**State of New Hampshire
Department of Health and Human Services**

REQUEST FOR INFORMATION (RFI)

FOR

Modernized Systems for New Hampshire Developmental Services

RFI-2018-BDS-10-MODER

November 20, 2017

1. INTRODUCTION

1.1 Purpose and Overview

The Department seeks information on potential solutions for the statewide administration of Developmental Services in New Hampshire. The State oversees the administration of services to individuals qualified under one of three (3) Medicaid 1915 (c) Waivers. Those served may or may not qualify for services under the 1915 (c) waivers. These populations include people in need of services, including, but not limited to: adults and children with developmental disabilities, adults with an acquired brain disorder (ABD), and children who have developmental delays and/or concerns, and children with chronic health conditions.

Specifically, the Department seeks experts with information regarding potential products, best practices, policies, procedures, infrastructure and resources necessary to implement a solution to serve this population. To the extent that a party perceives they possess a solution that addresses one or more of the components outlined in this RFI, proposals are invited.

The Department envisions a properly functioning solution will require a number of components that will include but are not limited to:

- Unify disparate functions required to manage the administration of the BDS waivers;
- Consolidate databases and adhere to a single data dictionary;
- Leverage and integrate with existing DHHS systems for Medicaid eligibility, billing, and claims payment;
- Create an efficient workflow for processing individual applications;
- Minimize rework, errors, and ambiguity throughout the process;
- Quality Assurance Monitoring; and
- Waiver and other regulatory compliance tracking.

The Department seeks information on available system features and functionality, system infrastructure, technical architecture, data architecture, security features, implementation plans, change management plans.

This RFI is issued solely for market research, planning, and informational purposes and is not to be construed as a commitment by the State to acquire any product or service or to enter into a contractual agreement.

Any costs incurred by a party in preparing or submitting information in response to the RFI are the sole responsibility of the submitting party.

1.2   Glossary

Acronym	Term
AA	Area Agency
ABD	Acquired Brain Disorder
ADT	Admissions, Discharges, and Transfers
BDS	Bureau of Developmental Services
COTS	Commercial Off the Shelf System
CSNI	Community Support Network
DCS	Division of Client Services
DD	Developmental Disability
DHHS	Department of Health and Human Services
DO	District Office
ID	Intellectual Disability
MMIS	Medicaid Management Information System
New HEIGHTS	Eligibility & enrollment system for New Hampshire
OHCDS	Organized Health Care Delivery System
PA	Prior Authorization
PERS	Personal Emergency Response System
RFI	Request for Information
RFP	Request for Proposal
RSA	Revised Statutes Annotated
SFY	State Fiscal Year
UI	User Interface

1.3 RFI Objectives

- Evaluate vendor-supplied information to conduct a comparative analysis of the possible solutions, to aid in determining what the optimal approach is to providing on-going IT support for the DHHS Bureau of Developmental Services and providers.
- Identify possible solutions for improved management of essential DD, ABD, and ID services.
- Utilize information collected to facilitate the evaluation of the feasibility and cost/benefit of a replacement solution.
- Identify new technology best practices and business initiatives to be considered in the BDS system modernization planning process.

1.4 Liability

This RFI has been issued to obtain information only and is not intended to result in a contract or vendor agreement with any respondent. The State is seeking vendor community insight and information prior to finalizing business, functional, operational, and technical requirements for a Request for Proposal (RFP). There is no definitive plan to purchase any business services, equipment and/or software at this time as a result of responses to this RFI.

This solicitation for information does not commit the State to publish a RFP or award a contract. The State shall not be held liable for any costs incurred by the Vendor in the preparation of its response. The issuance of a RFP as a result of information gathered from these responses is solely at the discretion of the State. Should an RFP be issued, it will be open to qualified vendors, whether or not those vendors chose to submit a response to this RFI. The RFI is not a pre-qualification process.

2. BACKGROUND INFORMATION

The Department of Health and Human Services (DHHS) Bureau of Developmental Services (BDS) is responsible for the statewide coordination of services for children and adults and their families who experience developmental disabilities, acquired brain disorders, and health concerns. BDS coordinates and oversees a comprehensive community-based system carried out by regional Area Agencies and other enrolled providers as outlined in RSA 171-A as BDS' Organized Health Care Delivery System.

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, acquired brain disorders, and children with chronic health conditions. A majority of these services are paid for through 1915 (c) Home and Community-Based Services Waivers, most recently reviewed during SFY 17.

Through the Home and Community Based Services Waiver (HCBS), BDS through the statewide service delivery system serves:

- Approximately 4,593 individuals with developmental disabilities
- Approximately 300 individuals with acquired brain disorders; and
- Approximately 400 children with and families with in-home supports.

BDS also oversees the statewide Family-Centered Early Supports and Services (FCESS) is NH's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). This program, statewide serves approximately 3,884 children from birth to age 3 each year.

BDS also oversees the Bureau of Special Medical Services for children and youth with special health care needs. This program, statewide impacts approximately 2,239 children up to the age of 21 each year.

The BDS oversees the system providing supportive services to the ABD and DD/ID populations to help individuals live and work in, and contribute to, their communities. Bureau oversight includes both programmatic and fiscal monitoring of the system. The Bureau's mission is to promote "opportunities for normal life experience for persons with developmental disabilities or acquired brain disorder in all areas of community life, including: employment, housing, recreation, and community associations. Family Support is a guiding principle for providing valuable assistance and cost effective services." These services may include:
- instruction;
- service coordination;
- employment and volunteer opportunities, job development, and on-the-job training;

- personal care;
- assistive technologies;
- family support;
- community activities; and
- consultation services to improve or maintain the individual's communication, mobility, and physical and psychological health and well-being.

According to the DHHS, without these services those served could experience significant crises, which could negatively affect hospitals, law enforcement, and adult and child protective services. In addition, family caregivers may lose employment in order to stay home to care for their adult children. State law gives service recipients and their families increased choices and input into decision-making on how funds would be used.

In 2011, the Legislature required the DHHS to submit contracts by March 2012 to the Governor and Executive Council for moving all eligible State Medicaid members to a managed care service provision model. Eligible Medicaid members were required to be enrolled within one year of awarding the managed care contracts. However, this transition had not occurred for the ABD and DD/ID waiver programs by the end of SFY 2017, and the DHHS reported no timeline for transitioning those waivers.

DHHS BDS does not directly provide community-based services; instead, it oversees a system of non-profit "area agencies" (AA) that serve as the OHCDS. Statute required the non-profit corporations called area agencies be established by rules. Each AA is required to plan, establish, and maintain a comprehensive service delivery system for eligible ABD and DD/ID individuals in one of the ten regions delineated in rule. Services to consumers are provided directly by the AAs or through their subcontracted providers. The terms and conditions of the services provided by AAs are established in law, rules, BDS guidelines and policies, and through sole-source contracts with the DHHS. DHHS manages the AAs through contracts, consultation, monitoring, technical assistance, service reviews, and training. Statute requires DHHS to re-approve AAs every five years, and rules implemented this requirement through a re-designation process.

The systems is use today have been integrated into this process overtime and significantly contribute to inefficiencies in the operation of the state offices and the contracted service providers. Some of the key system deficiencies that the State hopes to remedy include:
   a) Siloed systems for distinct process steps – no data interfaces;
   b) Manual data entry of same data into 4 separate systems;
   c) Use of a manual process for file uploads & downloads;
   d) Use of US Postal Mail for sending data to the state's MMIS system;
   e) Multiple databases – no common source for reporting;
   f) Critical consumer eligibility status information restricted from service providers;
   g) No tickler or alert system to inform users of the causes for process delays;

2.1 NH DD/ID Stakeholders

DHHS BDS Administration - The Administrative staff at BDS is charged with the oversight of the day to day operations at the Bureau of Developmental Services. Administrative staffing pattern includes a Director, Deputy Director, Waiver Administrator, Clinical Administrator, Special Medical Services Administrator, Finance Administrator and Legal Administrator.

DHHS BDS Prior Authorization – Prior Authorization Staff review eligibility and generate a "PA" which outlines the rate at which services may be provided and the number of units allowable within the PA period. A PA is essential to the Area Agency in order to deliver services, as it is essentially the mechanism by which the Area Agency may bill.

DHHS BDS Bureau Liaisons – Bureau Liaisons are assigned to one or more area agencies and provide contract oversight to ensure that area agencies are in compliance with contractual requirements. Liaisons supervise regional activity through statistical, financial and program evaluation in order to ensure accountability and successful regional implementation of BDS mission, policy and procedures.

DHHS Division of Client Services (DCS) – DCS manages intake, ongoing tracking and discharge of those eligible for Medicaid through the New HEIGHTS System.

DHHS MMIS Systems Support Unit - The Medicaid Management Information System is used to manage provider enrollment, provide client eligibility information to service providers, and utilizes service authorizations when processing payments from provider claims after services are rendered.

Area Agency Organizations - Area agencies are responsible for service delivery to eligible individuals in their respective regions. Area agencies assist with applications for services and either deliver services to those in their region or they contract with private entities to provide those services. Area agencies are held accountable for quality oversight of services and staffing of programs. Business staff within the AAs are users of the system to process applications.

Community Services Network, Inc. (CSNI)
CSNI provides administrative and financial services to the Area Agencies, establishes policy positions on legislative or regulatory issues, and manages grant programs benefiting our constituents in the community of individuals with developmental disabilities. CSNI also serves as the communication and contact center on DD/ID issues and services.

Applicable Waivers
NH BDS Developmental Services (0053.R05.00)
Provides day services, residential habilitation/personal care, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle mods, participant directed and managed services, specialty services for individuals w/autism, DD and ID from birth through the lifespan.

NH BDS Acquired Brain Disorder Services (4177.R04.00)
Provides day services, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle mod, participant directed and managed services, residential habilitation/personal care, specialty services for individuals w/brain injury ages 22 and over.

NH In Home Supports for Children with DD (0397.R03.00)
Provides enhanced personal care, consultations, environmental and vehicle mods, family support/service coordination, respite care for individuals with autism, ID, DD/ID ages birth through age 21.

3. CONCEPT OF OPERATIONS

The Department envisions a single or integrated system with a streamlined workflow to support the processing of DD/ID waivers. The system will be utilized by both DHHS BDS and Area Agency staff. The workflow commences with the client's application for Medicaid eligibility in the State's New Heights system and continues to Area Agency intake, managing the waitlist registry, client service plan development and budget approval, to Medicaid prior authorization for services, and finally Medicaid billing, interfacing to the State's Medicaid Management Information System (MMIS).

The new system must be fully integrated and include, but is not limited to, tracking of various populations/client groups, Admissions, Discharges, and Transfers (ADT), referrals, DD/ID eligibility, waitlist assessments, multiple types of individual service plans, case management, progress notes, behavior notes, supported employment, service authorizations, claims, consumer accounting, a provider portal, a consumer/family portal, outcomes, and financial requirements. The system must also provide paperless workflow processing, alerts/ticklers, document imaging, system interfaces, automated letter generation, and mobile device support. Ad hoc reporting that allows multiple levels of criteria and custom formatting is required. This system will be used by various business units, providers, and consumers, and must be HIPAA-compliant. As many providers may have their own systems supporting some of these functions, the proposed solution must allow interoperability with other applications.

3.1 Potential Solutions

The State can foresee several possible solutions. These are:
- Commercial Off The Shelf (COTS) application hosted by a vendor or in the State's data center;
- Software as a Solution application;
- A configurable software platform hosted by a vendor or in the State's data center;
- Transferring an existing system from another state and modifying for the Department; and
- Custom developing an application that will be unique to New Hampshire
- Any combination of the above

3.2. Functional Scope

The functional scope of this project will include, but not be limited to:

Case Management – Eligibility information, demographics, service agreement, health status indicators and other medical information, quality indicators, budget, service authorizations, service agreements, progress notes, satisfaction, and service information.

Interface from New HEIGHTS Eligibility System – The New HEIGHTS eligibility and enrollment system qualifies individuals for Medicaid funding through the collection of demographic and financial

data. This phase takes place at the New Hampshire DHHS District Offices (DO). Ideally, BDS and AA staff will have visibility into the status of an individual's eligibility request throughout the process.

In addition, a data interface from New HEIGHTS into the system will populate appropriate data fields eliminating the need for dual entry.

Waitlist Registry – The Waitlist maintains demographic and programmatic information for those who require services, but funding for these services is not currently available. Data collected includes information about an individual's living situation, need for services, current services receiving, anticipated dollars needed, and anticipated start date.

Budget Approval of Individual Service Plan – Individual service plans are developed for individuals receiving developmental services. Tracking of authorizations and expenditures against the budgets is vital to ensuring available funding is maximized.

Preauthorization of Medicaid Services – Before services are provided to an individual, they must receive prior authorization from Medicaid. Individuals' service plans will be transmitted to the NH MMIS systems for use in governing claims payment.

Medicaid Billing - The system must be able to capture all billing at the individual level, agency and service level. Individual service authorizations will be sent via a daily data interface to the MMIS. The MMIS will use the service authorizations when processing claims for service payments. Claims are not allowed to exceed what has been authorized in the service authorization and electronic visit verification. As claims are adjudicated and paid, data will be sent to the vendor's system so that service authorizations are updated with payment amounts.

Complaints Database - BDS maintains a database of all complaints received, the outcome, and follow-up required.

Sentinel Events Database – Area Agencies are required to report unanticipated deaths and other serious incidents.

Incident Reporting - System must support incident reporting for all incidents, including but not limited to, medication errors, abuse, neglect, hospital visits and it also support the submission of the serious reportable incidents to DD/ID.

Electronic Visit Verification - will provide, implement, and support an electronic visit verification system, which verifies that home and community-based services were delivered according to established policies and procedures. The system must utilize multiple technologies to track the time, location, and task performance of direct service and/or in-home workers during service delivery for the purpose of safeguarding against fraud and improving service delivery and program oversight. The system shall interface with the State's Prior Authorization system(s) and Medicaid Management Information System (MMIS) to authorize payment of claims based on verified service delivery and compliance with the policies and procedures associated with the service.

Health Facility Certifications – Manage the certification of health care facilities and agencies participating in the Medicare and Medicaid programs.

4.   RESPONSE INSTRUCTIONS

4.1. Response Submission and Due Date

Vendors are requested to submit their response by the date in Section 4.2 Schedule of Events. Please provide one (1) hard copy original of your response and an electronic (Microsoft Word) version on a thumb drive to:

>   Marsha Lamarre
>   State of New Hampshire
>   Department of Health and Human Services
>   Bureau of Contracts & Procurement
>   129 Pleasant Street
>   Concord, NH 03301

Responses must be marked with **RFI-2018-BDS-10-MODER**.

4.2. Schedule of Events

Request for Information Timetable		
All times are according to Eastern Time.		
Item	Action	Date
1.	Release RFI	11/20/2017
4.	RFI Submissions Due at DHHS	12/22/2017 **by 2:00 pm**

DHHS reserves the right to modify these dates at its sole discretion

- The DHHS BDS Project Development Team leading this effort will review the responses.
- Vendors may or may not be contacted to provide additional information or an oral presentation of their solution.

4.3. RFI Inquiries

For inquiries regarding this RFI, please mail or email:

>   Marsha Lamarre
>   State of New Hampshire
>   Department of Health and Human Services
>   Bureau of Contracts & Procurement
>   129 Pleasant Street
>   Concord, NH 03301
>   Email: Marsha.Lamarre@dhhs.nh.gov
>   Tel: (603) 271-9780

4.4. Vendor Contact

Please provide a main contact name, address, e-mail address, and telephone number in each response.

4.5 Vendor Presentation

Based on interest that is generated following the review of responses to this RFI, some vendors may be invited to present an overview of their company and services to representatives of the State. There is no guarantee that a vendor may be asked to provide a presentation. All presentation costs incurred by the vendor shall be borne by the vendor.

5. REQUESTED INFORMATION

The State is looking at solutions in the marketplace to address the requirements of the Bureau of Developmental Services. Please describe your recommended solution. Include answers to the following questions; based on current, not planned capabilities.

A. Vendor Overview

Q1. Briefly describe the vendor's organization, client base, financial stability and history. Please keep generalized marketing material to a minimum.

Q2. Describe any experience/expertise specific to the developmental services environment.

Q3. Describe your relevant experience, with emphasis in the area of developing and deploying DD applications of at least similar size, scope, and complexity as NH, as well as familiarity with related technology.

Q4. Describe your experience in interfacing with existing State Medicaid Management Information Systems and Medicaid eligibility systems.

B. Business Solution Overview

Q5. The Department is seeking a better understanding of how to implement the require functionality into the State's DD environment. Please describe your solution to provide the functionality listed below. Include additional functionality provided by your solution that the State may want to consider.

Core functionality for the initial implementation must include:
1. Provider Portal
2. Case management
3. Medicaid prior authorizations (interface with State's MMIS system)
4. Medicaid billing
5. Budget approval of individual service plans
6. Electronic visit verification
7. Waitlist registry
8. Central document repository
9. Health status assessments

Future functionality may include:
1. Client Portal
2. Complaints Database
3. Sentinel Events Database
4. Incident Reporting
5. Certifications
6. Electronic Health Records

C. Technical Solution Overview.

Q6. Is your solution a COTS solution, a custom developed solution, or a hybrid? Explain.

Q7. Is your proposed solution one integrated system or several distinct interfaced systems?

Q8. Describe the technical architecture of the solution.

Q9. Do you conform to a standard architectural framework supporting open system and open data standards? If so, describe.

Q10. How do you meet the demands of an environment consisting of constant regulatory changes, with expanding requirements for data sharing?

Q11. Describe how the use of open hardware and software standards support portability of your solution, allowing interfacing with existing agency or 3rd party systems.

Q12. Describe how your system conforms to industry security and privacy standards (HIPAA, HITECH ACT, NIST, OWASP, etc.).

Q13. Describe the levels of user access and how it is configured (read only, update for specific screens/fields, access to only certain screens)

Q14. Which components support open systems architecture to accept plug-ins and bolt-ons?

Q15. Define the required architectural components. Include diagrams, if available.

- *Software Architecture*
- *System Architecture*
- *Application Architecture*
- *Database Platform*

Q16. Provide a compatibility list (software manufacturer and version) for the following desktop items:

- *Internet browser;*
- *Operating System; and*
- *Office Suite.*

Q17. What is the estimated network bandwidth and storage requirement for your solution? To refine these requirements, what information is needed in the RFP?

Q18. Is the solution compatible with mobile devices (iPhone, iPad, Blackberry, tablets)?

D. Pricing Model

Q19. Describe your prince model for the recommend solution.

Q20. Provide a description of the ongoing cost for maintaining your solution post deployment.

E. Implementation Approach and Plan

Q21. Discuss the type of implementation approach(es) you use and the benefits of the approach(es).

Q22. Describe the internal State staffing requirements. Please recommend desired skills and resources (number and roles) of State personnel during implementation and post-implementation.

Q23. Describe your approach to testing. Do you use automated tools for systems and stress testing

Q24. Elaborate on your approach to training and knowledge transfer.

Q25. How will you minimize the impact on State staff, providers, and recipients?

Q26. Please supply a sample implementation schedule and plan that you have used for a similar past project.

F. Project Risks

Q27. Every project has certain inherent risks. Describe the significant risk factors associated with all outlined solutions and how they should be mitigated.

Q28. What other suggestions or recommendations does the Vendor have to ensure the development and implementation of this system is successful?

G. Business Rules

Q30. Describe your generic approach to business rules. What functions can be supported by business rules? What application modules are supported by business rules?

Q31. How are the rules maintained?

Q32. Do you have a starter set of business rules that you bring to an engagement? If so, what type(s) of rules?

Q33. What business rules would you recommend gathering before the arrival of the vendor?

H. Legacy System Data Conversion

Q34. How would you manage the legacy data conversion and cleansing activities?

Q35. What tools do you use for data conversions?

I. Other Topics

Q36. Please complete the table below:

#	Question	Yes/No	Comment
	Configuration and Custom Components Integration		
1	Does the system offer flexible configurations?		
2	Can you easily add/change functionality so that new requirements can be accommodated in the future?		
3	Are portions of the COTS customizable or configurable?		
4	Can customizations be maintained under the standard maintenance agreement?		
	User Interface Approach		
5	Is the UI configurable?		
6	Can UI configurations be performed by a trained State administrator (business user)?		
7	Is your solution 508 compliant for individuals with disabilities?		
	Workflow		
8	Do you incorporate workflow functionality within your solution?		

9	Do you interface with 3rd party systems?		
	Document Management		
10	Does your application integrate a document management system?		
11	Does your document management solution support a redaction capability		
12	Can letters be created from templates using Word Merge?		
13	Can it create mailing labels?		
14	Correspondence and Tracking		
15	Can the system track all communication to and from a client?(e.g., billing claim status, service approvals, service requests, notices, instant messages, letters, images, emails)?		
16	Can correspondence be transmitted securely?		
17	Is electronic correspondence indexed for ease of retrieval?		
18	Can incoming electronic correspondence from a service provider, consumer, or state office be automatically routed to the proper destination within each organization?		
19	Does your approach incorporate automatically triggering emails to external customers based on processing rules?		
	Reporting		
20	Do you incorporate reporting functionality within your solution?		
21	Do you integrate with a 3rd party solution?		
22	Do you support dashboard and other graphical reporting capabilities?		
23	Can trained user/administrators create their own reports?		
	Do you offer both canned and ad hoc reporting?		
24	**Workflow**		
25	Does the system provide workflow capabilities?		
26	Is there tickler and email alert functionality?		
27	Is e-signature incorporated?		

6.   CLOSING

The DHHS Bureau of Developmental Services thanks you for your efforts in preparing a response. Although this Request for Information does not require the State to issue a Request for Proposal or to award a contract, it is anticipated that the information gathered in this project will be highly beneficial and will inform the State's decision making process.