. Please confirm that this does not prevent the contractor from performing assessment and design work specific to Enhancing and Improving Nebraska's Quality Management System (QMS) and Strategy.</p>	<p>This requirement does not prevent the Contractor from performing assessment and design work specific to Enhancing and Improving Nebraska's Quality Management System (QMS) and Strategy.</p>
29.	VI. Scope of Work Requirements 6. Training	36	<p>The RFP requests a draft plan for training throughout the life of the contract with the training being onsite. Will the State consider other training options</p>	<p>Section VI.6. Training has been amended to the following: The bidder shall provide a draft plan with bidder's proposal for training</p>

			<p>by the contractor such as webinars?</p> <p>Is it the intent for the contractor to conduct ongoing training on the QIDS for staff new to the State or Service Providers?</p>	<p>throughout the life of the contract for the following:</p> <ul style="list-style-type: none"> a. DHHS Staff; b. Service Providers; c. QIO; and d. Other Stakeholders (as specified by DDD). <p>The Contractor will be required to provide DHHS staff, stakeholders and providers training with application software and any associated tools (i.e. reporting tools, etc.). Final training plan must be approved by DHHS within 30 days of contract award.</p> <p>Yes, the intent is for the Contractor to conduct ongoing training on the QIDS for staff new to the State and Service Providers</p>
30.	<p>VI. Scope of Work Requirements</p> <p>10. a.</p>	37	<p>If all source code is provided to the State, does this mitigate the need for escrow?</p>	<p>The State may, during contract finalization, waive the requirement for software escrow if the source code is to be provided at no cost to the State. All Bidders must separately identify the cost associated with access to the source code in its Cost Proposal. See Revised Cost Proposal.</p>
31.	<p>VI.E. Mortality Reporting and Review Process</p>	39	<p>It is stated that the contractor will work with the Department to develop an effective process for mortality review of <u>unexpected</u> deaths. Please confirm that the contractor will complete an investigation of all deaths of participants receiving services referenced in vii. on Page 42 and not just unexpected deaths</p>	<p>The requirement, as stated in vii on page 42, is that all deaths will be investigated during the first year of operation of the mortality review process, with a recommendation to DHHS for subsequent years.</p> <p>Review of unexpected deaths will be required</p>

			<p>during the first year of the contract.</p> <p>Further, please confirm that the contractor will then make recommendations to DHHS-DDD whether all deaths should continue to be reviewed in subsequent years.</p>	<p>regardless of recommendations.</p>
32.	IV.F.9. Critical Incident Management Processes (CIMP)	49	<p>Please confirm whether this number (i.e., 10,000 high-level critical incidents reported annually) is specific to the two (2) DHHS-DDD waivers or all four (4) HCBS waivers to include the AD and TBI.</p> <p>Please confirm whether the contractor should be prepared for the operation of the critical incident processes for the two (2) DHHS-DDD waivers or all four (4) HCBS waivers to include the AD and TBI.</p>	<p>The estimate of 10,000 is specific to the (2) DD Waivers. Please see the response to #11 for the number of AD and TBI Waiver incidents and which waivers are included.</p>
33.	G.1.i Optional QMS Expanded Services	50	<p>Please clarify whether the response should describe the bidder's approach to the expanded services for the two (2) DHHS-DDD waivers or all four (4) HCBS waivers to include the AD and TBI.</p>	<p>See response to #11</p>
34.	G.1.i.a Optional QMS Expanded Services	50	<p>Please name the current Level of Care instruments used for each of the four (4) HCBS waiver programs.</p> <p>Please include an estimate of the number of initial, periodic, and annual level of care</p>	<p>See Addendum 2, which removes Section VI.G.1.a.</p>

			assessments to be completed.	
35.	G.1.i.c-e. Optional QMS Expanded Services	50	Please estimate the number of annual requests for prior authorization by each of the following categories: (c) waiver residential services, (d) waiver day services, and (e) clinically based services.	The numbers for State Fiscal Year 2020 are: Residential 22,459, Day Services 32,560, Clinical 1,164. Please note that these numbers are higher than the actual number for which the Contractor would be required to do prior-authorizations due to expected policy changes.
36.	G.1.i.g. Optional QMS Expanded Services	50	Please estimate the number of Initial and Ongoing Exception Funding Requests that will occur over a 12-month period.	There were 511 exception requests in calendar year 2019. DHHS is currently revising our Objective Assessment Process, which should reduce this number in the upcoming years.
37.	G.1.i.m. Optional QMS Expanded Services	50	Please estimate the number of participants who have behavioral support plans. Please also report the number of participants that have restrictions within their behavioral support plans.	DHHS does not individually track the number of participants who have behavioral support plans in the case management system and is not able to provide an estimate.
38.	G.1.i.q. Optional QMS Expanded Services	50	Please estimate the number of participants who would be reviewed through a Human Legal Rights Committee (HLRC).	DHHS is not able to estimate this, as HLRC reviews are currently done by providers.
39.	G.1.i.r. Optional QMS Expanded Services	50	Please estimate the number of ICAP assessments to be performed over a 12-month period.	The average annual number of ICAPs for the past 4 years is 1,352.
40.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	Bidders will not be able to make formal offers and potential personnel will not be willing to commit to a position until the contract with DHHS is executed. Please confirm that resumes of candidates for proposed personnel will be acceptable.	Yes, resumes of candidates for proposed personnel will be acceptable. If proposed personnel is not on actual team, Contractor must replace individual with someone with equal or greater experience.

41.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	<p>Without the guarantee of a job (which cannot be offered until a contract award is executed), candidates may be uncomfortable listing references who can attest to their competence and skill level. Please remove the requirement for three references to be included with resumes.</p> <p>If unable to remove this requirement, can the Department confirm that these references will not be contacted until after a contract award and further discussion with the selected bidder?</p>	<p>Section VIII.B.8, 5th paragraph is amended to the following:</p> <p>Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, and understanding of the process. Any changes in proposed personnel will only be allowed after written approval from the State.</p>
42.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	<p>It is typical that key personnel (e.g., director, managers) are onboarded in advance of additional personnel (e.g., reviewers). However, within this section of the RFP, it states that additional personnel must be onboarded within two (2) months – a full month before key personnel must begin (90 days). Would the Department allow the selected contractor to onboard additional personnel at a date that falls after the onboarding of key personnel?</p>	<p>Section VIII.B.8. is amended to add: The selected Contractor may onboard additional personnel at a date that falls after the onboarding of key personnel.</p>
43.	VIII.B.8. Summary of Contractor's Proposed Personnel / Management Approach	55	<p>If the bidder includes a full organizational chart that includes all proposed positions and required information (e.g., reporting relationships, interface, and support functions),</p>	<p>Yes, this is acceptable. Section VIII.B.8 is amended to add: The bidder should provide resumes for all personnel proposed by the contractor to work on the project. The State will consider the resumes as a</p>

			<p>would the Department consider the following?</p> <ul style="list-style-type: none"> • Require resumes of candidates for <u>only</u> key positions; and • Require <u>only</u> job descriptions for additional positions to include qualifications (e.g., education, knowledge, and skill) and duties. 	<p>key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.</p>
44.	VIII.B.9.c-d. Subcontractors	55	<p>Instead of percent of performance hours, would the Department allow bidders to report the percent of contract dollars, if no dollar amount is included?</p>	<p>No, Bidders must report the percent of performance hours.</p>
45.	QIO Cost Proposal	VI.G.1. Optional Services Tab	<p>Without further discovery and details specific to each of the Optional QMS Expanded Services, the costs included will only be estimates based on information available. Please confirm that the selected contractor will be able to collaborate with the Department on the project statement, deliverables, milestones, due date(s), and actual cost in advance of optional services being added to any existing contract.</p>	<p>Yes, an amendment will be required to define the Scope of Work, deliverables, and due date(s) and to revise the cost provided on the Cost Proposal, if necessary.</p>
46.	QIO Cost Proposal	VI.G.1. Optional Services Tab	<p>Please clarify whether the Department is would like bidders to include estimated development, implementation, and management costs for the two (2) DHHS-DDD waivers or all four (4)</p>	<p>See response to question #11.</p>

			HCBS waivers to include the AD and TBI (where applicable).	
47.	QIO Cost Proposal	VI.G.2. Special Projects	Please clarify whether the hourly rates provided should include all personnel-related expenses (e.g., wages, taxes, benefits) as well as non-personnel related expenses (e.g., equipment, travel, overhead).	Yes, the hourly rates must be inclusive of all expenses.
48.	V.B. Purpose	28	Is there a current vendor conducting the functions in the RFP?	No.
49.	V.B. Purpose	28	Is there a current Quality Improvement Data System in use by DHHS-DDD? If so, are there other systems the QIDS interfaces with and what are they?	No.
50.	V.B. Purpose	28	Given the current pandemic, is there an expectation that some of the work is conducted in-person? Are there on-site requirements for key staff?	In-person work will be determined based on the current Directed Health Measures and State of Emergency at the time the work is needed.
51.	V.B. Purpose	28	Is technical assistance to be provided on-site/in-person, via phone contact, the development of FAQs or other materials, or all of the above?	As determined by DHHS and current Directed Health Measures at the time the work is needed.
52.	V.C.3	31	Does DHHS exclusively use Therap for incident reporting or is there a legacy system as well?	See response #10
53.	V.C.3	31	Will the proposed QIDS system need to interface/connect with Therap's case management system?	See response #10

54.	VI. B.1	32	Would DHHS consider a SaaS arrangement for the QIDS data system?	The State of Nebraska will consider all systems that meet the requirements of the RFP.
55.	VI. B.1	32	As part of taking over the operations of the system, Does DHHS expect to have exclusive rights to the code or rather, just have access to it?	DHHS must have access to the code.
56.	VI. B.1	32	Would the awarded vendor be allowed to keep the code and data operational on the vendors server after DHHS takes over the operations of the system?	Access to the code and data only one year after contract termination.
57.	VI. B 5 G	34	Are there tools or guidance the State requires of the vendor for proof of compliance?	There are not any required tools. The bidder should describe how the system is in compliance with HIPPA, FERPA, OSEP, etc.
58.	VI. B 5 I	34	What is the desired format of this data extract?	1) DHHS defined pre-built reports that can be exported to Excel by the user. 2) Preference is for an ad-hoc reporting platform with graphical user interface, allowing for the querying of any data collected on all available data elements.
59.	VI. B 5 I	34	How does the State plan to use these data extracts?	Ad hoc reporting for responding to inquiries from CMS, State legislators, program/agency administration, and other stakeholders. Planned reporting on waiver performance measures.
60.	VI. B 5 K	34	Is there a desired method and/or format the State would request for real time access to system data?	No, there is no desired method or format. Bidders should provide a response as to how the solution meets the requirement.
61.	VI. B 5 N	35	Could the State provide a few use cases for how they expect to use the real time data functionality?	Bidders should provide a response as to how the solution meets the requirement. For example, DHHS must pull data when it receives a request from the Legislature

				or a stakeholder. DHHS can then run a custom report in response to the request.
62.	VI. B 5 T	35	What is the expected input method of these completed certifications? (For example: manual entry, bulk upload, or other method.)	DHHS currently uses manual entry to put certification information into the certification tracking system. DHHS prefers that the QIDS solution loads the certification information (date issues, expiration date, type/length of certification, name of certified entity) into the certification tracking system.
63.	VI. B 5 U	35	How are complaints currently logged and tracked?	DHHS currently does not have a system to log complaints.
64.	VI.C.1.a	38	Has DHHS-DDD already incorporated questions related to compliance with the HCBS Final Rule into the Quality Management System or would that need to be added?	The QMS solution must incorporate the HCBS Final Rule.
65.	VI.D.1	39	Will the vendor need to develop the training materials along with the curriculum, or use a training already in place and make updates to content? What training is currently in place and/or has been conducted in the past?	The vendor will need to develop the training materials along with the curriculum. There is no training at this time or in the past.
66.	VI.G.1.	50	Is the intent that functionality for the optional enhanced services is built into the QIDS and that DHHS-DDD staff conduct the work? Or would the vendor be responsible for the operations of the optional enhanced services?	It is unknown at this time if DHHS staff or the Contractor would conduct the work, as it depends on how DHHS decides to implement optional services.
67.	VI.G.1.i.a	50	Does DHHS-DDD want the vendor to develop a new Level of Care	See response to #34

			<p>process or a new tool to determine Level of Care?</p> <p>Does DHHS-DDD also want vendor to provide training regarding Level of Care and review assessments for compliance?</p> <p>Does DHHS-DDD expect vendor to conduct Level of Care assessments?</p>	<p>See response to #34</p> <p>See response to #34</p>
68.	VI.G.1.i.b	50	<p>Does DHHS-DDD want vendor to conduct a review to determine if services were used within the limits/authorization of the benefits and service plan or is vendor expected to include trends and review of policies along with recommendations?</p>	<p>Yes, DHHS-DDD requires the vendor to conduct a review to determine if services were used within the limits/authorization of the benefits and service plan and the vendor is expected to include trends and review of policies along with recommendations</p>
69.	VI.G.1.i.c-e	50	<p>Are the prior authorization reviews of HCBS to determine if services were authorized within limitations of the service; that the authorization meets the definition of the service; that a prior authorization is conducted; that the service doesn't duplicate other services?</p> <p>Or something else?</p>	<p>Yes, the prior authorization reviews of HCBS are to determine if services were authorized within limitations of the service; that the authorization meets the definition of the service; that a prior authorization is conducted; and that the service doesn't duplicate other services.</p> <p>No, nothing else.</p>
70.	VI.G.1.i.g	50	<p>Is the vendor expected to review requests for exception funding or to recommend a process? Or both?</p> <p>Where can the current exceptions process be found?</p>	<p>The Contractor is required to review requests for exception funding and to recommend a process.</p> <p>Current exceptions will be provided to awarded bidder.</p>
71.	VI.G.1.i.i	50	<p>Is the review of Targeted Case Management (TCM) services to determine compliance with the four components of TCM, that billing falls</p>	<p>See Addendum 2, which removes Section VI.G.1.i.</p>

			within the requirements, or that providers meet the qualifications?	
72.	VI.G.1.i.j	50	Is the review of person-centered plans to determine if they are individualized, meet the requirements of the person-centered planning rules, or something different?	Yes, the review is to determine if they are individualized and meet the requirements of the person-centered planning rules.
73.	VI.G.1.i.k	50	Please clarify what is meant by Personal Outcomes. Is this in reference to the Council on Quality and Leadership Personal Outcome Measures or some other survey used in NE?	Personal Outcomes are to be determined and will be a set of State-determined performance measures. Personal Outcomes are not in reference to the Council on Quality and Leadership Personal Outcome Measures.
74.	VI.G.1.i.m-n	50	Are the assessments and review more clinical or to determine if the requirements of person-centered planning and the settings were met?	Clinical.
75.	VI.G.1.i.q	50	Is there a Human Legal Rights Committee already in place? If so, who currently oversees it/conducts the work?	No. Currently the HLR committees are maintained by the agency providers.
76.	VI.G.1.i.r	50	Does DHHS-DDD require review of additional documentation along with the ICAP? If so, how is the additional documentation collected? Or is there an expectation that the QIDS have this functionality?	DHHS will require review of 5 risk screens in addition to the ICAP. The 5 risk screens are currently collected via paper/hard copy. Yes, the QIDS solution must have this functionality.
77.	VI.G	50	Is the cost for optional enhanced services to be included in the total bid amount or is the cost just for QIO services with the understanding that the	The cost for optional enhanced services is not included in the total bid amount. It is on the cost sheet, but is not evaluated for award.

			budget for any optional enhanced services would not exceed 50% of the QIO?	
78.	Cost Proposal Template	N/A	<p>The total cost summary tab does not have a line for the optional services, is this intentional?</p> <p>On the optional services tab, there is no aggregated total, is this intentional?</p>	<p>Yes, this is intentional. The summary page tabulates only the core services of the initial term, which will be used to calculate the score for cost.</p> <p>Yes, this is intentional. Optional services are not used to calculate the score for cost.</p>
79.	I.C – Schedule of Events	2	Due to the extensive nature of the scope of work and quick turnaround time for the response, would it be possible to have a two week extension for the deadline date of July 30th? If not, would it be possible to have any type of extension and if so, how long?	See Revised Schedule of Events.
80.	Addendum 1	N/A	<p>Addendum 1 requests narrative descriptions of three (3) similar programs and states that descriptions should include a) the time period of the project; and b) the scheduled and actual completion dates.</p> <p>Assuming the three similar programs are ongoing, should bidders include the scheduled and actual program start dates? Please clarify.</p>	Yes. If a similar program is ongoing, bidders may include the scheduled and actual program start dates.

This Addendum will become part of the RFP and should be acknowledged with the Request for Proposal.