



OFFICIAL RESPONSES TO VENDOR QUESTIONS  
 RFA-2024-DLTSS-03-ADRCS

No.	Section	Question	Answer
1.	<b>Section 1. Purpose and Overview; Subsection 1.1. Introduction.</b>	Are Vendors required to provide contracted services outside of awarded geographic areas?	<p>Vendors may propose to provide contracted services in one (1) or more geographic areas within the state.</p> <p>The ADRC program is a Statewide program, therefore best practice is that the ADRC Program will respond to the needs of individuals who call or walk-in to an office. If an individual's identified need is better served by a different ADRC, the Department expect that the ADRC Program offices would work together to best meet the need.</p>
2.	<b>Section 1. Purpose and Overview; Subsection 1.2. Key Information.</b>	<p>a. What funding sources are included in the ADRCS scope?</p> <p>b. Is there any SMP funding source included in the budget for the ADRCS scope of work only, not including any unique regional scopes of service?</p>	<p>a. Please see Funding Source in Section 1.2. Key Information.</p> <p>b. No. SMP funding is not part of the general ADRC scope of services. SMP funding is only applicable to unique regional SMP scope of service.</p>
3.	<b>Section 2. Statement of Work; Subsection 2.1. Provisions Applicable to All Services; Paragraph 2.1.1, Subparagraph 2.1.1.10, Article 2.1.1.10.4.</b>	Based on the reduction of funding for needed staffing for Medicaid Eligibility, can the contract remove the wording of long-term institutional settings and hospitals?	No.

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



4.	<b>Section 2. Statement of Work; Subsection 2.1. Provisions Applicable to All Services; Paragraph 2.2.1.</b>	<p>a. What is the anticipated date that the standards of practice will be completed and implemented?</p> <p>b. Will the standards of practice increase or significantly change the scope of work as outlined in this solicitation?</p>	<p>a. The standards of practice will begin at the onset of the contract, in collaboration with the Department’s program staff.</p> <p>b. No, these standards will not significantly increase or change the scope of work outlined in the solicitation.</p>
5.	<b>Section 2. Statement of Work; Subsection 2.1. Provisions Applicable to All Services; Paragraph 2.2.1., Subparagraph 2.2.1.1.</b>	Can the Vendor share office space/entry with another program run/owned by Vendor?	Vendors must meet all the requirements under Subsection 2.2. Administrative Requirements. If Vendors are operating ADRC from a shared office space, the ADRC Program must be clearly delineated with adequate signage.
6.	<b>Section 2. Statement of Work; Subsection 2.1. Provisions Applicable to All Services; Paragraph 2.2.1., Subparagraph 2.2.1.3.</b>	Can an ADRC office be operational with the door closed for walk-in appointments, for the limited staff based on the funding to be able to handle the volume of scheduled appointments and phone calls?	Historically, ADRC’s have had the ability to be flexible at times based on staffing availability. Ultimately, there needs to be clear access to ADRC supports and services for individuals in the community.
7.	<b>Section 2. Statement of Work; Subsection 2.1. Provisions Applicable to All Services; Paragraph 2.2.1., Subparagraph 2.2.2.5.</b>	Is the Vendor required to fund all costs related to ensuring available space and supplies and use of Vendor equipment for DHHS BFA staff and other department staff use?	Yes, for basic office space, supplies and equipment (for example, printers, stationery, etc.).

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



8.	<b>Section 2. Statement of Work; Subsection 2.2. Administrative Requirements; Paragraph 2.2.1., Subparagraph 2.2.2.6.</b>	Are the current approved ADRC Program signs in compliance or will approved Vendors be required to purchase new office signage?	At this time, the Department would not expect current Vendors, who may be awarded a contract, to change their current signage.
9.	<b>Section 2. Statement of Work; Subsection 2.5. Training; Paragraph 2.5.1.</b>	<p>a. Will ongoing training in the areas of New HEIGHTS, Medicaid Application and Medicaid Waiver be readily available to all staff throughout the year – to act as ‘refresher’ trainings?</p> <p>b. May extensions be granted when specified training or certification is not available within the six (6) months? For example, depending on experience and education of a new I&amp;R staff, Inform USA may require one (1) or more years of experience before a person is allowed to sit for an exam.</p> <p>c. If there is a SMP regional specialist (as indicated in section 4), would ADRC counselors still be doing SMP work?</p> <p>d. How will SMP related training and staffing costs be funded?</p>	<p>a. Yes.</p> <p>b. The Department and ADRC Administration will work with selected Vendor(s) to support the onboard of training expectations. The Department recognizes that some training needs may go beyond the 6-month expectation.</p> <p>c. The ADRC Counselors would be expected to provide I&amp;R support as it relates to the SMP program.</p> <p>d. All funding is from General state funds for this solicitation.</p>
10.	<b>Section 2. Statement of Work; Subsection 2.6. Information &amp; Referral and Person-Centered Options Counseling, Paragraph 2.6.1, Subparagraph 2.6.1.3.</b>	Are Vendors required to participate in or facilitate hospital discharge planning?	ADRCs would be expected to navigate their role & responsibility in discharge planning in order to provide support for any identified I&R needs.

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



11.	<b>Section 2. Statement of Work; Subsection 2.6. Information &amp; Referral and Person-Centered Options Counseling, Paragraph 2.6.4.</b>	<p>a. Is this education and outreach expected to be completed within ADRC offices, or in the community?</p> <p>b. Is the expectation for this to be a live presentation to a group? Or expected to have information and resources available at a community event (ex. Health Fair)?</p>	<p>a. Education and Outreach should occur within ADRC offices and in the community, depending on identified needs.</p> <p>b. The Department will provide support in collaboration with ADRC Vendors to meet this expectation.</p>
12.	<b>Section 2. Statement of Work; Subsection 2.6. Information &amp; Referral and Person-Centered Options Counseling, Paragraph 2.6.7., Subparagraph 2.6.7.1.</b>	<p>a. Please clarify the expectations/requirements of the Work Plan.</p> <p>b. Is this Work Plan expected to be broad-based, including how the Vendor anticipates providing home and community-based visits?</p> <p>c. Or is the Work Plan expected to be thorough, specific to each region and each office/staff (if more than one (1) in each ADRC county)?</p>	<p>a. The Work Plan needs to detail how the Vendors will operationalize home and community-based visits for clients in need of that support.</p> <p>b. Yes.</p> <p>c. It should also include how decisions will be made in regard to staff availability and their collaboration with the Department around that expectation.</p>
13.	<b>Section 2. Statement of Work; Subsection 2.7. Long Term Supports and Services (LTSS) Eligibility Determination Services, Paragraph 2.7.2.</b>	Please define the expectation of 'formal outreach activities' as noted, does the delivery of an informational LTSS Portfolio to the community partner meet this contractual obligation?	Although providing an informational LTSS portfolio to the community is a form of outreach, formal outreach activities should be more of an opportunity for discussion or asking questions.

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



14.	<b>Section 2. Statement of Work; Subsection 2.8. Family Caregiver Support Program Services; Paragraph 2.8.8.</b>	<p>a. What is the Vendor expected to provide as verification of these education/outreach activities being completed?</p> <p>b. Is this verification expected to be provided as activities are completed, or on a quarterly basis?</p>	<p>a. See Section 3. Performance Measures and Reporting Requirements.</p> <p>b. ADRC Vendors are required to document outreach efforts in the Information &amp; Referral System, and must be provided to the Department on a quarterly basis.</p>
15.	<b>Section 2. Statement of Work; Subsection 2.9., State Health Insurance Program (SHIP) Assistance, Paragraph 2.9.4.</b>	<p>a. What is the frequency requirement for SHIP targeted outreach?</p> <p>b. Is this outreach in addition to the required monthly MIPPA outreach cited in 2.10.3?</p> <p>c. Can one (1) event count for both requirements if materials presented are relevant to SHIP and MIPPA services?</p>	<p>a. ADRC Vendors are expected to conduct monthly targeted outreach activities for the SHIP &amp; MIPPA programs.</p> <p>b. Vendors can do one outreach activity a month to satisfy Department requirements, which must cover both program topics in that activity and that would satisfy program requirements.</p> <p>c. Yes.</p>
16.	<b>Section 2. Statement of Work; Subsection 2.9., State Health Insurance Program (SHIP) Assistance, Paragraph 2.9.6.</b>	If there is a contracted SHIP trainer for the State, would the ADRC Vendor still be responsible for training and maintaining a network of SHIP volunteers?	Yes, the SHIP Trainer’s role will be to coordinate with statewide ADRC Vendors to ensure that their volunteers are meeting program expectations.

**New Hampshire Department of Health and Human Services**  
**Aging and Disability Resource Center Services**



17.	<b>Section 2. Statement of Work; Subsection 2.9., State Health Insurance Program (SHIP) Assistance, Paragraph 2.9.8.</b>	What part of the program goals, objectives and performance measures in Appendix F are incorporated in the scope of work that a Vendor is directly responsible to complete?	The ADRC Vendors would be responsible for all goals, objectives and performance measures outlined in Appendix F, in collaboration with the Department's Medicare Director.
18.	<b>Section 2. Statement of Work; Subsection 2.12. Staffing; Paragraph 2.12.2.; Subparagraph 2.12.2.2.</b>	<p>a. If there is a SMP regional specialist (as indicated in section 4), would ADRC staff/counselors still need SMP training and certification?</p> <p>b. Are Vendors who are not awarded the unique regional scope for SMP required to ensure training and certification of staff in SMP foundations and/or complex interactions?</p> <p>c. How will SMP related staffing costs be funded?</p>	<p>a. No, ADRC staff will need to have knowledge of the SMP program in order to provide a warm handoff to the SMP Regional Specialist.</p> <p>b. There will be no additional funding for SMP related staffing costs, as this work would fall under I&amp;R work.</p> <p>c. All funding for ADRC awarded contracts will use General funds.</p>
19.	<b>Section 3. Performance Measures and Reporting Requirements, Subsection 3.1.</b>	Will these reports impact funding during the contract cycle?	No. These reports will not impact contract funding during this contract cycle, but could impact future funding.
20.	<b>Section 3. Performance Measures and Reporting Requirements, Subsection 3.3.</b>	<p>a. What is the expectation for this reporting requirement? A verbal or written report?</p> <p>b. Is there a specific day of the month ADRCs should be reporting by?</p>	<p>a. A monthly written report.</p> <p>b. Reports will be due by the 15<sup>th</sup> of the following month.</p>
21.	<b>Section 3. Performance Measures and Reporting Requirements, Subsection 3.7.</b>	What is the frequency of Medicaid Application and Form Assistance Contacts reporting?	Monthly

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



22.	<b>Section 3. Performance Measures and Reporting Requirements, Subsection 3.10.-3.10.4.</b>	This section cites information on a state level, not specific to Vendor service area. Is this report intended to be a state level number or broken down into Vendor service areas? How was this information previously reported?	When Vendors document their SHIP work in the STARS system, that system captures the information, which will allow the Department to run the reports necessary off that system. These reports are run automatically.
23.	<b>Section 3. Performance Measures and Reporting Requirements, Subsection 3.11.</b>	<p>a. If there is a SMP regional specialist (as indicated in section 4) would ADRC offices still be responsible for reporting on SMP performance measures?</p> <p>b. Are Vendors who are not awarded the unique regional scope for SMP required to submit Quarterly SMP progress reports?</p>	<p>a. No, this would be the responsibility of the SMP Regional Specialist.</p> <p>b. No.</p>
24.	<b>Section 3. Performance Measures and Reporting Requirements, Subsection 3.12.</b>	<p>a. If there is a SMP regional specialist (as indicated in section 4) would ADRC offices still be responsible for advertising, promoting and conducting SMP educational outreach activities? How will SMP related outreach be funded?</p> <p>b. Are Vendors who are not awarded the unique regional scope for SMP required to conduct SMP educational outreach? How will SMP related outreach be funded?</p>	<p>a. ADRC Vendors would not be required to conduct SMP educational activities, but selected Vendors would be expected to have knowledge of SMP to provide I&amp;R and would have access to SMP materials as needed for their I&amp;R work.</p> <p>b. No. All funding for contracts resulting from this solicitation will utilize General funds.</p>

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



25.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.2. Senior Medicare Patrol; Paragraph 4.2.3.</b>	<p>a. Are Vendors required to provide contracted services outside of awarded geographic areas?</p> <p>b. Will there still be “in-office” SMP counselors? How would beneficiaries SMP-related concerns be directed to the SMP regional specialist?</p>	<p>a. The SMP program is a Statewide program, therefore if there is a vacancy in a specific region then the Department would expect the other regions to help support the overall need of the program.</p> <p>b. No, selected Vendors would be expected to do warm handoffs to the SMP Regional Specialists.</p>
26.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.2. Senior Medicare Patrol; Paragraph 4.2.4.</b>	<p>a. Is this in addition to the required 1 SMP Complex Interactions Specialist? How will the additional SMP staff and volunteer related costs be funded?</p> <p>b. What is meant by “staff”? Is this referring to staff in the ADRC Program offices? If there is a regional SMP specialist, would there still be SMP certified staff in each office?</p>	<p>a. The SMP regional specialist is the SMP staff being referenced. There is no funding for additional SMP staff outside of the SMP Regional Specialist.</p> <p>b. No, staff is only referring to the SMP Regional Specialist positions pertaining to this section of the solicitation.</p>
27.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.2. Senior Medicare Patrol; Paragraph 4.2.7.</b>	How will the shared cost for (1) the use of toll-free lines and (2) web-based strategies through local and statewide media channels, and (3) education outreach planning be funded? Are community partners, including NH SHIP, expected to share in these costs?	Funding channels already exist for this program, therefore, we do not expect additional funding to be needed.



**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



28.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.2. Senior Medicare Patrol; Paragraph 4.2.10.</b>	What is the frequency of reporting? Are the quality measures already established and available for review, or, will Vendors establish the quality measures?	When Vendors document their SMP work in the SIRS system, that system is capturing the information, which will allow the Department to run the reports necessary off that system. The quality measures are already built into that system to ensure accuracy.
29.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.3. Medicare Outreach, Volunteer and Training Services; Paragraph 4.3.1.</b>	Can we hire 2x .5 FTE for the 1.0 SMP or Medicare Trainer position?	No.
30.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.3. Medicare Outreach, Volunteer and Training Services; Paragraph 4.3.4., Subparagraph 4.3.4.3.</b>	<p>a. What exactly does this mean? Seems contradictory to 4.3.4.4</p> <p>b. Why would this specialist have to set up and operate booths/tables at health fair events if they have secured local ADRC staff to attend these events (as indicated in 4.3.4.4)?</p> <p>c. Would this position require working evenings and weekends? What are the expectations if the Medicare Trainer is out sick, on vacation, or has a prior family obligation on the day that there is a scheduled health fair, senior day, or conference?</p>	<p>a. Selected Vendors would be expected to coordinate their own outreach events.</p> <p>b. The trainer and Outreach specialist will be responsible for identifying events/opportunities.</p> <p>c. Evening and weekend work would depend upon planned events. The person in this role should communicate any absences to the Medicare Director, and ensure that for any planned absence, there is adequate staffing for planned events.</p>

**New Hampshire Department of Health and Human Services**  
**Aging and Disability Resource Center Services**



31.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.3. Medicare Outreach, Volunteer and Training Services; Paragraph 4.3.4., Subparagraph 4.3.4.4.</b>	If there are no SMP certified staff at the ADRC sites, what staff would be expected to staff these events?	The Coordinator will work with the SMP Regional Specialists to secure SMP representation at identified events.
32.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.4., Medicaid Eligibility Coordinator Services</b>	<p>a. How is this role different from the Medicaid/LTSS eligibility staff at the ADRCS office? Will this position report to the awarded ADRCS Vendor?</p> <p>b. The current Eligibility Coordinators report to state staff. Will this change with this RFA?</p> <p>c. Has this scope changed from the last funded scope?</p> <p>d. Will the awarded Vendor assume current Eligibility Coordinator staff or will the awarded Vendor hire new staff?</p>	<p>a. Eligibility Coordinators are unique positions, which work more closely with the Department and No Wrong Door (NWD) partnering agencies to support the streamlining of access to Department supports and services.</p> <p>b. They currently report to both State staff and the Vendor who received the scope for their positions.</p> <p>c. Their specific role and responsibilities have not changed in this solicitation.</p> <p>d. If a new Vendor is selected for this unique regional scope, then we would encourage them to take on the current coordinators, in order to continue effective operations of that unique scope.</p>

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



33.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.4., Medicaid Eligibility Coordinator Services, Paragraph 4.4.1.</b>	<p>a. Are the two FTEs required to be 100% supported by this grant?</p> <p>b. Do the two FTEs need to be the same position, or can they be within different position classes in the Vendor organization?</p> <p>c. Are the positions dedicated to any specific geography/social care system, or are they designed to provide support statewide to any constituency?</p>	<p>a. Yes, there would be a requirement of two FTE employees for Medicaid Eligibility Coordination.</p> <p>b. The ADRC is its own unique program and therefore, the FTEs should be classed based on their expected role and responsibility.</p> <p>c. The ADRC program is a Statewide program, therefore best practice is that The ADRC Program will respond to the needs of individuals who call or walk into an office. If an individual's identified need is better served within their own community, we expect that The ADRC Program offices would work together to best meet that need.</p>
34.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.4., Medicaid Eligibility Coordinator Services, Paragraph 4.4.2. – Subparagraph 4.4.2.6.</b>	Does this role provide direct service to individuals who are potentially eligible for Medicaid LTSS and individuals engaged in the application process?	Yes – They also support NWD partners in supporting their clients' access to LTSS.
35.	<b>Section 4, Services with Unique Regional Scopes; Subsection 4.5., ADRC General Phone Line; Paragraph 4.5.1 – Subparagraph 4.5.2.1.</b>	<p>a. Can you please let us know what the volume is for the Statewide General Telephone Number?</p> <p>b. Is there a live call percentage expectation?</p>	<p>a. The Department cannot provide a volume of calls for the Statewide General Telephone Number at this time.</p> <p>b. The Department expects that during normal business hours, all incoming phone calls will be answered by a staff person.</p>

**New Hampshire Department of Health and Human Services  
Aging and Disability Resource Center Services**



36.	<b>Section 4. Services with Unique Regional Scopes; Subsection 4.5., ADRC Phone Line, Paragraph 4.5.2., Subparagraph 4.5.2.3., Article 4.5.2.3.4.</b>	Is the expectation that the calls will just be sent to the applicable ADRC provider, after the appropriate documentation has been completed?	Yes.
37.	<b>Section 4., Subsection 4.6., Finance; Paragraph 4.6.1.</b>	Can you please provide a listing of the grant terms for each ADRC program, for each SFY?  Can you please advise if these funds will be adjusted for inflation as appropriate, as this has not occurred in a long while?	Please see Solicitation and Appendix H – Funding Breakdown for Grant Terms.  No.
38.	<b>Section 10. Compliance, Subsection 10.5. Culturally and Linguistically Appropriate Services, Paragraph 10.5.2.</b>	When Appendix B is opened it appears as Appendix C. Will this be fixed or should the Vendor change it to state Appendix C?	The website has been updated to reflect the correct Appendices.
39.	<b>Appendix A – Exhibit C, Section 4</b>	Based on the Vendor not receiving all documentation needed for monthly invoicing by the 15th of the following month, can Vendors negotiate submission deadlines for invoicing?	No.
40.	<b>Appendix A – Exhibit C, Section 4.4</b>	When submitting monthly invoices, can financial monitoring be conducted annually instead of monthly?	No.
41.	<b>Appendix D</b>	What was the rationale in moving Plainfield (1.5 hours from Keene office) and Grantham (1.25 hours from Keene office) out of the Sullivan Catchment area and into the Monadnock catchment area?	The catchment areas outlined in this RFA are based on the current ADRC catchment areas.

**New Hampshire Department of Health and Human Services**  
**Aging and Disability Resource Center Services**



42.	<b>Appendix H</b>	Appendix H- Funding Breakdown - For each county, will volunteers who have been trained and certified as required in the scope and input data into the state system be allowed to report for Medicaid administrative dollars?	Yes, only if volunteers are trained to the level necessary to have access to ADRC systems.
43.	<b>Appendix H</b>	Based on Appendix H-Funding breakdown – can ADRC offices for a specific county refer clients that are calling from another county back to their county of residence?	The ADRC program is a Statewide program, therefore best practice is that the ADRC Program will respond to the needs of individuals who call or walk into-in an office. If an individual’s need that is identified is better served within their own community, we expect that The ADRC Program offices would work together to best meet that need.
44.	<b>General</b>	How much do we need to budget for travel in the Medicare Trainer as well as the SMP positions?	The Department will determine these details with chosen Vendors during contract negotiations.
45.	<b>General</b>	Could we charge a higher percentage for admin to compensate for the extra billing work?	No.