

RFP #: 20150925

Date: 10.14.15

Contractor Name: COMBINED QUESTIONS

RFP Question and Answer Document

Question #	RFP Section #	RFP Page #	Question	DOM Response
1.	General		Does the State anticipate any legislative or Department projects that may change the SOW or volume	No
2.	General		Please describe the current process for both Level I (specifically who is completing them) and Level II reviews. In the States mind, any specific opportunities for improvement for the future.	The Level I is completed electronically by a screener that is designated by the facility. Sections 1-9 are submitted and a summary section 10 is signed and submitted for a case. Once a case is obtained, a case number is automatically assigned and an automatic referral is made to the contractor for the Level II evaluation. The contractor reviews and confirms the need for a Level II and ensures it's completed. Upon completion, contractor submits recommendations to Department of Mental Health (DMH) for final determination.
3.	Title Page	1	Please identify names of vendor companies that submitted letters of intent in response to this RFP.	DOM will post the list of participating vendors on its procurement website.
4.	1.1	6	How are "Rehabilitative Services" defined for the purpose of this RFP?	These services are defined as specialized rehabilitative services which the nursing facility is required to provide to meet the daily physical, social, functional, or mental health needs of its residents. Examples of specialized rehabilitative services include, but are not limited to: physical therapy, speech therapy, occupational therapy, and mental health rehabilitative services for MI and/or IDD.
5.	1.2.3	8	The RFP requires that a copy of the Proposal be uploaded to the MAGIC system. Please provide instructions on how to upload proposal documents to the MAGIC system, once registered.	Instructions will be provided once you have registered in the MAGIC system.

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6.	1.2.3	8	Please clarify: "The Offeror shall also submit one (1) fully copy of the Technical Proposal and one (1) redacted version on CD in a single document in a searchable Microsoft Word or Adobe Acrobat (PDF) format." Do you want two (2) CDs? Do you want one with the Technical Proposal and one with the redacted version or one CD with 2 documents?	Yes, we want two (2) CDs. Please submit one (1) full copy of the Technical Proposal and one (1) redacted version on CD in a single document in a searchable Microsoft Word or Adobe Acrobat (PDF) format.
7.	1.2.4	9	The FY 2015 Level I screening volumes have increased by almost 20% over the 2014 numbers cited in the RFP, with totals and is slightly less than 6000. That volume increase is important because each screen is reviewed manually, many requiring direct communications with providers. Should we use that more recent volume as an estimate in determining the cost of completing Level I screens and arriving at the total contact amount?	Yes
8.	1.2.4	9	What volume of Level II reviews are performed in each of the following locations annually: Hospital, Nursing Facility, Other? If any are performed outside of Hospital or Nursing Facility, please specify location, e.g., beneficiary home, adult home.	Percentage of evaluations conducted in hospital settings: 4%; Percentage of evaluations conducted in nursing home settings: 95%; Percentage of evaluations conducted in community settings, such as assisted living, home settings, DD facilities and other community locations: 1%
9.	1.2.4	9	How many Level I Screens were Categorical Determinations in SFY 2013 and SFY 2014?	SFY 2013 – 121 SFY 2014 – 99
10.	1.2.4	9	What is the monthly volume of Level I and Level II screens completed each month since January 2013 (or fiscal year 2013 and 2014)?	SFY 2013 – Level I – 4810 SFY 2013 – Level II – 1233 SFY 2014 – Level I – 4890 SFY 2014 – Level II - 1262
11.	1.2.5	9	How long is the State offering an onsite, office space to the vendor during implementation?	Onsite office space is available only during the three (3) month implementation phase.

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12.	1.2.5	9	Will the work accommodations provided by DOM in Jackson MS be available to the Contractor throughout the life of the contract?	No, only during the implementation phase.
13.	1.2.5	10	The RFP references files to be transferred between the Contractor and DOM. What information/data is expected to be included in these files? What is the method of transfer, e.g., FTP, API?	See inserted document which contains extract layouts. Test data will be sent once a vendor has been selected.
14.	1.3.1	10	What criteria does DOM use for determining the "appropriateness of nursing facility (NF) placement"?	Level I score 50 or above
15.	1.3.1	10	What documentation, if any, is required to be submitted along with the PAS?	Physician's signature and informed choice signature page. If ID/DD is suspected, a recent history and physical and a medical administration record are required.
16.	1.3.1	10	How is Contractor alerted to new PAS? Does DOM or will DOM consider transmitting data to identify a new PAS application on a daily or more frequent basis? Can the vendor automate this process for efficiency?	Once the Level I is submitted and a case is obtained, the automatic referral is routed to the contractor immediately.
17.	1.3.1	10	Are level I reviews to be done as a desk level review or face to face? Who currently completes the Level I?	The Level I review can be completed as a desk review or face to face depending on the outcome of the review. The Level I is completed electronically by a screener that is designated by the facility.
18.	1.3.1	10	How many calls were received during 2015 YTD, 2014 and 2013?	An average of 2,500 per State Fiscal Year (SFY).
19.	1.3.1	10	Can the State provide the average time it takes for personnel to review one level I screen?	The review is completed by the contractor and time required varies with each case.

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20.	1.3.	10	Will the Contractor have access to record any findings within the DOM PAS site or will all determinations be generated through the Contractor's systems?	Findings will be included in the determination issued by the DMH.
21.	1.3.2	10	Currently, categorical decisions are not forwarded to the vendor as part of the Level I screening process. Please confirm that this Scope of Work will change to push Level II categorical requests to the vendor as well.	Currently, categorical decisions are forwarded to the contractor.
22.	1.3.2	11	Who is the "screening physician" referenced who "should refer the individual for a Level II Screening"? Is this a physician participating in the PAS application or the Level I review?	The screening physician participates in the PAS application.
23.	1.3.3	11	<p><i>"...the Contractor shall recommend the specific services needed in the Level II Screening Summary".</i></p> <p>a. Currently the DMH does not delegate its authority for a vendor to complete the Summary of Findings reports. Please confirm that this Scope of Work will delegate completion of Summary of Findings report to the vendor.</p> <p>b. <i>If the Summary of Findings report will be delegated to the vendor, will additional time beyond the 5-day limit (currently given for combined Level I and Level II activities) be allocated to the vendor's process? [Note that we also submit a question about timelines because, though RFP 1.8.1 (p. 17) states that the vendor has 7 days, the vendor currently has less than 5 business days to complete both Level I and Level II functions].</i></p>	a. Yes b. No
24.	1.3.3	11	Are level II reviews to be done as a desk level review or face to face?	Division of Medicaid doesn't mandate how the Level II is completed. The Level II review can be completed as a desk review or face to face depending on the outcome of the Level I review.
25.	1.3.3	11	Please confirm whether the Department continues to require performance of Level II mental health evaluations	This requirement has not changed.

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			by licensed QMHPs falling within at least one of the categories below: <ul style="list-style-type: none">• Medical doctor or doctor of osteopathic medicine• Licensed Registered Nurse/Advanced Practice Registered Nurse• Licensed Masters/Clinical Social Worker (LMSW, LCSW)• Licensed Mental Health Counselor (LMHC)• Licensed Marriage and Family Therapist (LMFT) Licensed Psychologist (PhD, PsyD)	
26.	1.3.3	11	Can the State provide the average time it takes for personnel to perform one level II evaluation?	The review is completed by the contractor and time required varies with each case.
27.	1.3.3	12, 15	<p><i>“The Contractor shall assess each individual’s needs for mental health rehabilitative services and/or specialized services for mental illness and/or intellectual disability/developmental disability”</i></p> <p>Currently the DMH does not delegate its authority for a vendor to conduct Level II evaluations of individuals with IDD.</p> <p>a. Please confirm that this Scope of Work will delegate completion of IDD evaluations to the vendor, though the vendor will retain responsibility for dual (MI and ID) and mental illness evaluations.</p> <p>b. If the vendor will conduct IDD evaluations under this contract, what percentage of ID/DD preadmission Level II evaluations have required IQ testing to confirm the diagnosis of ID?</p>	<p>a. DMH retains its authority to conduct Level II evaluations of individuals with IDD. For dual evaluations (MI and ID), the vendor will be responsible for conducting the MI evaluation and DMH will maintain its responsibility for conducting the IDD evaluation. This process is coordinated through the PASRR office at MSH.</p> <p>b. The vendor will not conduct IDD evaluations under this contract.</p>
28.	1.3.3	12	How will DMH convey dates and recommendations of completed Level II activities for recording in the web portal? Will DMH staff be responsible for direct data entry through Contractor’s web portal?	DMH is open to further discussion about this possibility. If contractor gives access to web portal at no additional cost, the utilization of a web portal for data entry could be utilized by DMH to

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				convey dates, recommendations (IDD recommendations only) and determination outcomes for Level II activities. Currently it is handled manually.
29.	1.3.3	12	Is Contractor expected to complete any testing needed to make review determination, e.g., Intellectual Testing?	Yes
30.	1.3.3	12	What method does DOM currently accept for transmission of review outcomes?	Review outcomes are sent using Secure Fax and Secure Email.
31.	1.3.3	12	<p>The RFP states: "<i>Offeror shall provide setup and maintenance of a secure two-way (inbound and outbound) web service portal that will accept triggered Level I referrals via secure data transfer from the Medicaid Long-Term Services and Support (LTSS) system.</i>"</p> <p>a. Please describe requirements to coordinate the two-way web service interchange with the Medicaid LTSS system (e.g. identifying variables and formats for exchange, developing and testing exchange protocols).</p> <p>b. Will the state also set up and maintain a web service for receipt of outcome information from the vendor?</p> <p>c. Until the LTSS is fully functional, the current referral process for receiving Level I screens is manual and time-intensive, requiring use of and retrieval from the state's legacy application to obtain and review Level I screens and collateral documents. Though an automated process is being developed, dates for Go Live have been shifted by more than a year. For the purposes of staffing for Level I screening, should the</p>	<p>a. Requirements for gathering information will be designed by DOM with input from the selected vendor to determine the most efficient and complete method of data exchange to ensure a seamless functioning system.</p> <p>DOM is looking for an innovative and efficient data gathering and exchange solution.</p> <p>b. Yes</p> <p>c. Currently the PASRR vendor has access to the Envision MMIS and supporting applications via secure Citrix connections. This would continue pending continued development of the LTSS tool.</p>

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			bidder assume that the manual retrieval process for receiving referrals will remain in effect at least through Q1 2016, if not potentially longer?	
32.	1.3.3	12	<p>The RFP requires that, "Offeror shall provide setup and maintenance of a secure two-way (inbound and outbound) web service portal that will accept triggered Level I referrals via secure data transfer from the Medicaid Long-Term Services and Support (LTSS) system. Offeror's secure web portal system must have the following capabilities:"</p> <p>Can the State please confirm if the LTSS system from FEI has been implemented and if an automated two way data exchange exists between the current PASRR Level II Administration vendor and the FEI LTSS system? If yes, will the State please provide the specifications of the interface between the LTSS and the PASRR Level II system?</p>	No, the implementation of the LTSS system is incomplete at this time.
33.	1.3.3	12	<p>The RFP states, "Allow state officers to pull routine reports on-demand, to monitor all aspects of the PASRR project including but not limited to volumes and turnarounds; and"</p> <p>Can the State please confirm that the above requirement also means that web portal should: a) be able to capture the details of the Level II assessment and b) allow the state users to be able to access the details of the Level II assessment that have been captured in the system to enable monitoring all aspects of the PASRR project?</p>	Yes, this data is available.
34.	1.3.3	12	<p>The RFP states, "Validate nursing facilities locations." Is the State referring to electronic address validations?</p> <p>Is the LTSS system performing address validations?</p>	<p>Yes</p> <p>No, the implementation of the LTSS system is incomplete at this time.</p>

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35.	1.3.3	12	The RFP notes that the Contractor will accept triggered Level I referrals via secure data transfer from LTSS. As the Contractor is expected to also review <u>all</u> Level I screenings, can these also be transmitted via secure data transfer?	The implementation of the LTSS system is incomplete at this time. Yes, the Level I could be transmitted via secure data transfer.
36.	1.3.3	12	What is the expectation related to validating nursing facilities locations?	Contractor is expected to validate the appropriate facility location.
37.	1.3.3	12	Does the State require that every referral for a Level II screening receive a face2face assessment or can this be accomplished by other means?	Yes
38.	1.3.4	13	Is the Department intending to maintain its current policy that the vendor conducts follow-up monitoring of 100% of specialized service decisions in addition to follow-up monitoring of an ongoing percentage of rehabilitative services monitoring activities?	Yes
39.	1.3.4	13	What, if any, "review activities to insure the provision of recommended specialized services" are required?	At a minimum, the review activities must be a combination of those listed in the RFP and represent a valid random sample.
40.	1.3.4	13	What percentage of level 2 evaluations will require follow up with providers? Does all follow ups include offsite claims review and or review of medical records on site?	Currently, 50% of individuals requiring specialized services and 10% of individuals requiring rehabilitative services are subject to follow up. As the state expands its specialized services options, those numbers could increase. Typically these are conducted through off-site review. If a change in status is identified through the process, and onsite evaluation is conducted.
41.	1.3.4	13	How many monitoring and follow up activities occurred in the previous year? What is the percentage of monitoring and follow up activities of Level 2 evaluations from the previous year?	One hundred eight follow up clinical reviews of services were conducted during 2015. Currently, 50% of individuals requiring specialized services and 10% of individuals requiring rehabilitative

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				services are subject to follow up. As the state expands its specialized services options, those numbers could increase.
42.	1.3.5	13	What is the expected method of distributing written notifications of Level II Screening results and recommendations to the individual, his or her legal representative and/or a designated representative? If USPS, what level of postage is required?	Level I notifications are issued to the submitter via facsimile. Level II/categorical notifications are sent to the individual, guardian, physician, and provider. Notices to the guardian, individual and physician are issued via USPS surface mail.
43.	1.3.5	13	<i>"The Contractor shall be responsible for notifying the individual, his or her legal representative and/or designated representative in writing of all recommendations made concerning the individual, including the individual is suspected of having mental illness and/or intellectual disability/developmental disability as the result of a Level II Screening."</i> Currently, the DMH does not delegate its authority for a vendor to issue the notifications letters. That function currently is completed by the DMH after they develop the final summary report. Please confirm that this Scope of Work will delegate issuance of notification letters to the vendor.	DMH will maintain its authority and responsibility for issuing notification of determination letters to all applicable parties.
44.	1.3.5	13	How many Appeals were received during 2015 YTD, 2014 and 2013?	To date, there has only been one appeal.
45.	1.3.5	13	How many requests for reconsideration of PASRR Recommendations were made annually since 2010?	Due to time constraints, at this time, we can only provide the numbers for SFY 2014 & 2015. SFY 2014 – 16 SFY 2015 – 9

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46.	1.3.5	13	What is the mechanism by which an appeal is initiated/tracked?	Refer to Title 23 of the Mississippi Administrative Code, Part 303: Pre-Admission Screening and Resident Review, Section 1.9 ,
47.	1.3.5	13	Is the Contractor responsible for notifying individuals and their representatives of determinations after submitting these to DMH and they are approved	DMH will maintain its authority and responsibility for issuing notification of determination letters to all applicable parties.
48.	1.3.5	13	Please clarify the process, mode and timing of notifications to individuals.	Notifications are issued within 24-hours of the decision using secure fax and USPS surface mail.
49.	1.3.5	13	The RFP states, "The Level I, Level II Screenings, and all notices shall be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated." Can the State provide guidance on the top non-English language for the notices?	The top non-English language is Spanish. However, it is the Vendor's responsibility for all adaptation needed as stated in the RFP.
50.	1.3.5	14	The RFP states, "The Contractor shall have the capacity to provide both electronic submission of requests to nursing home facilities, and electronic receipt of responses from nursing home facilities and DOM., according to industry standards." Can the State please provide guidance on what type of electronic communication occurs with the nursing facilities today?	The State exchanges data via the secure Envision Web Portal hosted by the MMIS FA Vendor (Xerox).
51.	1.4	14	<i>"The Offeror will establish a highly secure portal specifically for Mississippi's PASRR effort which will be accessible by State staff including but not limited to caseworkers at regional offices. This Mississippi PASRR Portal must include a Work Queue that will allow caseworkers to access the Offeror's case-specific review results according to agreed-upon protocols for assigning</i>	a. The portal for Regional Office staff is to receive info on outcome of PASRR decisions. They already have a system for financial eligibility determination. b. Unclear on question. They need to be able to receive PASRR Determination information. c. No, though DMH may be allowed access to receive information electronically through vendor's

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			<p><i>cases to caseworkers. User access to the system via the PASRR portal must be based upon a role based access security model. Contractor must describe in detail the access model used by the PASRR portal and the ease of defining user roles. The rules for the PASRR Portal and Work Queue access must be flexible and easily changed at the State's direction.</i></p> <p>a. In order to estimate technology requirements, will case workers use the portal strictly to access recipient information and/or reports —or— is the Department requesting the vendor develop a workflow application for caseworkers to enter information and track their workflow?</p> <p>b. Please expound upon requirements associated with the technology needs of caseworkers.</p> <p>c. In order to estimate technology requirements, does the Department anticipate that the vendor develop a technology solution for DMH?</p>	portal or LTSS, whichever is decided to be most efficient.
52.	1.4	14	<p>The RFP states that <i>"The Contractor shall have the capacity to provide both electronic submission of requests to nursing home facilities, and electronic receipt of responses from nursing home facilities and DOM., according to industry standards."</i></p> <p>Currently, requests are submitted to and responses are received from nursing facilities related to service monitoring via fax. Please clarify expectations of this requirement (e.g., whether fax access remains acceptable and, if not, please specify the requirements associated with this statement).</p>	Secure fax is acceptable
53.	1.4	13,14	<p>With respect to the requirement that states, "The Contractor shall establish and maintain a Disaster</p>	DOM needs to know that the awarded vendor has a disaster recovery plan and has access to this plan.

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			Recovery and Business Continuity Plan (DR/BC) in accordance with industry standards,” does the State have any specific service level agreements around Recovery Time Objective and Recovery Point Objective?	The plan should provide for return to normal operation following a disaster. Vendor must also agree to participate in disaster recovery and testing exercises.
54.	1.4	13,14	Does the State expect any historical PASRR data to be converted from the existing vendor’s system? If yes, will State please elaborate on how much data needs to be converted and provide some details on the quality of the existing data?	Yes, all data will need to be accessible. iTECH will work with DOM’s business office and outgoing vendor to outline transfer process. The amount of historical data that will need to be converted is three and half (3-1/2)years.
55.	1.4	13.14	How many State users from DOM and DMH need access to the PASRR web portal?	Ten (10) users
56.	1.4	13,14	Is the State expecting User-ID and Password management to be integrated with the State’s existing environment?	Yes
57.	1.4	14	To what does the RFP refer in the statement “electronic submission of requests to nursing home facilities, and electronic receipt of responses from nursing home facilities and DOM., according to industry standards” refer? Is this something other than the request and receipt of medical records?	See question 50, No, only medical records
58.	1.4	14	What is the format/content of the data extract file?	See inserted document for current file layouts being provided by MMIS FA to PASRR vendor
59.	1.4	14	What functionality does MS currently provide through the web portal for providers, other than submission of PAS? Can any additional functions be accessed through APIs?	Providers have access to a secure Web Portal hosted by MMIS FA which allows for inquiry, claims submission, and message exchanges to include upload of needed document images.

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60.	1.4	14	Other than access to reports and viewing case status, what functionality does DOM require for case management assignment?	None related to MH/PASRR
61.	1.4	14	Is it's the States intent that the successful vendor be NIST certified?	While NIST certification is not required, Vendors with NIST experience and expertise may be given additional consideration.
62.	1.4	15	Please clarify the training requirements for "additional approved providers" in the RFP statement "Contractor shall plan for training of DOM/DMH (state agency) staff and any additional approved providers". Who are these additional providers, what content needs to be addressed and does DOM have any requirements for the mode of training?	Independent contractors, nursing facilities and hospital staff participating in Level I content includes web registration, and submission of application, along with appropriate information. No
63.	1.6	15	Is there a mandated report format (e.g. .pdf, Excel, Word)	No
64.	1.8.1	17	<p>The RFP indicates that the vendor has a seven business day turnaround ("<i>Contractor shall complete the Level II process including the Referral, Evaluation, and Submission of Findings within seven (7) business days of receipt of a Level I or a significant change form</i>").</p> <p>Current practice is that the vendor must complete the Level I screen (including interviews with the referral source, obtaining required information, clarifying suspected disorder), complete the onsite Level II evaluation, and conduct quality review activities all by or before five business days. The DMH then makes the determination over the remaining two-day period. Is the Department expanding the vendor's timeline to seven days, or will the current 5-day practice remain in effect?</p>	The current five (5) day practice will remain in effect.

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65.	1.8.1.	17	Please clarify how DOM calculates the seven (7) business days afforded the Contractor to complete the Level II process. If a PAS is submitted at 3:00 pm on a Monday, 10/19, and there are no Holidays in the coming week, what is the deadline for submitting the Level II Findings? Would it be 3:00 pm on Tuesday, 10/27 or close of business on Wednesday, 10/28?	Five (5) business days-The deadline would be close of business on Friday 10/23.
66.	1.9.1	18	Can the State please provide the available budget for implementation? In addition, are both the one-time implementation cost and the operation costs going to be weighted equally when determining the total costs for each vendor?	No specific budget is allocated for this RFP. DOM cannot state with particularity the total amount of funds to be expended under this contract.
67.	3.2	22	"Each corporation shall report its corporate charter number." In this context, what is a corporate charter number?	Corporate Charter Numbers are disseminated by the Mississippi Secretary of State. Your company must register to do business with the State of Mississippi. Link to Secretary of State Office: www.sos.ms.gov/BusinessServices
68.	3.4	26	At the discretion of DOM, all Offerors receiving a minimum of 350 points out of the total score on the technical may be given the opportunity to make an oral presentation." However, under section 7.2.2 (pg61) states that proposals must score a minimum of 490 points of the total score in order to proceed to the Business/cost phase of the evaluation. Please clarify.	Section 7.2.2 (pg. 61) is correct. For this RFP, DOM has elected to set the threshold at 490 points. DOM at its discretion may offer, all Offeror' s receiving a minimum of 350 points of the total score on the technical to the opportunity to make an oral presentation. The program area may elect to set the threshold higher and in this case, the program area elected to use their discretion.

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69.	5.4.1.7	54	The RFP requires that vendors provide corporate background on computer resources; RFP Section 1.2.5, page 9, paragraphs 3, 4, and 5 discusses the vendor providing certain resources. Please specifically define which computer resources, or what information is needed, in order to respond to the RFP Section 5.4.1.7.	Any computer resources (software, hardware, and human capital) that the vendor will use to meet the requirements of this RFP should be described in this section.
70.	5.5	55	Does DOM have any minimum staffing requirements for staff that review Level I assessments?	Level 1 is submitted electronically and is not reviewed by staff.
71.	5.6	57	<i>"This project plan must be at the level of major tasks and milestones and be submitted in Microsoft Project"</i> Please confirm whether the Department wants the plan to be submitted in Microsoft Project or, rather, developed in Microsoft Project. In other words, is it permissible to develop the tasks and milestones in Microsoft Project and then convert the plan to a searchable Microsoft Word or into PDF for submission as required under 5.1, page 52.	Yes
72.	Appendix A	64	The Operation Cost would vary based on the volume of reviews to be completed. Should the Operations Cost be calculated based on SFY 2014 data? Will DOM adjust payment should there be an unexpected increase in the volume of reviews?	1.3 OFFEROR REQUIREMENTS AND RESPONSIBILITIES- the overall Scope of Work and Deliverables required under this RFP may vary from year to year as the Medicaid program changes due to federal and state requirements. As such, changes would be handled through a contract amendment in accordance with MS PSCRB regulations.
73.	Appendix A	64	Does this contract include matching Federal funds?	Yes
74.	Appendix A	64	How much has DOM allocated for this Contract (including matching funds)?	A specific amount has not been allocated, as this is an RFP and not RFQ.

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