



OFFICIAL RESPONSES TO VENDOR QUESTIONS
 RFP-2024-DLTSS-01-HEALT

No.	RFP Section	Question	Answer
1.	1.1	What is the breakout of geographic area?	Currently, Health Care coordination services are provided by county. For this RFP, regions are aligned with those of the Area Agencies; see table in He-M 523.12 Family Support Services.
2.	1.1., 1.4.3.1.2., 2.1.5.6, 2.1.5.8., 2.2.3.1.	Which NH Administrative Rules apply to these services?	The NH Administrative Rules that selected Vendors must comply with are referenced in the RFP. NH Administrative Rules He-M 520 and 523 are still in effect and need to be followed with opportunity for waivers, if needed to meet the needs of families. The selected Vendors will be invited to participate in the revision of He-M 520 and 523 during SFY 2024.
3.	1.2.	When will the division of clients across each territory for the new program be available?	The Department will work with agencies on transition planning including enrolled clients. Agencies will have access to this information when Governor and Council approve contracts. The grand total for contracted amounts are included within the RFP table 1.2 Key information. Total amount available for each year is \$1,045,000 to be divided among the 10 regions.
4.	1.3	Can the Department share the anticipated timeframe for Vendor selection and notification?	Vendors will be notified of selection following the Departments scoring of proposals.
5.	1.4.3.1.2.	The new RFP and Administrative Rule He-M 520 require the person, or the parent/guardian has to be a US citizen. PIH He-M 523 does not require that. What is this	(c) The 520 rule states, “Be, or have a parent or guardian who is, a United States citizen or a legal resident alien”. The status of “legal resident alien” has several considerations including visas, green cards and

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		requirement?	lengths of stay in the country. The Department is responsible for eligibility determination. If a participant is already receiving services through BFCS Health Care Coordination or PIH, they have been determined eligible and will remain eligible for HCC until discharge. This requirement is a reflection of Title V federal funding requirements.
6.	1.4.3.2., 2.1.7.1., 2.1.7.2., 2.1.7.6.3.	Who is determining eligibility and what documents are required for uploading?	All applications will be processed and eligibility will be determined by the Department, including confirmation of diagnoses using Diagnosis Verification. Documents required for uploading are outlined in section 2.1.7.6.3. of the RFP. Selected Vendors are encouraged to work with the Department's Nurse Consultants to request additional documentation, such as medical records.
7.	2.1.5.6.	<p>a) What does the funding in 2.1.5.6. cover?</p> <p>b) Will the funds be included in the budget that is created for flex funds or is it a separate pot of money held?</p>	<p>a) The \$80,000 referenced in 2.1.5.6 is a shared price limitation to be used for environmental modifications (eMods) and reimbursement to eligible families for Health Related Expenses, in accordance with He-M 520.06.</p> <p>b) Funds referenced in 2.1.5.8. are governed by He-M 523 which is financial assistance typically related to flexible funding.</p>
8.	2.1.7.2.	Is there a requirement for a family to respond in 15 days?	There is no requirement for a family to respond within 15 days. If a family does not respond, further outreach is required. This section requires selected vendors to notify families within 15 days of receipt from the Department to begin service delivery.
9.	2.1.8.	Will the Department be providing a template for a Shared Care Plan?	The Department will provide a template with minimum requirements to the selected Vendor(s) and the selected Vendor(s) may supplement as needed to meet the needs of the family.

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10.	2.1.8.2.1.	Will the Vendor be responsible for creating a new Shared Care Plan every 6 months?	The requirement is for the Shared Care Plan to be uploaded to the SMS/PIH system and reassessed as needed, and/or at a minimum of every six (6) months. Documentation that reassessment and any updates to the plan are required at a minimum of every six (6) months.
11.	2.1.9	<ul style="list-style-type: none"> a. How will this program be marketed as a new program? b. How does Special Medical Services (SMS) receive referrals now? c. How will families be advised that this program named changed? 	<ul style="list-style-type: none"> a. Vendors will be responsible for building partnerships, collaborating and communicating with community agencies in their own regions. b. The Department will develop a transition plan in collaboration with selected Vendors, which will include communication with and outreach to stakeholders. c. The DHHS website will be updated with the new Vendor list and information will be made available through a variety of communication methods including, but not limited to, stakeholder meetings and family councils.
12.	2.1.11.1.1.	Is the Bachelor Degree requirement negotiable?	See Addendum 3.
13.	2.1.11.5.	Will the Department be offering any of the trainings to the selected Vendor listed in 2.1.11.5?	The Department will provide trainings and orientation throughout the year. Annually, the Department will provide the opportunity for the required 18 hours of training. If an employee does not attend the Department training, the Vendor is responsible for ensuring each employee meets the minimum requirement for training hours.
14.	2.2.2.	Can 1 FTE be met by two employees sharing the role?	Yes, Two employees can share the 1 FTE position. The role of the Health Care Coordinator will encompass Health Care Coordination that includes Family Support. To ensure that families receive cohesive services without multiple staff, staff should not split these roles. In

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			other words, the Vendor may not have one person provide Health Care Coordination with a second providing family support.
15.	2.2.2.	Are applicants required to identify and budget for the number of full time employees needed based on the anticipated number of individuals served?	Yes. The Department is seeking proposals that are for the region to be covered by the applicant. The applicant should identify the number of FTEs (a minimum of 1 per region) based on the anticipated number to be served.
16.	2.3.	Can the Department clarify the funding structure for the services resulting from this RFP?	<p>Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of the Agreement, and shall be in accordance with the approved line items, as specified in the approved Budget.</p> <p>Medicaid billable services are rate based according to the Medicaid State Plan.</p>
17.	2.3.3.	Can both the Area Agency and this program bill Medicaid for Targeted Case Management?	If the child served is eligible for both area agency and health care coordination, the area agency is the biller for TCM.
18.	2.3.3.1.	Is program email communication billable under Targeted Case Management (TCM)?	Currently, email communication is not billable for TCM. Selected Vendors will be notified by the Department if this changes.
19.	2.3.4.	Who shares the shared price limitation?	All of the selected vendors.
20.	2.3.5.	Are flex funds the same as the funds in the shared pool in this RFP?	No. The Shared Price limitation is for reimbursement of health related costs that are medically necessary and available to families who meet eligibility requirements by living in a household with less than 185% federal poverty level. In addition, funding for eMods is also part of this shared pool. Flex funds are described in section 2.3.5. of the RFP.
21.	2.4.	Will the Department be providing new forms, releases, & templates to use?	Yes, Forms, templates and policies will be provided during orientation and training after July 1, 2023.

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22.	6.3., 6.3.1.	In Section 6.3 on page 22 of the RFP, it states that “Each Technical Response must contain the following, in the order described in this section: 6.3.1 Appendix A However, when you go to the Appendix A pages, they say do not return. Should this be returned blank with all the other required Appendices?”	Vendors are not required to submit Appendix A with the proposal. See Addendum 1.
23.	8.9	What is the transition process from the current contracts to this new contract for startup and the participants?	The Department will develop a transition plan in collaboration with selected Vendors. If necessary, a staffing plan will be included in the transition plan for new vendors or for those who are not fully staffed.
24.	See “Estimated Population Numbers Served by Region” document on website	How many Medicaid billable individuals are anticipated per region?	See Chart posted as “Estimated Populations Numbers Served By Region” in this solicitation
25.	See “Estimated Population Numbers Served by Region” document on website	Will there be a limited number of units available for Medicaid billing?	No. As long as the Vendor meets the requirements and bills in accordance with Medicaid rules, then there is no limit on target case management.
26.	See “Estimated Population Numbers Served by Region” document on website	<ul style="list-style-type: none"> a) Will SMS cases transition or terminate prior to the start of the new contracts? b) Will SMS be providing a list of individuals within each catchment region to selected vendor agencies? 	<p>There are over 800 SMS active cases and over 600 PIH cases</p> <ul style="list-style-type: none"> a) The number of SMS cases reflected above includes those individuals enrolled in other BFCS programs and who may not receive Health Care Coordination. In addition, the numbers are not unduplicated. <p>The Department will assist with the transfer of cases to new Vendors using the SMS data system</p> <ul style="list-style-type: none"> b) See Chart posted as “Estimated Population Numbers Served By Region” on DHHS website.

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27.	See Addendum #1, Section 1	Is the amount of funding for a one or two year period?	This is a per year amount.
28.	See Addendum #1, Section 4	In section 2.3.4., how should we submit a budget for the \$80k shared price limitation? Should we estimate how much we think our share would be? What would be provided on the program staff list?	See Addendum #1.
29.	General Question	Are vendors required to provide the Contract Monitoring Provisions?	No. The Department has changed its procedures and this is only required from selected Vendors.
30.	General Question	If SMS clients can be shared with Area Agency clients, when the programs combine will Area Agency clients be eligible/enrolled with the new program?	Those enrolled in Area Agency who have a chronic health condition are eligible for Health Care Coordination services. Health Care Coordinators are required to work with Area Agency Family Support Coordinators to ensure services are coordinated and not duplicative.
31.	General Question	Will the Department provide mentorship?	No
32.	General Question	The Submission Checklist Appendix C CLAS Requirements is listed as Appendix B in RFP documents. The Cover Sheet and Attestation, Appendix D, is listed as Technical Response to Questions in documents.	See Addendum #1 and Addendum #2.