

ServiceLink RFA Public Comment

Date	Comment or Question
11/5/2019	Can you please include me on all DHHS Correspondence related to the ServiceLink RFA
11/5/2019	Is the intent of this RFA to award it to one bidder or multiple? I was under the impression that it would be a single entity, but as I read it more I see references to multiple awards.
11/14/2019	The RFA states the question period ends on 11/18 and open comments ends on 11/26. Should I assume, if GSIL has any questions, we need these to you by Monday, 11/18?
11/14/2019	I have tried to find the previous RFP responses from the current contract, and unable to locate them online. Might you be able to send me the link for those
11/14/2019	Can you give me an idea of how many times a PAS has had to be redone because the individual did not go into a nursing home within the 30 days. ?
11/14/2019	How does the process work in terms of submitting to the state. In other words- how does this currently happen at this point of time.
11/14/2019	PAS/PASRR – can you provide me with the process which is currently used so I have an idea of the forms and time it may take to complete one. Are the forms hardcopy or online so we would be looking at needing laptops, air cards etc. This would make a difference as to the workload for a LTSC.
11/14/2019	I am seeking clarification if a provider can apply statewide for only (meaning not in addition - the overall Service Link contract) one of the 3 services identified (PASRR – Level II; Medicaid Eligibility Coordinator ; or State Health Insurance Assistance Program). I was not clear if a provider had to apply to the Service Link contract to be eligible to apply for any of the 3 services identified above.
11/18/2019	1. Will there be a bidder's conference?
11/18/2019	2. What indirect rate is allowed for the budget?
11/18/2019	3. Is there a contractor match expected for the budget?
11/18/2019	4. For the weekend and evening coverage, what hours are expected and does this need to include in person availability or is phone coverage acceptable?
11/18/2019	5. Could it be defined what it means that ServiceLink shall operate as an independent program?
11/18/2019	1. What is the current volume of people served by the Medicaid Eligibility Coordinators?
11/18/2019	2. Could a change in the RFA be considered, so that an Optional Service such as the Medicaid Eligibility Coordinator services could be applied for without applying for a ServiceLink region?
11/18/2019	3. Are the Medicaid Eligibility Coordinator services specific to nursing facility and CFI applications, or does it encompass the other waivers such as DD, ABD and regular Medicaid, and is expanded Medicaid included?
11/18/2019	4. For the Medicaid Eligibility Coordinator, are there training requirements and who provides the training?

11/18/2019	5. For the Medicaid Eligibility Coordinator, what are the required components the contractor must keep for each individual record?
11/18/2019	1. Does PASRR Level 1 pre- screen budget and scope of services include the defined scope of services for nursing facility Level of care (LOC) determination responsibilities?
11/18/2019	2. If a provider is only applying for PASRR service statewide, does the provider need to have local regional offices?
11/18/2019	3. What was the volume consumers referred for PASRR services per region?
11/18/2019	4. What is the volume of consumers managed currently under PASRR?
11/18/2019	5. Can you provide a copy of the Level II evaluation tool?
11/18/2019	6. Is there a database system established for monitoring and tracking of NF residents identified as having MI or ID or related conditions?
11/18/2019	7. Can the RN education requirements be waived, if the RN has more years of industry experience than required?
11/18/2019	8. Can you clarify who is the QMRP? Is that part of the PASRR responsibilities?
11/19/2019	Looking for clarification on the dates of the RFA
11/22/2019	I was curious if you expect the existing ServiceLink agencies to bid on the new scope of work that includes the 1915c CFI waivers. From KEPRO's understanding, it would be a conflict of interest to have a direct care provider (ie East Seals) also providing "independent" assessments. According to CMS, states are required to conduct them or hire an independent agency. Vendors like KEPRO and our competitors are assessing for roughly 45 of the 52 states.
11/22/2018	1. According to Appendix K – Funding Table, the PASRR/eligibility assessment state budget is \$87,483.00 per county - is this a flat rate per county or is the intention to bill per completed assessment?
11/22/2018	2. Can bidders combine more than one application into a single submission or are they required to be separate?
11/22/2018	3. Would this RFA exclude agencies that provide a full array of direct care services (including but not limited to Case Management, Residential, Nursing Facility, Community-based programs) due to CMS requirements for an "independent assessment agency" per CMS Guidance to States under the 1915(c) waiver provision (known as the Choices for Independence program)?
11/22/2018	4. Would this RFA exclude Case Management agencies in conducting 1915(c) assessments due to the "conflict of interest" provisions that are covered under New Hampshire's CMS Corrective Action Plan (CAP) for Developmental Disability, Acquired Brain Disorder and Children In-Home Services?
11/27/2019	Appendix G 2.1.1.1.3 Prov minimum 40 hrs/wk including weekend/evening coverage Does this default to the potential Fiscals operating hours? For example if the building is not open on weekends/evenings would the contract still require it?
	2.1.1.4.3
	Communicate w NH Care Path referral sources
	What is to be communicated?

	2.1.1.6
	Wait List, need clarification
	Newly eligible for what? Who and what services are they waiting for/from?
	2.2.3.1.4
	Specialized Care Transitions Counseling
	Sounds like discharge planning; safe and secure setting- prevention of readmit? This is the role of 1-2 people depending on the county, how does this interface with the acute care setting who have their own discharge planners? This sounds like a case mgr position requiring home visits and consistent follow-through and contact, this is more than simply providing a few referral and phone#'s.
	2.3.1.2.5
	LTSS Eligibility Determination Services
	Ensuring eligibility documents are completed and submitted to the dept. SL currently does not have the ability/access to determine if NH Easy application has been completed and submitted.
	2.3.1.3 and 2.3.1.4
	Seems as though MIPPA information might be inserted in the wrong location of this contract?
	2.3.2.4
	NF LOC Determinations (MEA)
	Need # of MEAs per county last year and the process, home visits- travel expense?
	Length of time to do assessment; is the financial assessment first or is the medical assessment 1st?
	2.3.3.1
	PASRR Level I Pre Adm Screening Svs
	What is the past year's actual volume and expenses per county?
	Are hospitals responsible for first admit to NF?
	Assuming this position could be cross trained and perhaps more than 1 person can address the scope?
	2.4.1
	Family Caregiver
	Perhaps additional trainings also be considered in addition to Powerful Tools for Caregivers, such as the evidenced based Saavy Caregiver program?
	2.4.5.4
	Veteran Directed Care
	Current statewide system per VA is that the contractor is contacted by VA to set up assessment not the other way around.

	APPENDIX I
	Medicaid Eligibility Coordinator
	Will the Eligibility Coordinators have the same access to the state's infrastructure as currently?
	What is the past year volume/county? What is the past year expenses/county?
	APPENDIX J
	PASRR Level II
	What are the staff criteria? What is the past volume history/county? What is the past year expense/county?
	Why is the allocation for funding so vast from Rockingham to Hillsborough counties? Hillsborough (even with the town shift) has a larger staffing requirement, serves more clients and has more residents residing in the county (funding difference \$143k in Admin, I&R and Options)? What is the formula for determining funding by county?
	Would the state be open to a restructuring of geographic areas, not necessarily by county but rather by service areas. Maybe looking at the current IDN structure or another solution? Looking for further consolidation and less contracts?
11/26/2019	<p>Keeping a waitlist for services Appendix G (2.1.1.6.2). The historic role of ServiceLink has been eligibility. We typically refer clients to other agencies for services and expect that those agencies monitor if a client goes on their waitlist. Example: We work with someone to get CFI approval and then they see the appropriate person. We no longer have contact with that person to know if they are on a wait list or not, or how long they are on the list. This is often the case that we no longer have contact with a client once they qualify elsewhere. Regarding the required items to track such, will the state be providing a tracking system? Perhaps in Refer 7? What are the proposed best practices or guidance for tracking and monitoring people not receiving services after deemed eligible? Reporting is required quarterly.</p>
	Will the structure required for capacity maintenance of NH Care Path fall squarely on the local Servicelinks? What support will the state offer related to the required maintenance? There is also an increased roll in Care Path meetings. In the past we have facilitated the meetings. We would now be required to keep and send minutes to the state, etc.
	Overall there is a formalization and expansion of the role of Servicelink in the acute care entities and an expansion on what we have previously been asked to do regarding discharge planning.

	Can we have access to the number of PASSRR referrals statewide and broken down by County? Appendix G (2.3.3)
	Can the PASSRR nurse be a sub-contracted service? Appendix G (4.4.7.1)
	Are there restrictions on sharing the nurse position with another Agency? Appendix G (4.4.8)
	NH Care Path and waitlist monitoring will increase our overall ServiceLink level of effort. In Strafford County our contract level reduced by \$17,000. Are there reduced levels of effort in other areas that we haven't identified? Is this due to our call number system of tracking?
11/29/2019	The DHHS Plan to expand the current ServiceLink scope to include the provision of Nursing Facility Level of Care (NH Medicaid Medical Eligibility Assessment) determinations and PASSR (Preadmission Screening and Resident Review – Levels I and II) is shortsighted and problematic. I have several issues with the proposed action, including but not limited to:
	This is a shell game to take money awarded [GOVERNOR AND EXECUTIVE COUNCIL AGENDA State House, Concord, New Hampshire, June 5, 2019, Item 36A] from one contractor [Kepro]. and sole source it to another contractor [Servicelink]
	The current payment rate for these assessments is exorbitant and excessive. The assessments should be put out to bid through an open bidding process.
	There are many more qualified entities in the state with experience performing the assessments. Sole sourcing the assessments to the Servicelink system, excludes the other more qualified providers.
	The Servicelink providers do not currently possess the trained staff needed to complete the assessments.
	Should the Servicelink want to perform the assessments, they should bid with the other qualified providers.
	NH Long Term Care system is in a fragile state.and if there is any issue with the assessment process it put waiver recipients in harms way.
	The N.H. BEAS is in the process of rule making (He-E 801) which may impact the assessment process.
	CC to Governor and Executive Council by Regular Mail
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