**State** of Nebraska Department of Health and Human Services

## REQUEST FOR INFORMATION

RETURN TO:

DHHS - Procurement

301 Centennial Mall South, 5th Floor

Lincoln, NE 68508

Phone: (402) 471-6082

E-mail: dhhs.procurement@nebraska.gov

|  |  |
| --- | --- |
| SOLICITATION NUMBER | RELEASE DATE |
| RFI Targeted Case Management (TCM) | September 17, 2018 |
| OPENING DATE AND TIME | PROCUREMENT CONTACT |
| October 16, 2018 4:00 p.m. Central Time | Tonja Buchholz |

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

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| --- |
| SCOPE OF SERVICE |

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information RFI for the gathering information for the design and delivery of participant focused case management for the aged and disabled waiver and the traumatic brain injury waiver.

Written questions are due no later than September 24, 2018, and should be submitted via e-mail to dhhs.procurement@nebraska.gov.

Bidder should submit one (1) original of the entire RFI response, by the RFI due date and time to dhhs.procurement@nebraska.gov.

# TABLE OF CONTENTS

[REQUEST FOR INFORMATION i](#_Toc511030042)

[TABLE OF CONTENTS ii](#_Toc511030043)

[I. SCOPE OF THE REQUEST FOR INFORMATION 1](#_Toc511030044)

[A. SCHEDULE OF EVENTS 1](#_Toc511030045)

[II. RFI RESPONSE PROCEDURES 2](#_Toc511030046)

[A. OFFICE AND CONTACT PERSON 2](#_Toc511030047)

[B. GENERAL INFORMATION 2](#_Toc511030048)

[C. COMMUNICATION WITH STATE STAFF 2](#_Toc511030049)

[D. WRITTEN QUESTIONS AND ANSWERS 2](#_Toc511030050)

[E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS 3](#_Toc511030051)

[F. SUBMISSION OF RESPONSE 3](#_Toc511030052)

[G. PROPRIETARY INFORMATION 3](#_Toc511030053)

[III. PROJECT DESCRIPTION AND SCOPE OF WORK 4](#_Toc511030054)

[A. PURPOSE AND BACKGROUND 4](#_Toc511030055)

[B. CURRENT AND FUTURE ENVIRONMENT 4](#_Toc511030056)

[C. SCOPE OF WORK 5](#_Toc511030057)

[Form A Vendor Contact Sheet 7](#_Toc511030058)

1. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Department of Health and Human Services is issuing this Request for Information, RFI for the purpose of gathering information for the design and delivery of participant focused case management for the aged and disabled waiver and the traumatic brain injury waiver.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT:** <http://das.nebraska.gov/materiel/purchasing.htm>l

* 1. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

|  |  |
| --- | --- |
| **ACTIVITY** | **DATE/TIME** |
| 1 | Release Request for Information | September 17, 2018 |
| 2 | Last day to submit written questions | September 24, 2018 |
| 3 | State responds to written questions through Request for Information “Addendum” and/or “Amendment” to be posted to the internet at: <http://das.nebraska.gov/materiel/purchasing.html>  |  October 1, 2018 |
| 4 | RFI opening  | October 16, 20184:00 PM Central Time |
| 5 | Conduct oral interviews/presentations and/or demonstrations (if required) | To Be Determined |

1. RFI RESPONSE PROCEDURES
	1. OFFICE AND CONTACT PERSON

Responsibilities related to this Request for Information reside with the State Purchasing Bureau. The point of contact for the RFI is as follows:

Name: Tonja Buchholz

Agency: DHHS Procurement

Address: 301 Centennial Mall South, 5th Floor

 Lincoln, NE 68508

Telephone: 402-471-1524

E-Mail: dhhs.procurement@nebraska.gov

* 1. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the Request for Proposal. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

* 1. COMMUNICATION WITH STATE STAFF

From the date the Request for Information is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State should be restricted to written communication with the staff designated above as the point of contact for this Request for Information.

The following exceptions to these restrictions are permitted:

* + 1. Written communication with the person(s) designated as the point(s) of contact for this Request for Information;
		2. Contacts made pursuant to any pre-existing contracts or obligations; and
		3. State-requested presentations, key personnel interviews, clarification sessions, or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor’s response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

* 1. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a vendor regarding the meaning or interpretation of any Request for Information provision should be submitted in writing to the DHHS Procurement and clearly marked “RFI Number Targeted Case Management; TCM Program Questions”. It is preferred that questions be sent via e-mail to dhhs.procurement@nebraska.gov.

It is recommended that Bidders submit questions sequentially numbered, include the RFI reference and page number using the following format.

|  |  |  |  |
| --- | --- | --- | --- |
| Question Number | RFI Section Reference | RFI Page Number | Question |
|  |  |  |  |

Written answers will be provided through an addendum to be posted on the Internet at <http://das.nebraska.gov/materiel/purchasing.html> on or before the date shown in the Schedule of Events.

* 1. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State reserves the right to conduct oral interviews/presentations and/or demonstrations if required at the sole invitation of the State.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State

* 1. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original of the entire RFI response should be submitted. RFI responses should be submitted by the RFI due date and time to dhhs.procurement@nebraska.gov.

**A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials.** RFI responses should reference the request for information number and be sent to the specified address. Please note that the address label should appear as specified on the face of each container. If a recipient phone number is required for delivery purposes, 402-471-0524 should be used. The Request for Information number must be included in all correspondence.

* 1. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data become public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska’s public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State’s definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

1. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the following information in response to this Request for Information.

* 1. PURPOSE AND BACKGROUND

This RFI is designed to gather information for the design and delivery of participant focused case management to Medicaid and Long Term Care Home and Community Based Services Waiver participants to include the Traumatic Brain Injury and Aged and Disabled Waiver. Home and Community Based waiver services offer eligible persons a choice between entering a Nursing Facility or receiving supportive services in their homes.

* 1. CURRENT AND FUTURE ENVIRONMENT

The overall purpose of case management for Home and Community Based Services (HCBS) is to offer eligible Nebraskans a choice between entering a Nursing Facility or receiving supportive services in their home.

Waiver services build on participant / family strength and are intended to strengthen and support informal and formal services already in place to meet the needs of the recipient, not to replace them. Each participant has the right and the responsibility to participate to the greatest extent possible in the development and implementation of their service plan.

Case management is an active, ongoing process that involves assisting the participant to advocate for themselves in choosing the services they feel will best meet their goals, skills, interests, strengths, abilities, desires and preferences. Services Coordination complete the following Case Management Duties:

1. Assisting participants with disabilities, or aged in gaining access to, and coordinating the provision of supportive services
2. Using person centered practices in all contacts with participants and their team
3. Take referrals for HCBS Waiver Services
4. Ensure participants meet all points of HCBS Waiver Eligibility.
5. Initial and Annual reviews are completed in the residence of the participant.
6. Assist the individual to assess and identify their needs, developing a care plan unique to the individuals’ chosen life goals, skills, interests, strengths, abilities, desires and preferences, while maintaining the health and safety of the participant.
7. Help the participant to locate appropriate resources to meet their needs as identified in the care plan.
8. Give the participants options of available resources to allow them to choose how to best meet their needs.
9. Authorize the support and services chosen by the participant in their individualized care plan.
10. Contact, coordinate, and confirm the participant’s service provision from all available sources to ensure, the participant’s needs are met. Ongoing review of HCBS provider billings against service authorizations and confirming informal supports are being utilized to meet the participants’ needs and preferences.
11. Provide follow-up, ongoing monitoring of service delivery, and periodic reviews to jointly assess with the participant the continued suitability of the participant’s care plan.

Periodic reviews occur during in-person meetings with participants every 3 months, and during monthly contact.

1. Work with participants, as requested, assisting them in applying for appropriate resources, helping them to reach the goals developed in their care plan.
2. Assist participants, if desired, to locate appropriate living arrangements, consistent with their care plan.
3. Assist participants, if desired, to arrange for and receive appropriate medical care and counseling consistent with their care plan.
4. Provide a plan for administrative hearings and other legal proceedings.
5. Establish a network of HCBS approved services providers to give participants a choice of providers to help meet their needs, this includes meeting with each potential provider in-person and monitoring of any provider owned setting, initially and annually at provider review.
6. Maintain all services coordination documentation as established by Nebraska Records Management Division in schedule 150-3-7. <http://www.sos.ne.gov/records-management/pdf/150-3-7-medicaid-long-term-care.pdf>
7. Participation in on-site, off-site auditing required by DHHS, CMS or OIG.
8. Participating in ongoing training provided by DHHS.

The regulation, policies and procedures that govern Home and Community Based Services Waiver for participants of Traumatic Brain Injury and Aged and Disabled Waiver include:

1. CMS-Approved waiver for Aged and Disabled Home and Community Based Waiver,
2. CMS-Approved waiver for Traumatic Brain Injury Home and Community Based Waiver,
3. Medicaid State Plan for Targeted Case Management
4. Title 480 NAC – Home and Community Based Waiver Services
5. Title 471 NAC – Nebraska Medicaid Programs and
6. Title 465 NAC – Introduction to the program manual
	1. SCOPE OF WORK
		1. What methods can be used to ensure care plans are developed in a person centered manner?
		2. What methods can be used to ensure conflict free case management?
		3. What methods are used to ensure all staff use a person centered philosophy?
		4. How can other community resources, not just Medicaid services, be offered to people in need of Home and Community Based Services?
		5. What methods can be used to assist an individual in identifying what services they need and choose, while maintaining health and safety?
		6. How can receipt of services be monitored? (references B, 9-11)
		7. What avenues are available to recruit or locate Home and Community Based Providers? (references B, 7-8)
		8. How can a referral process be established and maintained? (references B, 3, 4, 16)
		9. What methods can be employed to ensure the quality of the services planning? (references B, 1, 2, 4, 5, 6, 9, 10, 11, 16, 18)
		10. What methods can be employed to monitor the quality of services received by participants? (references B, 1, 2, 4, 5, 6, 9, 10, 11, 16, 18)
		11. What methods can be employed to ensure the personal care services are being given to the client? (references B, 1, 6, 7, 8, 9, 10, 11, 13, 14)
		12. What methods are available to plan for administrative hearings and other legal procedings? (references B, 15)

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# Form AVendor Contact Sheet

Request for Information Number Targeted Case Management

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor’s name and address, and the specific persons who are responsible for preparation of the vendor’s response.

|  |
| --- |
| Preparation of Response Contact Information |
| Vendor Name: |  |
| Vendor Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor’s response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

|  |
| --- |
| Communication with the State Contact Information |
| Vendor Name: |  |
| Vendor Address: |  |
| Contact Person & Title: |  |
| E-mail Address: |  |
| Telephone Number (Office): |  |
| Telephone Number (Cellular): |  |
| Fax Number: |  |