

Technical Proposal Question & Answer
 Issued on: August 30, 2012

For Request for Proposals RFP-MQD-2013-007

Community Care Services Program (CCS) That Provides Behavioral Health Services
 To Medicaid Eligible Adults who have a Serious Mental Illness

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
1	21.200	17		Please clarify the due date for proposals. The Cover Sheet says 2:00 PM and the submission requirements state 12:00 PM.	The time for proposal submission is 12:00 pm. See #1 in Amendment #3.
2	21.400	19	1 st Bullet	This section states that a proposal shall be rejected "If either the proposal letter or transmittal letter is unsigned by an offeror or does not include notarized evidence of authority of the officer submitting the proposal to submit such proposal." This is the only reference in the RFP to a requirement that notarized evidence of authority be provided. Could you clarify what, other than a signed transmittal letter, DHS is requesting with respect to this sentence?	Both the proposal letter and the transmittal letter need to be signed by someone that is authorized to enter the offeror into a contract with the State of Hawaii. Neither of these documents needs to be signed by a notary. In addition, the offeror may include a statement above their signature that indicates that they are authorized by the company submitting the RFP to enter into a contract with the State. DHS does not have any other documents other than the proposal letter and the transmittal letter with these requirements.
3	30.100	23		The RFP states, <i>"This procurement presents a significant change to the CCS program; previous contracts have not required the selected vendor to be or function as a BHO, and MQD has not considered the previously</i>	In this section, DHS is providing information about the behavioral health services in Hawaii for Medicaid beneficiaries to include the current CCS program. This statement is not intended to limit who bids on this

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
				<i>selected vendors to be BHOs.</i> ” Would MQD define a behavioral health organization as an entity that conducts all services required by the RFP? So that vendors may be BHOs if they currently perform services for other clients that are required by the RFP but have not functioned as a BHO relative to previous CCS contracts.	contract.
4	30.610	31		How does resolution happen if BHO and MQD disagree on the assessment?	DHS is responsible for all eligibility, enrollment, and disenrollment into the CCS program. DHS will take into consideration information provided by the BHO. However, DHS is the ultimate decision-maker for who is enrolled or disenrolled in the BHO.
5	30.620	31	1 st Paragraph	This section states "the BHO shall be responsible for providing behavioral health services to member who have been involuntarily committed... to the extent that these services are deemed necessary by the BHO's utilization review procedures. In the event that court ordered...services are not determined to be medically necessary, the costs of continuing care under court order shall be borne by the BHO." Could you please clarify? If the BHO's utilization review procedures find the care is not necessary, is the BHO responsible for paying for them under court order?	Yes. If the court orders treatment, the BHO is responsible for providing this service. Judges are not responsible for determining medical necessity.
6	40.220	38		We note that the term “Case Manager” is used throughout the RFP except for the 2 nd bullet on this page, which includes this	The term means case managers. See #2 of Amendment #3.

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
				<p>statement: <i>A description of the CM staffing including job descriptions of the case managers, qualifications, and the type of initial and/or ongoing training and education that it will provide to its care managers. Please confirm our assumption that the sentence means case managers instead of case managers and care managers.</i></p>	
7	40.220	38		<p>The RFP states a requirement for a Case Manager to member ratio of 1:40 with the potential for a lower ratio for higher acuity members. Is the 1:40 ratio an average or an absolute?</p> <ol style="list-style-type: none"> If an average is there a maximum ratio for lowest risk members? If an absolute is there a different ratio of members as opposed to the term “several” that determines high/low ratios? 	<p>The RFP describes that “Case managers shall have a maximum of forty (40) members in their case load.” Forty (40) is a maximum, not an average.</p> <p>DHS has not included an exact number of higher acuity members to decrease the ratio below forty (40). Due to the nature of this population, one member in the High Intensive or Intensive category may require that a case manager is assigned a lower caseload.</p> <p>DHS is requiring in this section that the BHO have a process for analyzing the caseload of their case managers and assuring that they are able to handle their caseload (based upon acuity of their members). In addition, DHS is ensuring that case managers do not have more than forty (40) members in their caseload.</p>

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
					With regards to specific questions posed: a. N/A, the ratio is not an average. b. No.
8	40.220	38	10 th Bullet	The RFP states: "Case Managers shall be a Registered Nurse (RN), Licensed Practical Nurse (LPN) or a social worker with a masters degree in social work (MSW)." Question: Could a Case Manager hold a masters in Public Health, Counseling or Marriage and Family Therapy? What about a Licensed Marriage Family Therapist (LMFT). Could a PsyD or PHD function as a Case Manager?	Yes. See #3 in Amendment #3.
9	40.220	38		Does MQD expect that MSWs will also be licensed? MSWs are eligible for licensure but the educational degree does not imply licensure per se.	Yes. See #3 of Amendment #3.
10	40.220	38		This section states, <i>"If CM services are to be subcontracted, submit to DHS for prior approval, the proposed subcontract for the provision of CM services. An oversight and training plan for subcontractors must also be submitted to DHS for prior approval."</i> Section 40.200 on page 34 indicates that members enrolling in the BHO may already have Case Managers, and the BHO can contract with the Case Manager to continue delivering services. We have several questions. a. Please clarify the difference between subcontractors and contracted network	a. A subcontractor is an organization that is fulfilling contractual obligations for the BHO. A network provider is a person or organization whose sole responsibility is provision of behavioral health service(s). For example, in this RFP, a case management agency or a case manager that is contracted to provide case management services would not be a subcontractor. However, an organization that is contracted to assure that all aspects of the Case Management System described in Section 40.200 are

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
				<p>providers, since case management is a provider service listed in Section 40.310 on page 42.</p> <p>b. Are providers subject to the requirements of Section 60.300 regarding subcontract agreements?</p> <p>c. Should providers in the network be described as required in Section 90.530?</p>	<p>developed and implemented according to the RFP would be considered a subcontractor.</p> <p>b. Providers are NOT subject to the requirements of Section 60.300.</p> <p>c. Providers should NOT be included in Section 70.400 unless they are functioning as a subcontractor for the offeror.</p>
11	40.230	40		<p>The Individual Treatment Plan should contain “all necessary services.” Does this requirement mean medical services, such as general health clinic services and/or PCP delivered services as well since the health plan is referenced? The examples of services, however, seem to be exclusively behavioral health.</p>	<p>The reference to the health plan is followed by the term “if applicable.” In addition, the list of services says “shall include but not limited to....”</p> <p>Medical services may need to be included based upon the needs of the member.</p>
12	40.310	42		<p>Please confirm pharmacy requirements. We understand the requirement for pharmacies to be in the provider network and that pharmacy costs will be part of the capitation fee. We also assume that the BHO will reimburse pharmacy claims and should therefore either have Pharmacy Benefit Management (PBM) capabilities or subcontract with a PBM.</p>	<p>The BHO needs to reimburse pharmacies for medications. The BHO needs to determine the best methodology for assuring this task is completed. Both options provided in the question could be utilized.</p>
13	40.310	42		<p>If the BHO contracts with a PBM that has an established and contracted network of pharmacies, does the BHO also have to contract separately with the individual</p>	<p>No. However, this is an example of utilizing a subcontractor for BHO contractual requirements (i.e., establishing provider contracts). The BHO would be required to</p>

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
				pharmacies?	assure that their subcontractor met the contractual obligations they have assumed (i.e., establishing provider contracts).
14	40.340	49		This section states that the BHO shall require providers to adhere to requirements regarding medical records. These requirements seem to relate primarily to physicians, but on page 52 the list of providers includes hospitals, emergency/crisis services, Mental Health providers, pharmacies, and 24 hour pharmacies. Do you mean ALL providers or just specific providers such as Psychiatrists, Psychologists, Advanced Practice Registered Nurses, or Licensed Clinical Social Workers, e.g., providers that maintain full medical record information?	<p>The list of providers identified in the question on pgs. 52 and 53 of the RFP are under Section 40.360 Geographic Access of Providers. This is not a list for providers who should follow the medical records standards identified in Section 40.340.</p> <p>DHS requires that providers who maintain medical records follow the requirements, as applicable, that are listed in Section 40.340.</p> <p>As part of readiness review, the BHO will establish medical record standards that will be approved by DHS. During this process, the BHO and DHS will determine all applicable situations.</p>
15	40.400	57		Please provide information about MQD's expectations for criteria, e.g., should the BHO propose use of national standard guidelines?	The BHO should propose criteria that they intend to use for authorization of services. These criteria should be evidenced-based. DHS will not require specific criteria for use.
16	40.400	57		Would MQD allow prior authorization through auto adjudication using guideline based algorithms as an incentive for providers to adopt electronic claims submission?	Yes. DHS would consider this methodology.
17	40.620	68		Given that we will provide corporate support and oversight to our fully staffed and committed Hawaii BHO organization please	Section 70.500 describes the specific positions that should be described in the proposal. Offerors should describe the full-

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
				clarify what FTE numbers should be stated in the offer: just Hawaii BHO FTEs or FTEs including corporate support, e.g., information technology and other systems FTEs?	time equivalent (FTE) staffing in Hawaii and in the Continental United States.
18	40.700	68		If crisis services are paid as FFS are they not part of the capitation rate?	Section 30.500 describes BHO responsibilities regarding non-CCS members that contact the BHO in a crisis situation. In these instances, DHS requires that the BHO provide necessary crisis services. Thereby, DHS shall reimburse the BHO on a fee-for-service basis for these non-CCS members.
19	40.810	70		Please define non-traditional services. Does this term refer to Medicaid-funded and/or community resources that aren't paid by Medicaid?	Non-traditional services include transitional housing, representative payee, supported employment, and peer specialist. All of these direct services will be reimbursed to the BHO by the Med-QUEST Division (MQD) under an invoice system as described in Section 80.200.
20	41.100	76		Since transportation is part of the capitation fee we interpret the requirement to use the "most cost efficient modes" as being the mode best suited to members' situations at the lowest cost, not just the least expensive mode. Please confirm this assumption or correct it.	This assumption is correct.
21	42.220	38	10 th Bullet	The RFP states: "Case Managers shall be a Registered Nurse (RN), Licensed Practical Nurse (LPN) or a social worker with a masters degree in social work (MSW)." Question: If a member has a long standing	DHS is interested in having licensed individuals as the case manager for BHO members. The BHO may utilize others in a team approach to support the BHO members.

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
				relationship with a CM who happens to not meet this criteria, will the member be allowed to keep the CM?	
22	50.760	99	2	Please define “deferred” in comparison to denied.	A deferred prior authorization is one that a decision has not been made while waiting for either processing or additional information. A denied prior authorization is one that a decision has been made to not cover (either in part or in whole) the request for service.
23	51.220	107		We have two questions about written materials in alternative languages. a. Can the BHO maintain written materials in electronic format and produce hardcopy as requested? b. Also, should the BHO maintain translated written materials or produce translations upon requests by members for materials in a specific language?	a. Yes. b. The BHO should maintain translated written materials in the required languages as defined in Section 51.220 to be available upon request.
24	70	137		The Technical Proposal format and requirements are not identical to the requirements listed in Section 40, for example, Quality Improvement is not a separate section required for the technical response. We understand that RFP and contract requirements apply regardless of their inclusion in the technical response. Please confirm that responses should follow Section 70 and not incorporate other sections of the RFP in the response unless indicated in Section 70.	Offerors are responsible for answering the questions posed in Section 70 in their proposal. The proposal will be evaluated based upon information provided in Section 90.

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
25	70.200	138	5 th Bullet	In connection with the previous RFP, RFP-MQD-2013-002, DHS confirmed that for purposes of the technical proposal a "subcontractor" would only be those companies who are joint bidders with the offeror under the RFP, not companies that would simply provide services under contract with the offeror. Please confirm this is also the case for RFP-MQD-2013-007.	Offerors should provide a statement from each subcontractor in instances where joint or multiple organizations are bidding on the contract (as described in Section 10.400). DHS does not require a statement from subcontractors who are only providing services (i.e., transportation, interpreter services, PBM, etc.).
26	70.510	142		This section lists staff members required of the BHO, including both an Executive Director and a Plan contact. Section 40.620 on page 67 states requires an Executive Director as the BHO's key contact. Please differentiate these two positions and MQD's requirement for the main point of contact for the BHO.	<p>If the offeror is going to use the Executive Director as the main point of contact for day-to-day work of the BHO for this contract, then they should respond this way in the proposal submission. Likewise if the offeror has two individuals (as described below).</p> <p>Many contracts with DHS have an executive (i.e., Executive Director) who is the key person responsible for the contract. Examples that the key contact would have include overall performance, capitation rate negotiation, or contract extensions. However, much of the day-to-day contract responsibility between DHS and the contractor occurs with a plan contact (i.e., a program coordinator or a regulatory compliance coordinator). Some examples of day-to-day responsibilities include BHO member enrollment and disenrollment and reports submission.</p>

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
27	70.520	142		Sections 40.600, 70.510, and 70.520 contain requirements for specific positions to be staffed by the BHO. These three sections are not consistent in terms of staff members or titles. For example, in Section 40.620 and 70.510 the RFP requires that the BHO have a QA/UR Coordinator. Section 70.520 requires the resume for a QA/UR Director. Section 70.520 also requires a CM Supervisor resume, a position that was not referenced previously in the RFP. Please clarify staff positions and desired resumes to help us ensure a well-organized and compliant response.	<p>DHS is primarily interested in the staffing and organization methodology that each offeror is using to support the CCS program. This includes the human resources and the resumes of those that will be in leadership or management positions.</p> <p>DHS does not require that the offeror utilizes the titles that are in the RFP. However, the offeror should match their title to the one(s) indicated.</p> <p>Specifically related to your question, the QA/UR Coordinator and Director are the same position. For the CM Supervisor position, DHS is interested in receiving the resume of the person(s) whom the case management staff in the first bullet point of Section 40.620 reports. If this is more than one person, then provide the resume(s) of those managing (or supervising) the case management staff/contracts.</p> <p>The offeror should include the organizational structure of case management services in their response to Section 70.510.</p>
28	70.530	143	2 nd Paragraph	In regards to member references. If the member reference is from an existing QExA or QUEST member, is the requested ROI needed?	Yes. A release shall be provided for all members on the offeror's list.

Question #	RFP Section #	RFP Page #	Paragraph #	Question	Answer
29	90.500	152		The RFP states, "The information contained in any part of the proposal may be evaluated by the DHS with respect to any other scored section of the proposal." Please confirm our interpretation that MQD means that "The information contained in any part of the proposal may be evaluated by the DHS with respect to any other scored section of the proposal <i>if the information from the first section relates to the issues being evaluated in the second section.</i> "	<p>If the offeror answers part of one question in another section, then DHS may utilize this information in the necessary section.</p> <p>For example, if an offeror describes information about their case management system in their response to the provider network section (Section 70.600), DHS may use the information found in Section 70.600 in evaluating Section 70.700.</p>
30	90.500	152		In this Section the RFP states, "MQD reserves the right to add, delete or modify any criteria in accordance with applicable procurement rules." If MQD modified these criteria, would bidders be informed of these modifications prior to submitting a proposal?	Yes. MQD would notify offerors through the amendment process that is described in Section 20.830.