

ADDENDUM 1, QUESTIONS and ANSWERS

Date: May 19, 2023

To: All Bidders

From: Dana Crawford-Smith / Mike St. Cin, Procurement Contracts Officers
DHHS

RE: Addendum for Request for Proposal Number 114897 O3
to be opened May 30, 2023 at 2:00 p.m. Central Time

Questions and Answers

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 State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
1.	V.E.2.b	33	Per the RFP, it appears that participant intake is performed outside of the Case Management Solution. Please confirm that participant application data will be accessible for import into the Case Management Solution.	The Case Management Solution will have to interface with another system for Participant data.
2.	V.B "Types of Providers"	29	Per the RFP, it appears that providers are created and confirmed outside of the Case Management Solution. Please confirm that the Providers will be created, vetted, and the data accessible for import into the Case Management Solution.	The Case Management Solution will have to interface with another system for Provider data.

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3.	V.E.1	32	Pertaining to the statement "the selected contractor must verify migration of data for all individuals in services and providers of services within two weeks of the contract implementation.", does this mean that all data from the current system will need to be migrated to the new Case Management Solution at least two weeks before going live (by September 2024 at the latest)?	Vendor must indicate and demonstrate the capability to migrate all data outlined in the RFP
4.	V.E.2.b	33	Pertaining to the statement "Support end-to-end care coordination, intake, referral, assessment, person-centered plan of care, service authorization, care management, event reporting, outcome analysis, payment to providers, waitlist/registry, and quality assurance reporting", what is the intake portion of the process?	Participant intake resides outside of case management system. The system will have to interface with NFOCUS for the intake.
5.	V.E.3.i	34	In terms of cross-referencing locations with GPS, is this to confirm that the Provider is at the location of the participant during the scheduled service? If this is not the correct or entire reason, please expand on the requirement.	That is correct. This is to verify that the Provider is at Participant's location during scheduled service.
6.	V.E.5.b	35	Pertaining to the statement "Have the ability to receive Provider data, participants demographic and service coordination assignments for DD and AD/TBI Service Coordination program case.", does this mean that the Service Coordinator will be assigned outside of the Case Management Solution?	Correct. The service Coordination case resides in NFOCUS.

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7.	V.E.6	36	Pertaining to the statement "The system must support service authorization and billing functionalities, including identifying services, frequencies, durations, and schedule of delivery.", will the contractor be responsible for making the payments on behalf of Nebraska? It appears the claim processing will be produced in NFOCUS.	Correct. All claims will be generated through the case management system and interface with NFOCUS for payment. The Explanation of Payments will be sent back to the case management system to upload to provider accounts
8.	V.E.7.j-l	37	Please expand on the requirement to provide the providers the ability to track staff scheduling, personal finance, and employment module.	Participant's employer's records are stored in Employment Module. This is to keep track of where each participant is employed and needs to be accessed by Providers as well as Service Coordinators.
9.	V.E.12	40	Pertaining to the statement "Additionally, the system should be linked between service authorization and billing to habilitation program.", please provide additional information on the requirements for this item. Is this the same billing system used by Nebraska or another outside billing system?	All functionalities are housed in the case management system Participant's employer's records are stored in Employment Module. This is to keep track of where each participant is employed and needs to be accessed by Providers as well as Service Coordinators.
10.	V.E.23	43	Besides English and Spanish, will any other languages be required? Will all forms and questionnaires be provided in all languages, or will the contractor be responsible for translating them?	Besides Spanish, Arabic, Karen, and Vietnamese are required. Contractors are responsible for translation. Some examples of forms are: Paper application for Waiver, Waiver Consent Form, Individual Support Plan, Notice of Determinations, Notice of rights and obligation, etc that are sent to participants)
11.	V.E.24.o	44	Pertaining to the statement "Provide a fixed device for those providers who are not able to access the EVV module through either the IVR or the smart device application", what is an example of a "fixed device"? Are you referring to a kiosk-type station at various sites throughout the state? How many fixed devices do you expect will be required?	Either Kiosk-type station or an alternative in case smart device not available. Fixed device is a small device that provider can attach to the residence and is used for visit verification. 50 fixed devices are required.

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12.	V.E.24.n	44	Pertaining to the statement "Provide an Interactive Voice Response (IVR) option for the EVV module for those providers who are not able to access the EVV module through a smart device application", should the contractor assume the IVR system should be available in the same languages as the Case Management Solution?	Yes.
13.	V.F.TEC-3	46	Pertaining to the solution being "responsive to mobile technology and works with mobile devices such as smartphones or tablets.", is a mobile application required or a mobile-enhanced website what the RFP is looking for?	RFP is looking for application that is mobile friendly and mandatory. Mobile applications are required.
14.	Section V. D.	31	In regards to the dataflow diagram, what type of APIs exist for the various interfaces (eg REST)	State of Nebraska uses REST API
15.	TEC-2	46	The RFP States "The cloud-hosted environment and the module components at minimum are to be compliant with Statement on Standards for Attestation Engagements (SSAE-18) SOC 2 Type 2 and have a Federal Risk and Authorization Management Program (FedRAMP) Certification. FedRAMP Risk Assessment that indicates compliance or has a documented NIST 800-53 rev 4 at a moderate system risk assessment designation." Would an application that is SOC Type 2 and NIST-800 compliant suffice?	The Fed RAMP certification is required for the underlying cloud infrastructure hosting the application. All application/module components must meet the SOC2 Type 2 and NIST 800-53 Rev requirements for moderate systems
16.	TEC-2	46	If FedRAMP is a requirement, would hosting the solution on a FedRAMP-authorized tenant, such as AWS GovCloud, be acceptable?	The Fed RAMP certification is required for the underlying cloud infrastructure hosting the application. All application/module components must meet the SOC2 Type 2 and NIST 800-53 Rev requirements for moderate systems.

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17.	V.PROJECT DESCRIPTION AND SCOPE OF WORK	30	DHHS has provided a total participant count of 12,140. As it pertains to the statewide scheduling services/EVV module, can DHHS confirm if all 12,140 participants will receive services requiring EVV? If not, can DHHS provide the anticipated number of participants that will require EVV covered services?	Total number of Participants receiving EVV services are 6197. This number varies over time.
18.	V.PROJECT DESCRIPTION AND SCOPE OF WORK	30	DHHS has provided Agency Provider counts for DD (135) and AD (575). Are these Agency Providers unique between waivers, or do some Agency Providers serve multiple waivers? Can DHHS provide the unique count of providers across the waivers?	DD Waiver pertains to Comprehensive Developmental Disabilities (CDD) Waiver and Developmental Disabilities Adult Day (DDAD) Waiver. AD Waiver pertains to Aged and Disabled (AD) and Traumatic Brain Injury (TBI) Waiver. There are 55 providers who provide for more than one Waiver.
19.	V.PROJECT DESCRIPTION AND SCOPE OF WORK	30	DHHS has noted a tentative total of 3,000 Independent Providers across DD and AD. Are there Fiscal Intermediaries (FIs) or Fiscal Employer/Agents (FE/A) that support these Providers? If yes, how many?	DHHS do not have Fiscal Intermediary for Waiver services.
20.	VI. PROPOSAL INSTRUCTIONS A. PROPOSAL SUBMISSION 1. CORPORATE OVERVIEW j. SUBCONTRACTORS	76	Is a subcontractor able to bid with more than one prime?	Yes.

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21.	III. CONTRACTOR DUTIES F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES	21	“The State shall own and hold exclusive title to any deliverable developed as a result of this contract.” Bidders and/or Subcontractors may provide a SaaS solution to meet all or part of the proposed solution. Accordingly, SaaS providers typically do not provide intellectual property licenses or ownership rights to customers. SaaS solutions by definition deliver enhancements and customizations across multiple clients utilizing the same application. Therefore, all customers benefit from all customer requested enhancements. As such, does DHHS agree that if a SaaS solution is proposed, all enhancements, modifications, configurations, customizations, updates, etc. thereto created under or during performance of the contract will be owned by the Contractor?	It must be developed as a result of this contract in order for the State to own and hold exclusive title.
22.	Data Conversion Requirements	54	As it pertains to the statewide scheduling services/EVV module, can DHHS clarify the scope involved in data migration? For example, is migrated data from the current system expected to be uploaded into the system and referenceable for reporting as historic data?	Historical data will be kept in the current system. Interfaces will needed between the EVV vendor.
23.	Attachment 1 Liquidated Damages	Attachment in full	Will DHHS be amenable to capping penalties, liquidated damages, and other fees at the value of the contract with the selected vendor?	That is unknown at this time.
24.	N/A - General Question	N/A	What is the overall budget for the project (including state and Federal funding) for the DDI and subsequent annual O&M?	There is no budget to share at this time.
25.	N/A - General Question	N/A	What vendor provides the current DDD case management system?	Due to the RFP will not be able to disclose

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26.	N/A - General Question	N/A	Has DHHS seen demonstrations of potential solutions over the past 18 months? If so, from what vendors?	No.
27.	Section: Scope of Service	1	The term states "The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties." Does this mean the state can extend beyond the 9-year total contract term? If so, is there a limit on the number/time of extensions and will that be done via amendment?	It would be done via amendment and can be extended beyond the contract renewals up to half the original term of the contract.
28.	Section: I.S	7	Under Oral Interviews/Presentations and/or Demonstrations, the RFP states that only key personnel are required to be identified in the proposal: "Bidder's key personnel, identified in their proposal...." However, on Page 76 under Summary of Bidder's Proposed Personnel/Management Approach Section i, the RFP states "The bidder should provide resumes for all personnel proposed by the bidder to work on the project". Is it fair to assume that only key personnel are required as part of the proposal submission?	These are two separate instances. Key personnel as identified in the proposal are to be involved in the Oral Interviews/Presentations. All personnel proposed to work on the project are also identified in the proposal.
29.	Section: I.Y	8	Regarding Resident Bidders, the last sentence reads, "The provision of this preference shall not apply to any contract for any project upon which federal funds would be withheld because of the provisions of this preference". Does this clause apply to this project?	No.
30.	Section: I.Y	8	Regarding Resident Bidders, does the preference, if applicable, only apply to the prime contractor or can a sub-contractor qualify the overall bid team as a resident bidder.	Resident Bidder applies to the prime contractor.

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31.	Section: IV.A	27	<p>Regarding: A. <i>PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)</i> Pursuant to Neb. Rev. Stat. § 81-2403, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.” We respectfully request the opportunity to bill hosting and support annually in advance, as per industry standard practices.</p>	No, this is statutory.
32.	Section: V.B	29	<p>Service coordination can be provided by either DHHS employees or contracted agencies. May we assume equivalent access to the system by either DHHS employees or contracted agencies to provide such service coordination?</p>	Yes, the same access would be needed and be caseload specific.
33.	Section: V.B	30	<p>Regarding the User Type and Participants tables, are all participants and services covered under this RFP subject to EVV?</p>	Current total number of Participants receiving EVV services are 6197. This number varies over time.
34.	Section: V.B	30	<p>Under Nebraska’s Service Delivery Model, the RFP states “<i>DHHS-DDD operates the Beatrice State Development Center (BSDC), which provides direct support to about 100 participants in two Intermediate Care Facilities (ICFs) for persons with developmental disabilities.</i>” Can you please provide more detail on the direct support DHHS provides to BSDC? Are these services different than the waivers?</p>	Same module has to be implemented for BSDC population. The case management system will have to interface with NFOCUS and MyAvatar as well as all other interfaces outlined in the RFP.

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35.	Section: V.B	30	Under Nebraska's Service Delivery Model, the RFP displays a table of User Types and its corresponding number of users. Do any of these users have multiple roles? Example: A user can be an ALF provider as well as an AD Agency Provider? If so, then can you please provide an estimated count of unique users that will be leveraging the system (not including participants)?	An ALF Provider can also be an agency provider; however, they need unique accounts. The chart reflects the number of unique accounts (4360) but this varies over time.
36.	Section: V.B	30	What is the estimated number of concurrent users for the new system (i.e. number of unique users logged into the system at peak usage time)? An approximation or range is sufficient.	Approximately, 4000 users use the system at its peak usage time.
37.	Section: V.C	31	Is the provided diagram the "as is" environment or "to be" environment?	The provided diagram will be to be diagram. It consists of enhancements that the Division is currently working on as well.
38.	Section: V.C	31	Regarding the data flow diagram, can you describe the expected flow for Claims as it pertains to the Case Management Solution and State EVV?	Please refer to the diagram under page 31.
39.	Section: V.C	31	Is the State EVV pictured in this diagram the vendor for which state is currently using for EVV?	Yes
40.	Section: V.D	31	Under Scope of Work, the RFP states the solution must be "fully operationalized effective September 15, 2024." Due to the timelines of the RFP and the complexity of the project, is there flexibility around the go live date?	The stem has to be fully operationalized effective one year after contract start date.

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41.	Section: V.E.1.a Req: SCMS-1	32	The DHHS-DDD Requirements state that the contractor must <i>"Have all required components as identified in the Scope of Work operational and accessible to DHHS-DDD and their providers immediately upon the data migration."</i> For data migration estimation, is there currently a centralized database and if so, what is the current size? If not, how many databases will need to be migrated? What is the approximate volume of data to be migrated?	Refer to the diagram under page 31 for databases and interfaces that need to be integrated with. See table under page 30.
42.	Section: V.E.1.a Req: SCMS-1	32	During the data migration, is there an expectation to migrate historical/inactive waiver participant records in addition to the ~12,140 active waiver participants mentioned on page 30? If so, could the state provide an estimate of the number of historical waiver participants for migration?	Data migration is required only for active participants.
43.	Section: V.E.2.j Req: SCMS-2	33	Will the EVV module and external portals be the only parts of the system requiring mobile access or will the backend, internal system also need to be access via a mobile device?	Mobile platform is not required by internal system. It is only required for EVV module at this time.
44.	Section: V.E.2.j Req: SCMS-2	33	What functionality of the system will be required to be access via a mobile device? Case Notes, Checking of the status of a waiver? Can you please provide more detail as to the required mobile functionality?	Mobile device is needed by the Service Coordinators to conduct visit verification for EVV Services.
45.	Section: V.E.5.i Req: SCMS-5	35	Regarding the <i>"Ability to verify address in system can be cross-referenced with a GPS location and across services and functions."</i> Besides the EVV module and external portals, does the system require GPS cross-referencing with the main system for internal users?	No. This is required only for EVV visit verification.

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46.	Section: V.E.5.k, V.E.5.t Req: SCMS-5	35	Regarding requirement V.E.5.k <i>“Ability to upload and organize documents for easy retrieval”</i> and V.E.5.t <i>“Shared document storage and management functionality”</i> . Can you please clarify the differences between these two requirements?	Upload documents pertaining to Participants information. Ability to store documents in one location on the system to be accessible to all users so they don't have to go to different locations to access.
47.	Section: V.E.5.t Req: SCMS-5	35	Does <i>“Shared document storage and management functionality”</i> mean that documents stored in the system must be accessible from other systems? If so, is there a specific method or protocol for this prescribed by the state?	Ability to store documents in one location on the system to be accessible to all users so they don't have to go to different locations to access
48.	Section: V.E.7.a Req: SCMS-7a	36	Regarding documenting and tracking the <i>“Medication administration record (MAR)”</i> . Can you please provide more details on this requirement? Will the system require on screen functionality for creating MAR records or does the provider only need the ability to upload a MAR record into the system?	Yes. We require the case management system to track all aspects for MAR from Medication, dosage, administration, and frequency and also the ability to track missed medication.
49.	Section: V.E.7.j Req: SCMS-7b	37	Regarding <i>“The system should provide the provider the ability to track staff scheduling.”</i> Can you please provide more detail as to what the staff will be scheduling? Is that provider staff or agency staff or both?	This would be for both provider and agency staff. They would need to schedule staffs for all services including EVV
50.	Section: V.E.9.c Req: SCMS-9	38	Regarding the contractor providing <i>“Support, to include but not limited to online support (video), phone support, and online materials.”</i> Is this support requirement in reference to both Level 1 and Level 2 support? Will the contractor need to provide a help desk center?	Yes, they must have a customer service center to answer support calls and a live chat to answer questions from all users of the system

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51.	Section: V.E.9.e Req: SCMS-9	38	Regarding the requirement to <i>“Host a National Conference at a date and location to be shared with the Division. This will allow interaction with developers, users, and other State staff with other vendors using the system.”</i> Is there a particular national conference you are referring to? Will this be a contractor sponsored only conference? Could this be combined with requirement V.E.9.e <i>“Ongoing in-person and web-based user group”</i> ? Is the contractor responsible for this conference?	This would be a conference with other states regarding the use your system and to to demonstrate any ehancements, developments, and future functionalities of the system. This would include state staff, providers, and participants who would like to attend. It would be available to all users. This could be a virtual event.
52.	Section: V.E.9.f Req: SCMS-9	38	Regarding the requirement for <i>“Ongoing in-person and web-based user groups.”</i> How often does the state anticipate the user group to meet? Annually, Bi-Annually, Quarterly, etc.	As often as needed for implementation and once a week after the system is implemented but must be available as need when issues arise.
53.	Section: V.E.9.c Req: SCMS-9	38	In regards to providing <i>“Support, to include but not limited to online support (video), phone support, and online materials.”</i> Is the “support” described here applicable only to software “bugs” or also intended to provide “how to” support for DHHS employees, contracted agencies, individual care delivery staff and program participants?	This would be the how to use the system and provide technical assistance to users. The “bugs” would be handled through the State support team. This includes all technical support for users, to include bugs and workarounds. It also includes access to online manuals and trainings.
54.	Section: V.E.11.a Req: SCMS-11a	39	Regarding the <i>“Capability to create a Person-Centered Plan and allow providers to create programs and collect data.”</i> Are the programs mentioned in this requirement the same as the waivers? If not, please explain the difference.	No. programs are function of service delivery and a separate concept form the waivers. A Program may be a particular individual’s habilitation data.
55.	Section: V.E.23 Req: SCMS-23	43	Regarding <i>“The system should be able to support multiple languages.”</i> Aside from English, what are the other required supported languages for system functionality?	Besides Spanish, Arabic, Karen, and Vietnamese are required. Contractors are responsible for translation.

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56.	Section: V.E.23 Req: SCMS-23	43	Regarding <i>“The system should be able to support multiple languages”</i> Additionally, are these languages only for portal and communication such as emails and letters, or does the internal system need to support multiple languages as well?	The internal system does not have to be supported in multiple languages. Need to support multiple language mainly pertains to forms. Besides Spanish, Arabic, Karen, and Vietnamese are required. Contractors are responsible for translation.
57.	Section: V.E.24 Req: SCMS-24	43	Is the state envisioning a closed EVV model for this RFP or are you expecting the contractor to allow providers to leverage existing third-party EVV systems?	State of NE has open EVV model. Providers can have their own EVV System but will have to integrate with State EVV.
58.	Section: V.E.24.g Req: SCMS-24	43	<i>Regarding the requirement to “allow authorized users to enter approved service locations to be associated to each participant for verification purposes”</i> Please specify the role of the authorized users that can add participant addresses. Is this state/program staff or are the caregivers allowed to enter this as well?	Caregivers should have the ability to update the address on their visit if it is different than the address on record.
59.	Section: V.E.24.i Req: SCMS-24	43	How does the state intend to validate section 508 compliance? In our experience many vendors will respond affirmatively for without having a 508 compliant system.	The State has 508 compliance tools that will be used to validate.
60.	Section: V.E.24.o Req: SCMS-24	44	Regarding the requirement to <i>“Provide a fixed device for those providers who are not able to access the EVV module through either the IVR or the smart device application”</i> Can you please provide an example of what the fixed device would be?	Fixed device is a small device that must be stored in a static location in the client's home. The device generates code for visit verification. This is used in case a Provider does not have mobile device.
61.	Section: V.E.24.o Req: SCMS-24	44	Can the state provide an estimated number of members that would need to utilize fixed devices?	Tentative 50 fixed devices.

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62.	Section: V.F Req: TEC-2	46	The RFP states “ <i>The cloud hosted environment and the module components at minimum are to be compliant with Statement on Standards for Attestation Engagements (SSAE-18) SOC 2 Type 2 and have a Federal Risk and Authorization Management Program (FedRAMP) Certification.</i> ” Can you please define the term module components?	The FedRAMP certification is required for the underlying cloud infrastructure hosting the application. All application/module components must meet the SOC2 Type 2 and NIST 800-53 Rev requirements for moderate systems.
63.	Section: V.F Req: TEC-2	46	To achieve optimal flexibility of available hosting options, would the state be amicable to modifying requirement as follows? ^^The cloud hosted environment must comply with all published FedRAMP moderate requirements, SSAE-18 SOC 2 Type 2 and all NIST 800-53 rev 4 requirements for a moderate system risk designation. ^^Module components must be FedRAMP certified, compliant with the Statement on Standards for Attestation Engagements (SSAE-18) SOC 2 Type 2 and have a Federal Risk Authorization Management Program (FedRAMP) Certification. FedRAMP Risk Assessment that indicates compliance or has a documented NIST 800-53 rev 4 at a moderate system risk assessment designation.	The FedRAMP certification is required for the underlying cloud infrastructure hosting the application. All application/module components must meet the SOC2 Type 2 and NIST 800-53 Rev requirements for moderate systems.
64.	Section: V.F Req: STN-4	47	Is re-entry of a user’s password coupled with acknowledging a written attestation sufficient for capturing electronic signatures across the application?	Please see the State of Nebraska Electronic signature standard for digital signature requirements https://www.nebraskalegislature.gov/laws/statutes.php?statute=86-611
65.	Section: V.F Req: STN-5	47	Does the state of Nebraska currently have a state provided text message/SMS service that the system would integrate with?	No

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66.	Section: V.F Req: REP-1	57	Does the state currently have a define list of standard and/or canned reports. If so, could an estimated number of standard reports required prior to go-live be provided?	The case management system should be able to generate reports on ad hoc basis. Below are few examples but not a a complete list: <ul style="list-style-type: none"> - MAR Reports(Medications, Dosage, Date, Quantity, Medication errors, etc.) - Incident Reporting- (Incident Demographics, Event Date, Report Time, Time stamps with user stamp, Narrative, event types, notification level, etc.) - Provider Billing reports - Counts of SC offices/Providers - Assessment Reports - Provider Reports for Program Data - Service Authorization Reports - Habilitative program reports to identify missing or concerning data - Narrative Reports (Individual, Date, Time stamp, Narrative, etc.)
67.	Section: V.F Req: REP-2	57	For the purposes of solutioning automated data loads, could the state provide high level hosting details for their Snowflake implementation (AWS, Google Cloud, etc.)?	The current infrastructure for SnowFlake is set up in Azure Cloud
68.	Section: V.F Req: CRT-10	59	Is a list (or some examples) of initial metrics for reporting available for reference?	See Attachment 2, which are draft CMS Required and State Specific outcomes and metrics. These outcomes and metrics are subject to change at CMS' and the State's discretion.
69.	Section: V.F Req: CRT-29	68	Regarding the Certification Support Requirement, how does NE collaborate with the contractor on the SLA and Liquidated damages for this requirement?	The State will provide the vendor with appropriate resources to obtain Nebraska specific certification information and guidance. However, the vendor is responsible for gaining and maintaining CMS certification throughout the life of the contract.
70.	Section: V.G.2 Req: PM-RA-3	70	For the initial Pilot/Prototype development during the requirements analysis phase, is an acceptable approach to focus on a single waiver type in order to demonstrate the end-to-end case management process?	All waivers must go live on the same date. Testing can be completed on one before the rest, but all go live on the same day.
71.			Do you have an anticipated budget for this project? If so, will you share the budget amount?	There is no budget to share at this time.

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72.	V. Project Description and Scope of Work, B. Project Background	30	User quantities and types are outlined in charts on page 30. Are any users overlapping? For example, would any DD Agency Providers also be included in the count for AD Agency Providers? If user counts are overlapping, please provide user quantities without counting any users twice.	Agencies can be certified to provide both DD and AD services to individuals. There is a separate process to enroll and certify AD and DD Providers. The user count under page 30 is unique number.
73.			How many cases do you anticipate being managed in the system?	Tentative 13000 cases.
74.			Is the state currently using another system and/ or vendor for case management? If so, what is the system/vendor? If not, how currently is case management being handled by the state?	Yes we have a State contract with this vendor. Due to the RFP will not be able to disclose.
75.			Are there any Security needs required to maintain the data? I.e., FEDRAMP and Audit requirements? If so, please describe.	Refer to NIST 800-53 controls as a baseline. https://csrc.nist.gov/publications/detail/sp/800-53/rev-4/archive/2015-01-22
76.			Does the agency hold licenses for an electronic signature tool you would like to use as part of this solution? If so, please provide the name. If not, do you have a preferred tool or would you like this to be included in the proposal?	DocuSign is the preferred tool for electronic signature.
77.			Please elaborate on the agency's preference for future systems maintenance. Does the agency prefer future support and maintenance is done by the selected partner, internal team or a combination of both?	Maintenance would be completed by the case management system in collaboration with the State internal team.
78.			Is the vendor required to be on site for any portion of the contract term?	The vendor must be available to travel to agency providers if they request for training or technical support as needed and also attend in person meetings with State staff as requested or these can be done via an online collaborative platform.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
79.			Have you seen demonstrations of any case management systems prior to issuing this Solicitation? If so, will you share which systems?	<p>The State has reviewed demonstrations of multiple systems prior to issuing the solicitation. Due to RFP we are not able to disclose and the systems will remain anonymous.</p> <p>The State has participated in multiple vendor demonstrations prior to release of RFP. The State is unable to disclose the nature of those demonstrations or the vendors.</p>
80.	I. Procurement Procedure, P.	5	The proposal is required to be "signed manually in ink or by DocuSign." Will the state accept all electronic signatures, even if not created by DocuSign specifically? We use an alternate digital signature tool.	Yes, an alternate signature tool is acceptable.
81.	IV. Payment, C	27	"The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State." Can the state agree to 30 days, rather than 45?	No, this is statutory.
82.	V. Project Description and Scope of Work, E. Business Requirements, 1. DHHS-DDD Requirements	32	<p>Please clarify your expectations of this statement: "The selected contractor must verify migration of data for all individuals in services and providers of services within two weeks of the contract implementation." What point in the project does the state consider to be "contract implementation"?</p> <p>If this is the date when the contract is signed, please consider adjusting this expectation as data migration usually occurs much later in the project after some of the project discovery, implementation, customization, etc. has occurred. We do not expect two weeks after the contract execution will be sufficient time to adequately evaluate and migrate data.</p>	Contract start date is not equal to contract award. Contract start date indicates a project start. Based on the complexity of this contract, implementation is based on feature / module / requirement needs but must be complemently implemented for certification.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
83.			Regarding data migration, please describe the data, the number and type of records, the total size of the files, etc.	Please refer to the diagram under page 31 for databases and interfaces that need to be integrated with. See table under page 30.
84.	V. Project Description and Scope of Work, E. Business Requirements, 4. Interoperability	34	Do the systems you wish this solution to interface with have APIs available? If so, are they available for review? If not, please describe integration capabilities.	The system will have to interface with API. DHHS uses REST API Design Methodology. Below are swagger link for reference. https://app.swaggerhub.com/apis/dhhs-ne/alf-provider/1.0.0 https://app.swaggerhub.com/apis/dhhs-ne/ALF-Prior-Authorization/1.0.0
85.	V. Project Description and Scope of Work, E. Business Requirements, 9. Training and Support Requirements	38	Please elaborate on the following expectations for training and support requirements: “D. One annual conference in Nebraska” - What is the vendor’s required participation here? “E. Host a National Conference at a date and location to be shared with the Division. This will allow interaction with developers, users, and other State staff with other vendors using the system.” - Can you confirm that it is DHHS’s expectation that the chosen vendor will bear the cost and take on the logistics of hosting a national conference? “F. Ongoing in-person and web-based user groups” - What is your expectation for in-person user group training?	D. Vendor is required to hold a conference with key stakeholders on their current system. Vendors can also demonstrate new available features E. National conference could be virtual, but it is expected vendor would include other stakeholders. Vendor will bear the cost. F. It is expected that the vendor work with the State to update on any changes or updates to the system and include key stakeholders for decision making / change requests
86.	V. Project Description and Scope of Work, E. Business Requirements, 23.	43	“The System should be able to able to support multiple languages” Please identify all other languages other than English that you expect the system to support.	Spanish, Arabic, Karen, and Vietnamese are required. Contractors are responsible for translation.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
87.	COST SHEET RFP 114897 O3	Page 3 of COST SHEET	The table at the top of page 3, of the Cost Sheet, requests the specification of Software License Fee(s). The 5 rightmost columns of this table appear to request the aggregate "Software License Fee(s)" for Years 1 – 5. To calculate the aggregate (or total) annual license fees, are we to use the "Number of Users" total provided in the table at the top of page 30 of the primary RFP document, 4360 users? If No, please clarify the "Number of Users" totals we should use for Years 1 – 5 to calculate the Software License Fees. Please include guidance on usage (number of users) growth assumptions, Year over Year, that we should use in calculating our Software License Fee(s).	Please refer to page 30 for number of users. 4360 is the number of users that will be using the system. In addition to that, guardians also utilize the system, approximately 1000. Agency providers staff varies based on size of agency.
88.	COST SHEET RFP 114897 O3	Page 3 of COST SHEET	The table at the bottom of page 3, of the Cost Sheet, requests the specification of "Renewal Costs". Please clarify the "Number of Users" totals we should use for the 4 renewal years, to calculate our Software License Fee(s). Please include guidance on usage growth assumptions, for the 4 renewal years.	Please refer to page 30 for number of users. 4360 is the number of users that will be using the system. In addition to that, guardians also utilize the system, approximately 1000. Agency providers staff varies based on size of agency.
89.	COST SHEET RFP 114897 O3	Page 4 of COST SHEET	Page 4, of the Cost Sheet, is Titled "Optional Costs". What is the purpose or intent of the rate table that appears at the bottom of page 4? Is the intent to specify costs for services that might be requested by DHHS outside the scope of the initial implementation? We are assuming that initial implementation services costs are to be specified in the table on page 1 of the COST SHEET. Please clarify the intent of the rate table.	Optional Costs are for optional services that may be needed. This section is not to be used for any implementation costs.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
90.	Production, Test and Training Requirements	54	<p>The RFP states, on page 54, "DHHS requires three separate environments (Production, Test, and Training) in order to operate and maintain the new software on an ongoing basis". Please confirm that this statement specifies the post go-live environment requirements. It is our best practice to also utilize DEV and SIT environments during the DDI phases of the implementation. These environments are not required, post go-live. Will DHHS allow utilization of additional environments during the DDI phases?</p>	Yes

91.	Data Conversion Requirements	54	<p>The following is stated on page 54 of the RFP, in requirement DAC-1, "The Bidder's proposed solution must be able to convert all data from the Department's existing system to the new proposed system." Can you please identify "the Department's existing system"? Can you please identify other DHHS systems that should be included in the scope of Data Conversion Requirements? For example, the following are listed at the bottom of page 34 of the RFP:</p> <ol style="list-style-type: none"> 1) Nebraska Family Online Client User System (NFOCUS) 2) Medicaid Management Information System (MMIS) 3) Netsmart for Electronic Visit Verification and Third-Party Vendors 4) My Avatar for Electronic Medical Records 5) Quality Information Data System 	The case management system will have to interface with all the systems mentioned in the RFP.
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<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
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92.	Interfaces / Imports / Exports Requirements	55	The following is stated in the RFP Project Overview on page 39, "The case management solution must demonstrate capabilities to interface with existing DHHS and Contractor software systems." The Interfaces/Imports/Exports Requirements section is found on page 55 of the RFP. In support of implementation scoping efforts, how many discrete DHHS and Contractor system interfaces are required for the Case Management solution implementation? If possible, please specify the complete list of "existing DHHS and Contractor software systems" requiring interfaces to the case management solution.	Please refer to the architecture diagram. All of the systems mentioned in the RFP will need to be interfaced with.
93.	General Requirements Item 2. d.	33	2.d. Provide eligibility intake until termination of services Can you please clarify exactly what this requirement means?	System's modules should be able to track an individual throughout the system and provide all the documents necessary to support the individual from the time they start services until they are discontinued from the service. The same process is expected for Providers as well.
94.	General Requirements Item 2. k.	33	2.k. Provide a data requirements/document storage capability Is this requirement asking for our data storage and document storage capacity?	Ability to store documents in one location on the system to be accessible to all users so they don't have to go to different locations to access
95.	Data Requirements Item 3. c.	33	3.c. Have easily tailorable data collection systems, with the ability to provide frequency, intensity, duration, and/or adjustable interval data interval data Can you please provide more context, specificity underlying this requirement?	Ability to review data in order to compare what was agreed upon during the service planning meeting for services and hours will be provided to what the provider actually provided and billed for.

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96.	Data Requirements Item 3. d.	33	3.d. Be able to export claims data to existing DHHS systems when required in the pre-established format Can you please provide more detail about this requirement, exactly what claims data are we pushing to existing DHHS systems?	Providers will bill through current case management system and the claims will have to be sent through the interface via EDI Gateway for payment.
97.	Data Requirements Item 3. g.	34	3.g. Provide participants records that can be easily configured, sorted, and filtered by the user Can you please provide more detail about this requirement, what is the expectation here?	When there is a caseload based account, information will be easily to find for the individuals on their caseload.
98.	Case Management Requirements Item 5. c.	34	5.c. Consolidated account functions within Service Coordination Can you please further describe what those consolidated account functions are? Please provide additional detail.	They will have a caseload-based account and also have an account of all individuals in the state for coverage. Both accounts should be easy to navigate
99.	Provider Documentation Requirements Items 7. j., k., l.	37	7.j., k., l. Staff scheduling, Personal finance, Employment module Can you please provide further detail on the scale of what is requested in this requirement, for staff scheduling, personal finance, and employment module? For example, in Personal Finance is there a need to manage a client's monthly income as a payee would, including providing regular statements to the client?	Participant's employer's records are stored in Employment Module. This is to keep track of where each participant is employed and needs to be accessed by Providers as well as Service Coordinators.
100.	Case Planning Component Requirements Item 11. g.	39	11.g. Have an embedded Plan Validation feature Can you please define specifically what the plan validation functions are that you require?	Plan here refers to Person Centered Plan. DHHS DDD prefers the Plan be included in the system itself for unified search. Examples are searchable pull down features, date validation, required fields validation, spell check etc.
101.	VI Proposal Instructions Item 2.	76	2. Technical Approach Can DHHS specify exactly the sections that are to be included in the Technical Approach section?	Technical Approach here includes all the requirements except for the cost.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
102.	VI Proposal Instructions Item 1.a.	74	1.a. Bidder Identification and Information Should we provide this information for the prime bidder and subcontractors?	Yes
103.	VI Proposal Instructions Item 1.b.	74	1.a. Bidder Identification and Information Should we provide this information for the prime bidder and subcontractors?	Yes
104.	VI Proposal Instructions Item 1.b.	74	1.b. Financial Statements Should we provide this information for the prime bidder and subcontractors?	Yes
105.	E. Business Requirements Item 5.f.	35	5.f. Case Management Requirements Can DHHS please provide a list of the letters that the platform needs to generate?	These are Notice of Decision letters. Some examples include but not limited to; Notice of acceptance, Exception Funding, Priority Offer, Termination, notice of redetermination, DD Funding Available etc.
106.	E. Business Requirements Item 8.	37	8. Forms and Reporting Requirements Is the list of 10 items provided in this RFP section on p. 37 the complete list of required forms, reports, and assessments? If No, can you please provide the complete list?	The case management system should be able to generate reports on ad hoc basis. Below are few examples but not a complete list: <ul style="list-style-type: none"> - MAR Reports(Medications, Dosage, Date, Quantity, Medication errors, etc.) - Incident Reporting- (Incident Demographics, Event Date, Report Time, Time stamps with user stamp, Narrative, event types, notification level, etc.) - Provider Billing reports - Counts of SC offices/Providers - Assessment Reports - Provider Reports for Program Data - Service Authorization Reports - Habilitative program reports to identify missing or concerning data - Narrative Reports (Individual, Date, Time stamp, Narrative, etc.)
107.	C. Data Availability	30-31	Can you please specify the MMIS claims system utilized by Nebraska DHHS?	MMIS is Medicaid Management Information System (EDI Gateway) that processes claims for DHHS.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
108.	VI Proposal Instructions Item 1.i.	75-76	<p>1.i. Summary of Bidder's Proposed Personnel/Management Approach</p> <p>Given that it is still a few months until commencement of the case management solution implementation project, versus providing names of all proposed team resources required for the implementation, will DHHS accept naming each role and role's responsibility, in addition to naming key management and leadership persons for the implementation project? Identifying all required team members by name, will be possible as we get closer to project commencement.</p>	This will only be disclosed after contract award to the winning bidder.
109.	E. Business Requirements Item 2.b.	33	<p>2.b. Support end-to-end care coordination, intake, referral, assessment, person centered plan of care, service authorization, care management, event reporting, outcome analysis, payment to providers, waitlist/registry, and quality assurance reporting</p> <p>Is DHHS looking for the system to integrate with the Payment provider or is the expectation for the system to have ACH capabilities for payment to providers?</p>	DHHS is looking for the system to integrate with Nebraska's payment system
110.	E. Business Requirements Item 3.i.	34	<p>3.i. Allow address verification functionality that can be cross-referenced with Global Positioning System (GPS) location</p> <p>Please clarify the intent of address verification functionality with GPS. Is this for EVV?</p>	The address on file can be verified on Google maps. When clicking on the address it will pull up a map and the location can be selected from the map. This is to verify visits related to EVV, a requirement by EVV Cures Act.
111.	E. Business Requirements Item 7.I.	37	<p>7.I. Employment module</p> <p>Is the department expecting the system to have an HR module for each provider?</p>	Participant's employer's records are stored in Employment Module. This is to keep track of where each participant is employed and needs to be accessed by Providers as well as Service Coordinators.

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112.	E. Business Requirements Item 22.a.	42	22.a. Ability to complete account reconciliations and run reconciliation reports for Providers Please clarify, is this account reconciliation for financial spending or service authorization usage?	This would be used by all providers, agency and independent so they can reconcile their payments
113.	E. Business Requirements Item 23.	43	23. The System should be able to support multiple languages What are the required languages to be supported by the system?	Spanish, Arabic, Karen, and Vietnamese are required. Contractors are responsible for translation.
114.	E. Business Requirements Item 24.d.	43	24.d. Implement approved devices and technology that provider real-time access to EVV related data Please clarify, which type of devices and technologies?	EVV cures act requires real time verification of data.. Mobile applications can provide real time access to EVV related data. and Fixed Visit Verification (FVV) devices are used to verify real time data.
115.	C. Data Availability	30-31	Will all required interfaces be custom or will DHHS utilize Contractor developed interface data routines and conform to the Contractors data mapping templates?	Contractors will have to integrate with DHHS systems via existing Application Programming Interface through Integration Services Hub.
116.	B. Project Background	30	Please confirm that the "Number of Users" quantities provided in the "User Type" table are unique, named users of the system, and not concurrent users. If these are named users, can DHHS provide or estimate concurrent users?	The User Type under page 30 is unique number of users.
117.	H. Deliverables	73	Post Go-live, does DHHS intend to takeover system configuration functions, or is it desired that the contractor continue to provide those services?	Post Go-Live the contractor will be expected to provide operations and maintenance support, meaning that certain functions / modules will require contractor configuration support, to include implementing any changes to the system

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
118.	E. Business Requirements Item 7	36	<p>7. Provider Documentation Requirements</p> <p>Can DHHS please provide a list of the reports that the case management solution needs to produce?</p>	<p>Reports that needs to be produced are:</p> <ul style="list-style-type: none"> - MAR Reports(Medications, Dosage, Date, Quantity, Medication errors, etc.) - Incident Reporting- (Incident Demographics, Event Date, Report Time, Time stamps with user stamp, Narrative, event types, notification level, etc.) - Provider Billing reports - Counts of SC offices/Providers - Assessment Reports - Provider Reports for Program Data - Service Authorization Reports - Habilitative program reports to identify missing or concerning data - Narrative Reports (Individual, Date, Time stamp, Narrative, etc.) <p>These are only few examples of reports. The case management system should be able to generate reports on ad hoc basis.</p> <p>These are some of the examples that are being utilized currently and are not limited to future operations to be included In Scope</p>
119.	E. Business Requirements Item 9.i.	38	<p>9.i. Provide an online Reporting manual with a printable version available that includes descriptions, definitions, and layouts for each standard report. Include definitions of all selection criteria parameters and each report item/data element, all field calculations defined in detail, and field and report titles. <u>Provide a sample copy of five (5) pages of the Reporting Manual with the bidder's response</u></p> <p>Can DHHS please provide a list of the reports that the case management solution needs to produce?</p>	<p>Reports that needs to be produced are:</p> <ul style="list-style-type: none"> - MAR Reports(Medications, Dosage, Date, Quantity, Medication errors, etc.) - Incident Reporting- (Incident Demographics, Event Date, Report Time, Time stamps with user stamp, Narrative, event types, notification level, etc.) - Provider Billing reports - Counts of SC offices/Providers - Assessment Reports - Provider Reports for Program Data - Service Authorization Reports - Habilitative program reports to identify missing or concerning data - Narrative Reports (Individual, Date, Time stamp, Narrative, etc.) <p>These are only few examples of reports. The case management system should be able to generate reports on ad hoc basis.</p> <p>These are some of the examples that are being utilized currently and are not limited to future operations to be included In Scope</p>
120.	B. Project Background	30	<p>Will the contractor be required to provide training for all the users identified in the User Type table on page 30? If No, please specify the scope of training required.</p>	<p>Contractor will have to provide training to all users identified on page 30. Help and support and guidance documents are needed for Guardians.</p>
121.	5. Implementation and Support Plans Item PM-ISP-3	72	<p>Does DHHS plan to provide an internal help desk once the case management solution is in production, or does the contractor need to provide all tiers of support, post go-live?</p>	<p>DHHS provides Help Desk support for functionality (service-related) purposes. The contractor will be expected to implement and maintain Help Desk support for technical questions and issues.</p>

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
122.	B. Project Background	30	Are all participants and program services covered under this RFP subject to the provision of EVV?	All participants and services that are related to EVV are covered in the RFP.
123.	E. Business Requirements Item 24.g.	43	<p>24.g. Solution must allow authorized users to enter approved service locations to be associated to each participant for verification purposes</p> <p>Can you please specify the role of the authorized users that can add participant addresses?</p> <p>Is this state/program staff or are the caregivers allowed to enter this information as well?</p>	<p>All addresses of physical location will be interfaced with NFOCUS. The authorized user for this role will be Providers.</p> <p>This information can be entered by both state staff and/or caregivers (providers)</p>
124.	E. Business Requirements Item 24.i.	44	<p>24.i. The solution should fully comply with section 508 accessibility</p> <p>How does DHHS intend to validate section 508 compliance? In our experience many vendors will respond saying they can meet this requirement without having a 508 compliant system.</p>	The State has 508 compliance tools that will be used to validate the system.
125.	E. Business Requirements Item 24.o.	44	<p>24.o. Provide a fixed device for those providers who are not able to access the EVV module through either the IVR or the smart device application</p> <p>Can DHHS provide an estimated number of members that would need to utilize fixed devices?</p>	Tentative 50 devices will be needed across all programs.
126.	V, H – PM-D-1	73	Can the Contractor provide a detailed timeline of the events and activities, such as a GANTT Chart, that will need to take place during the DDI, which will note and incorporate the items noted in Section V, H – PM-D-1?	Yes, GANTT Chart is approved by DHHS to provide detailed timeline of deliverables.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
127.	G. Project Planning and Management 1. Project Planning Items PM-PP-1 and PM-PP-2	69-70	<p>Is DHHS willing to consider, that without a definition period on the requirements, workflows, documentation, templates, plans, data structure, systems ecosystem, state IT infrastructure, product release strategy, not having seen the Contractor solutions or mutual agreement on a project governance structure; that the detailed requested deliverables cannot be accurately measured or reflected by any Contractor into a Project Plan or Deliverables as requested by the state in Requirements PM-PP-1 and PM-PP-2 until a definition period has occurred?</p> <p>If Yes: How and when do DHHS and the Contractor come together to gather the details since PM-PP-2 is asking for the details to be provided within 2 weeks from the contract start date?</p> <p>The Schedule of Events, RFP page 2, does not include a period of time during the Procurement cycle to meet with DHHS to gather Business and Technical Requirement details. As a result, will the Schedule of Events be amended?</p>	<p>All requirements are measurable and testable and are expected to be outlined by the vendor (contractor). Plans and execution strategies will be reviewed by the State. It is expected that detailed test plans and test reports be provided to the State for review for module / phased portions of the project. This is necessary to support system certification.</p> <p>The contractor is expected to provide a summary level project plan for PM-PP-1 and a detailed in PM-PP2.</p> <p>DHHS and the contractor will convene on project initiation to determine the details of PM-PP-2 and will work with the contractor to develop a comprehensive project plan.</p> <p>Business and Technical Requirement details will be gathered following contract initiation.</p>
128.	Schedule of Events	2	<p>Can DHHS extend the Proposal Opening Date of May 30th, specified in the RFP, by 1-2 weeks, given the scale and scope of the requested case management solution procurement? This will allow us to make RFP response adjustments based on direction provided by DHHS in the responses to vendor questions, to be released May 19th.</p>	<p>No extensions are planned at this time.</p>

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
129.	Project Background	29	Does DDD intend for this solution to ultimately be expanded to other HCBS programs in the future (in addition to the 5 listed in the RFP, even if managed outside DDD)?	DDD is currently working on adding Family Support Waiver, which is an addition to the existing four HCBS waivers. In the event the Division chooses to expand and administer another waiver program, the solution should be able to accommodate the change.
130.	Project Description and Scope of Work	29	Does DDD have an existing solution for Case Management for these programs that will be replaced with this new solution? If so, can you share details about the existing capabilities and architecture of the existing solution?	DDD has an existing case management solution. The architecture diagram under page 31 represents (future) capabilities of current solution that contractor will have to adhere to.
131.	Project Description and Scope of Work	29	Has DDD seen examples of implementations in other states that they are considering as a model for the vision in Nebraska?	No
132.	Data Availability	31	Do service providers for these programs (including providers for supports coordination) utilize any other systems (e.g., EHR, etc.) that need to be considered as a part of the system ecosystem?	Yes. The solution will have to interface with other systems like (My Avatar) that utilizes EHR. This
133.	Data Availability	31	The diagram includes Existing/Changing Interface/API coming from/going to DDD Case Management Solution. Can details of these Interfaces/APIs as they exist today be shared for reference?	Please see the link below for reference: https://app.swaggerhub.com/apis/dhhs-ne/alf-provider/1.0.0 https://app.swaggerhub.com/apis/dhhs-ne/ALF-Prior-Authorization/1.0.0
134.	Data Availability	31	Does DHHS-DDD already have a master data management solution being utilized to manage members across the various solutions/programs?	DHHS-DDD currently has an existing case management solution.

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135.	General Requirements	33	Requirement 2.b mentions need to support end-to-end care coordination, specifically mentioning referral as one piece of that, but at the beginning of the data availability section it mentions that DDD uses an electronic web-based case management system for incident reporting, billing, referrals, and secure communications. Can you clarify the intention of the new solution in comparison to the current electronic web-based case management system (e.g., replace, interface with, or something else)?	DDD is seeking a solution to integrate multiple entities to provide a better customer experience.
136.	Service Authorizations and Billing Requirements	36	Is the intention for this new system to be the system of record for service authorization information, generating prior authorizations for service requests? Or is the intention for this system to generate service request and then send to MMIS for prior authorization?	The intention of the new case management system is to be system of record for service authorizations and other data.
137.	Service Authorizations and Billing Requirements	36	What information/processes will be handled in MMIS versus DDD Case Management Solution?	MMIS is Medicaid Management Information System. EDI Gateway is part of MMIS that processes Claims related data.
138.	Training and Support Requirements	38	Will the Selected Bidder be responsible for all ongoing training throughout the term of the contract or only the initial roll out? If so, please provide estimates related to end users to be trained and scope of training for each.	The contractor will be responsible to provide initial as well as ongoing trainings. Please see page 30 for number of users.
139.	General Technical Requirements	46	Does DHHS have a preference between vendor and Nebraska state hosting models? What is the preferred hosting platform?	State has a Cloud first strategy, with a preference for Azure Cloud
140.	General Technical Requirements	47	For Document Management, are Bidders required to include a document management solution as part of their proposal? Is there a current Document Management system that DHHS uses?	The State currently does not have a preferred document management System. The vendor should have the flexibility to integrate with an enterprise document management system in the future.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
141.	Data Conversion Requirements	55	Can DDD provide an approximate count of records which need to be converted and migrated to the new system?	Tentative 13000 participants.
142.	Production, Test and Training Requirements	55	Does DHHS plan to allocate staff/teams to participate in the new system build and implementation, or is the expectation that the Selected Bidder take responsibility for building out and testing of the implementation?	DHHS will work collaboratively with the contractor through every stage of the development, implementation, and sustainment processes. This includes coordinating testing and verification of builds.
143.	Project Planning and Management	69	Given the need for DDD Case Management Solution to work with other vendors/systems, it is sometimes beneficial to align project management styles. We know DHHS isn't dictating a specific approach/methodology, but based on current methodologies used across DHHS/DDD, is there a preference in Project Management methodology (e.g., Agile, Waterfall)?	DHHS uses hybrid Project Management Methodology.
144.	H. Deliverables	73	Given the complexity of the defined scope, would the State be open to other project timelines that would allow for more flexibility?	The State will work with the contractor to establish and implement the best solution to capture the project plan
145.	H. Deliverables	73	Is there a specific event that is driving the 9/3/2024 Go Live date? If so, please describe.	One year after contract start date, CMS mandate
146.	V. Project Description and Scope of Work C. Data Availability	31	What record types (ex. Providers, Participants, Authorizations,) would the Case Management System send to My Avatar?	The system should interface with My Avatar. Providers, Participants and Service Authorizations, MAR, etc. will need to be sent to My Avatar.
147.	V. Project Description and Scope of Work C. Data Availability	31	The blue, red, and green lines are identified as existing, new, or to be changed interfaces based on the key in the dataflow diagram. Please describe what the black dataflow lines mean in the dataflow diagram.	Black lines represent interface with third party vendors. New system will have to integrate with all systems.

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148.	1. A. General Information	1	NE states that they are seeking a “web-based Case Management Solution at a competitive and reasonable cost.” Does the state have a defined or approximated budget for this project? What is it? What are the annual licensing/maintenance costs of the current solution?	There is no budget to share at this time.
149.	C. Schedule of Events (5)	2	Since responses to questions will not be released until May 19, will the state consider granting a two week extension (June 13) for the opening of proposals to allow bidders time to recover and update their proposals?	No extensions are planned at this time.
150.	C. Schedule of Events (8)	2	Will there be a specific script required for the oral presentations/ demonstrations? If so, when will the information be shared? Will the scoring criteria be shared?	When bidders are chosen for oral presentation, they will be provided with specific questions/topics to cover.
151.	II. Terms and Conditions	9	Would DHHS please clarify if bidders are expected to physically initial each term and condition or are typed initials permissible?	Inked or DocuSign is acceptable.
152.	II. Terms and Conditions	9	The RFP states “The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract.” Are bidder’s expected to submit subcontractor agreements if including subcontractors as part of their proposals?	No

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153.	II. TERMS AND CONDITIONS “....By signing the Request for Proposal, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal.”	9	Can the State please clarify the process through which an offerors’ proposed alternative language is accepted, in whole or in part, by the State and incorporated into the contract? If, for example, an offeror proposes a change to a term or condition, and that proposed change is accepted by the state, how is that reflected in the eventual contract? If, for example, an offeror proposes a change to a term or condition and that proposed change is rejected by the state, but the parties agree to some compromise position on the term or condition, how is that compromise reflected in the eventual contract?	The RFP response in its entirety becomes part of the contract when executed.
154.	II.D GOVERNING LAW (Nonnegotiatble).”	10	Does (Nonnegotiable) here and elsewhere signal that bidders are prohibited from submitting any proposed deviations?	Correct Yes
155.	II.D. The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations	10	This statement appears under “GOVERNING LAW (Nonnegotiatble).” May bidders propose language addressing changes to these applicable laws in the event changes impact the price or cost of delivering services?	No, it is nonnegotiable.
156.	H. AMENDMENT “This Contract may be amended in writing, within scope, upon the agreement of both parties.”	11	Can the State please clarify what “within scope” implies in this sentence? Are changes to the contract that expand or reduce the scope of the contract handled in a different way than changes that are purported within scope? Or are changes within scope and out of scope handled via different mechanisms?	Within Scope is anything included in the RFP. Upon contract award, changes will be handled according to the Change Management Plan.
157.	I. CHANGE ORDERS OR SUBSTITUTIONS	11	How does this section relate to the requirement set forth in Section H above? Are amendments to the contract required for all changes? Or just certain types of changes?	Changes to the contract are different than requirement changes.

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158.	J. RECORD OF VENDOR PERFORMANCE "...The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Vendor Improvement Request"). The Vendor shall respond to any Vendor Performance Notice or Vendor Improvement Request in accordance with such notice or request."	12	Will the State please clarify when vendors are or are not permitted to comment on, or otherwise respond to, the reports referenced in this section? Are there certain types of reports where vendors are allowed to comment (e.g., on those "placed in the State's records")? Or is the opportunity for vendor comments or objection entirely at the State's discretion?	This is at the State's discretion.
159.	M. BREACH. "...Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time."	13	Can the State please clarify what it means when it states that "Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time"? Does this mean any second breach of the contract (purported or not) may justify termination without an opportunity to cure? Or something else?	Yes, it may justify termination without an opportunity to cure.
160.	M. BREACH "The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections."	13	Can the State please clarify why failure to make payment for work performed and properly invoiced is not a breach of the Contract? And will the State please clarify what remedies and protections available by statute provide?	This is a statutory requirement and is available as a matter of public record.
161.	III.A INDEPENDENT CONTRACTOR/OBLIGATIONS "...The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract."	19	Can the State please clarify what "provision" is being referred to here? Is it the entirety of Section III.A?	Yes
162.	III.D COOPERATION WITH OTHER CONTRACTORS. "...Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract."	20	When might this contract require a contractor to compromise its intellectual property or proprietary information?	Unknown at this time.

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163.	III.F.F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES “...Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.”	21	May offerors assume that the ownership limitations on “the design, specifications, concept, or deliverable” referred to in this sentence refer only to those items if they were “developed as a result of this contract”?	Yes
164.	G. INSURANCE REQUIREMENTS	21	May offerors assume the various obligations to provide Certificates of Insurance or other proof of coverage for its subcontractors is upon written request of the State?	Yes
165.	H. RIGHT TO AUDIT (Second Paragraph) “...If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit.”	28	If an overpayment that exceeds this amount is the result of mutual misunderstanding or otherwise the fault of the contractor, does the requirement for the Contractor to reimburse the State for the total costs of the audit still apply?	Yes
166.	V. Project Description and Scope of Work	29	Please confirm bidders are not required to provide responses to sub-sections A-D under <i>V. Project Description and Scope of Work</i> .	Yes
167.	E.1. DHHS-DDD Requirements (SCMS-1)	32	The RFP states “The selected contractor must verify migration of data for all individuals in services and providers of services within two weeks of the contract implementation.” Please provide expected data sources, volume(s), format, etc. to be migrated from the existing system(s) so the vendor may adequately estimate the required level of effort.	Please refer to Page 30-31 of the RFP for data source and current data volume.

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168.	E.2.b General Requirements (SCMS-2)	33	<p>The RFP states “Support end-to-end care coordination, intake, referral, assessment, person centered plan of care, service authorization, care management, event reporting, outcome analysis, payment to providers, waitlist/registry, and quality assurance reporting”</p> <p>Will the state provide more information regarding the “payment to providers” requirements?</p>	<p>Claims will be submitted through the case management system, and they will process through NFOCUS. Payment information will go back to the provider account so they can complete reconciliation.</p>
169.	E.2.e General Requirements (SCMS-2)	33	<p>What data should family members/guardians have read only access to?</p>	<p>The individual support plan, programs, data, budget, behavior plan, attendance data of all providers who support the individual.</p>
170.	E.5. Case Management Requirements (SCMS-5)	35	<p>q. Ability to obtain signatures on forms through a mobile application and send the forms securely to participants.</p> <p>Which forms are to be made available within a mobile application for participant signature?</p>	<p>Some examples are: Consent form, Person Centered Plan form, Electronic Visit Verification</p>
171.	E.7. Provider Documentation Requirements a. Medication administration record (MAR) (SCMS-7)	36	<p>Will the state confirm whether medications are prescribed in other software systems? If so, which are included?</p>	<p>Yes. Medication Administration should be recorded in the system.</p>
172.	E.7. Provider Documentation Requirements a. Medication administration record (MAR) (SCMS-7)	36	<p>What programs will require access to the MAR?</p>	<p>Must be available to all programs.</p>
173.	E.7. Provider Documentation Requirements a. Medication administration record (MAR) (SCMS-7)	36	<p>Are medications scheduled in the MAR?</p>	<p>Yes</p>
174.	E.7. Provider Documentation Requirements b. Billing and attendance (SCMS-7)	36	<p>Is an attendance module required?</p>	<p>Yes</p>
175.	E.7. Provider Documentation Requirements b. Billing and attendance (SCMS-7)	36	<p>Should time in program be captured and rolled up together for billing?</p>	<p>Yes. The providers should streamline their time and attendance or their time documenting programs to generate billing for services that require data.</p>

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176.	E.7. Provider Documentation Requirements b. Billing and attendance (SCMS-7)	36	Should time be subtracted if out of program during the day?	Providers are required to track their time in and time out each time they begin/end a shift. Will require multiple visits/day.
177.	E.7. Provider Documentation Requirements b. Billing and attendance (SCMS-7)	36	If attendance module is required, for which programs?	All programs that require time in and time out.
178.	E.7. Provider Documentation Requirements g. Behavior Module – Risk Providers (SCMS-7)	36	What are the requirements of the behavior module for risk providers?	Risk providers fill out a template case note in regard to a participants behavioral data.
179.	7. Provider Documentation Requirements k. Personal finance (SCMS-7)	37	Please elaborate on this requirement. What are the specific items that will need to be tracked as part of this requirement? Will a budget be required as part of personal finance?	Providers have personal finance information that they need to document for small purchase that they make.
180.	E.8. Forms and Reporting Requirements h. Charting the Life Course (SCMS-8)	37	Is this an internal Nebraska form or one that is pulled from the Charting the Life Course tools that will require an interface? Please elaborate on this requirement.	The ask of this requirement is to have a fillable form for CtLC so that reports can be generated as needed.
181.	E.8. Forms and Reporting Requirements i. interRAI (SCMS-8)	37	Does the state intend for users to conduct the interRAI assessment directly within the procured Case Management Solution? If not, please elaborate on which system is used to conduct the interRAI assessment.	Yes.
182.	E.8. Forms and Reporting Requirements i. interRAI (SCMS-8)	37	Will the state please clarify which interRAI assessments / CAPs are currently in use?	The state user InterRAI Home Care and InterRAI Peds assessments. CAPs are currently in use as well.
183.	E.8. Forms and Reporting Requirements k. Personal finance (SCMS-8)	37	Employment module. Please elaborate on this requirement and what fields must be captured and documented.	Participant's employer's records are stored in Employment Module. This is to keep track of where each participant is employed and needs to be accessed by Providers as well as Service Coordinators.
184.	E.9. Training and Support Requirements (SCMS-9)	38	To support pricing activities, please provide an estimate of the number of agencies where training is expected to be conducted.	Please refer to page 30 for the number of provider agency. Independent Providers can be trained virtually in group setting based on request.

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185.	E.9. Training and support Requirements (b) (SCMS-9)	38	Will the state provide the total number that will require training for each of the following: <ul style="list-style-type: none"> • office staff • program administrators • service coordinators • providers • other stakeholders 	The State can provide estimated number of users.
186.	E.9. Training and Support Requirements (d) (SCMS-9)	38	What type of support is needed for the annual conference in Nebraska?	Annual conference will be hosted by the case management vendor.
187.	E.9. Training and Support Requirements (c) (SCMS-9)	38	Attachment 1 implies that end-user technical support is required only for the first 90 days of Operations. Does E.9.c. relate only to that limited period or is this service expected for the duration of the project?	The service is expected for the duration of the project. (verify Attachment 1)
188.	E.9.c. Training and Support Requirements (SCMS-9)	38	Does "online support (video)" refer to recorded trainings and video microlearnings or is the expectation that support analysts will be available to work with end users via video conference?	Both.
189.	E.9.e. Training and Support Requirements (SCMS-9)	38	The intent is stated to be to provide the State stakeholders with the opportunity to interact with other "vendors using the system." Is this the primary goal or would it be to interact with stakeholders from our other state customers who leverage our platform?	The primary intent of the Conference is to have interaction between internal/external stakeholders and other vendors that are using the platform.
190.	E.11. Case Planning Component Requirements (a) (SCMS-11a)	39	Generally, programs are created by administrators and the individuals are assigned to the programs for data collection. Will the state confirm that this process will be followed in the case management solution?	Both independent and agency providers can create Programs with appropriate approval level.
191.	E.11. Case Planning Component Requirements (g) (SCMS-11b)	39	Regarding the requirement of "Have and embedded Plan Validation feature," will the state define the functions and components of the plan must be validated?	Plan here refers to Person Centered Plan. DHHS DDD prefers the Plan be included in the system itself for unified search. Examples are searchable dropdown features, date validation, required fields validation, spell check etc.

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192.	E.11. Case Planning Component Requirements (d) (SCMS-11b)	39	Regarding the requirement of "Ability to tie the Application for Services to the system," will the state confirm from which system the application for services originates? Is this referring to an integration with the NFOCUS system?	Correct. NFOCUS is the system for application of services.
193.	E.14. The system must have the ability to add fillable, trackable, and reportable certification, survey and compliant processes. (SCMS-14)	40	Will the state clarify what type of certifications and surveys must be tracked within the procured solution and the details that are necessary to capture?	NCI "National Core Indicator" surveys, HCBS Final Rule Provider Self-Assessments & participant satisfaction surveys. Certifications are not tracked at this time, but may be tracked in the future.
194.	E.13. The system must have ability to support two separate level of care (LOC) functionalities with different regulatory program requirements (differences include, but not limited to budgeting, authorizations, billing) Intermediate Care Facility/individuals with Developmental Disabilities (ICF/IDD)LOC and Nursing Facility (NF) LOC have differences in business practices. (SCMS-13)	40	What are the budgeting requirements for each of the two programs?	For DD (CDD and DDAD) waivers - System must track an individual's funding level, provide a module to add authorizations and will track all payments made to the providers and the amount of funding available and be able to add any exception funding approved. For AD (AD and TBI) waivers - Nursing Facility LOC is currently budgeted based on participant need instead of budget authority. The system will need to illustrate the cost of services being delivered monthly based on service authorized by the service coordinator.
195.	E.18. The system must capture funding amounts determined by DHHS-DDD for use by the case managers in determining estimated monthly costs of services to assist with budget development. (SCMS-18)	41	Will the budget developed require sharing with the individual in the portal?	The budget will be distributed to providers and also individuals/guardians who request accounts.
196.	E.20. The system should have an ADA/508 compliant consumer portal to allow participants and providers to collaborate directly (SCMS-20)	42	The RFP states "The system should have an ADA/508 compliant consumer portal to allow participants and providers to collaborate directly." Can the state provide sample participant workflows?	DHHS cannot provide the workflow at this moment.
197.	E.21. The system should have the ability to generate customizable alerts/triggers by DHHS Staff system wide. Alerts should include, but not limited to: (c) (SCMS-21)	42	Clarify that the alert for missed medication would be triggered by the MAR. Are there other medication specific triggers intended?	Correct. The system should be able to create alerts as needed

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198.	E.22. The system should have the following functionality: (a) (SCMS-22)	42	Ability to complete account reconciliations and run reconciliation reports for Providers. Please elaborate on this requirement detailing what type of account reconciliations are required.	Ability to run reports to capture claims that did not process and assist the providers with reconciling their payments. Also include reports that can be run by status to review anything that is not paid.
199.	E.22. The system should have the following functionality: (c) (SCMS-22)	42	Does receipt refer to invoice? If not, please define specific information about coded receipts.	These receipts are tracked by providers for purchase of goods.
200.	E.23. The System should be able to able to support multiple languages. (SCMS-23)	43	Can the state clarify where multiple language support is needed, i.e. specific forms? What languages must be supported?	Various forms that are used by the program are required in multiple languages. Some examples are Spanish, Arabic, Karen, and Vietnamese are required. Some examples (but not limited to) are waiver application, Individual Support Plan, notices sent to Participants - such as Notice of denial, Notice of Determination etc.
201.	DAC-1 – Data Conversion Requirements	54	Please provide expected data volume(s), format, etc. information to be migrated from the existing system(s) so the vendor may adequately estimate the required level of effort.	Please refer to page 30 for data volume. Tentative 13000 participants will have to be migrated into the system. DHHS uses API format to integrate with the system. Below are swagger link for API reference. https://app.swaggerhub.com/apis/dhhs-ne/alf-provider/1.0.0 https://app.swaggerhub.com/apis/dhhs-ne/ALF-Prior-Authorization/1.0.0
202.	VI. Proposal Instructions	74	Is it permissible for bidders to include an executive summary as part of their proposal response?	Yes
203.	Form B	78	Please confirm there is not a “Pre-Proposal” scheduled that bidders should attend for this RFP.	There is no Pre-proposal conference.
204.	Cost Sheet		Please confirm bidders are permitted to delete the SAMPLE page from the Cost Sheet file.	Yes
205.	Attachment 1 First LD “Critical and high defects must be corrected before go-live.”	1	Will the state define the criteria pertaining to “Critical and high defects?” Are they to be agreed to by the Parties?	The state will define the criteria for Critical and High Defects and formally outline in both the State’s Risk Management <i>and</i> Change Management Plan.
206.	Attachment 1 Fifth LD “Contractor shall provide a written report and an initial assessment to DHHS within twenty-four (24) hours following the identification of any security incident 100% of the time.”	1	Are the initial assessment and written report distinct requirements? Are “security incidents” defined? Would the State consider an initial assessment within 24 hours of an identified security incident with full report provided later something that triggers LDs here?	Yes, the initial assessment and written report are distinct requirements. No, but “security incidents” are known when they occur, and should be reported within 24 hours to DHHS. A full report will be required when Liquidated Damages are to be incurred.

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207.	Attachment 1 Fifteenth LD "Time Sensitive: The software incident pertains to time sensitive functions, such as processing payments and issuing or renewing licenses."	2	Are "time sensitive functions" defined anywhere? Or are they to be agreed to by the Parties?	Any incident that degrades, diminishes, or prevents the system from functioning as defined is time-sensitive, to include, but not limited to, "processing payments and issuing or renewing licenses." The State and the Contractor will agree upon this definition during project initiation.
208.	Attachment 1 Tenth LD "Contractor shall provide technical support... through the first ninety (90) days of the Operations..."	2	Is there any expectation of direct end user technical support after 90 days?	Yes. The contractor is expected to provide technical support for the duration of the contract.
209.	Attachment 1 Eleventh LD	2	Does this LD relate to the tenth LD and apply only for the first 90 days of Operations?	This LD applies to the duration of the contract.
210.	11g	38	Can you please clarify what is meant by "embedded Plan Validation feature".	Plan here refers to Person Centered Plan. DHHS DDD prefers the Plan be included in the system is for unified search. Examples are searchable dropdown features, date validation, required fields validation, spell check etc.
211.	19	40	Can you expand on what is meant by, "ability to send notices of Decision".	The system should be able to generate following notices, but not limited to, that are sent to the Participants; Notice of Decision letters such as and not limited to; Notice of acceptance, Notice of Denial, Exception Funding, Priority Offer, Termination, Notice of Determination, Notice of Funding Available etc.
212.	23	42	Is there a set of languages that you will require the system to support? If so, can you provide those.	Spanish, Arabic, Karen, and Vietnamese are required.
213.			Is the SoN HHS open to accept a custom-software solution if it satisfies all the RFP requirements?	Yes, the State of Nebraska is open to a custom software as long as it fulfills all the requirements and can be enhanced as needed.
214.			If so, will the SoN HHS provide business unit SMEs to provide assistance, per your specific requirements?	Yes

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal.