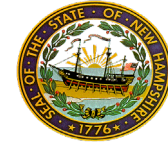
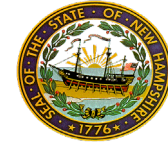


OFFICIAL RESPONSES TO VENDOR QUESTIONS
 RFP-2024-OCOM-02-CLOSE

No.	Question	Answer
1.	<p>Section 1 Overview And Schedule Of Events Do you want 100% of the system up and running by July 1, 2024?</p>	<p>Unless otherwise mutually agreed, DDI is expected to be completed within 12 – 15 months or in time for the start of M&O to begin not sooner than October 1, 2025. However, full functionality for the Rapid Response Access Point call center’s dispatch, deployment and tracking of mobile crisis team activity (Appendix B, 1.12.1.4., Appendix C, Topic 10, 3.), State’s Care Traffic Coordinator, Designated Receiving Facilities, and Hospital onboarding and engagement (Appendix B, 1.12.1.5.), must be completed by July 1, 2024.</p>
2.	<p>Section 1 Overview And Schedule Of Events</p> <p>a) Can you provide an approximate number of client participants on a yearly basis? Is this all clients currently on Medicaid or who call in for services?</p> <p>b) Can you provide an approximate number of end users across all of the organizations?</p> <p>c) For client participant access - are you envisioning a state-wide patient portal for Medicaid participants?</p>	<p>a) This is indeterminable. The population is not necessarily limited to Medicaid beneficiaries or other clients of other DHHS programs.</p> <p>b) Once the Closed Loop Referral system becomes available, participating providers and the general public will be able to use it.</p> <p>c) The State does envision a statewide client/public access portal.</p>
3.	<p>Section 3 - Proposal Organization, Content, And Required Items, Section 3.1.10.</p> <p>Should the Price Proposal be kept separate from the rest of the Vendors response?</p>	<p>Yes.</p>



4.	<p>Section 3 - Proposal Organization, Content, And Required Items, Subsection 3.1.6 Responses to System Requirements and Deliverables</p> <p>Does Attachment 1 – IT Requirements Workbook need to be provided to the Department with the response?</p>	<p>Yes, as an Excel Document.</p>
5.	<p>Section 3 - Proposal Organization, Content, And Required Items, Subsection 3.1</p> <p>Where in the response structure listed in Section 3.1. Proposal Organization they require respondents to include if applicable the designation letter?</p>	<p>Please include with Section VI: Qualifications of Key Vendor staff.</p>
6.	<p>Appendix B- Scope of Services Section 1.4.12</p> <p>There is a request for multilingual services. Can you explain this requirement?</p>	<p>These are services that some organizations provide to assist individuals with hearing, speech and vision impairments to support their communication needs, such as interpreters, translation of written content, etc.</p>
7.	<p>Appendix B- Scope of Services Section 1.4.6</p> <p>To what extent do the systems noted in Appendix B Part 1.4.6 use a unique identifier?</p>	<p>The systems listed do not use a unique identifier that is common across the systems; first and last name are likely fields used across all of the systems.</p>
8.	<p>Appendix B- Scope of Services Section 1.5</p> <p>a) What functionality does the Closed Loop Referral System need to provide for the Rapid Response teams?</p> <p>b) Crisis operators are referenced multiple times; can the state confirm operators are only expected to interact with this solution to dispatch and manage mobile responders?</p> <p>c) An integral part of the mobile dispatch includes data captured in the intake process, so does the State envision this as part of the functionality?</p>	<p>a) As detailed in the RFP’s Appendices B and C. The Closed Loop Referral solution must have interoperability with the Rapid Response Access Point call center’s call-management tool, such that call center staff experience no duplicate entry of information from its call-management tool into the Closed Loop Referral solution, to facilitate the call center’s ability to rapidly manage the service needs to closure, including dispatch and deployment of mobile crisis</p>

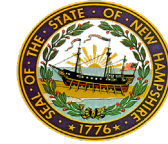


		<p>teams, same day/next day follow up appointments, etc.</p> <p>b) This must include the ability for the call center to communicate the outcomes of contacts made to the call center that are fully resolved by the call center (such as without need for deployment of a mobile crisis team), for individuals who are already clients to other providers of the individual's care team – such as Community Mental Health Centers.</p> <p>c) The interoperability must facilitate data integrity between the two systems to ensure DHHS's ability to effectively oversee and analyze the statewide mobile crisis system.</p>
9.	<p>Appendix B- Scope of Services Section 1.6.6</p> <p>Can you provide the number of provider facilities and EHRs that will need to push/pull information via the FHIR API?</p>	<p>Initially this would start with 28 -25 providers utilizing Epic, Meditech, AllScripts, NetSmart Avatar, Cerner, and Paragon.</p>
10.	<p>Appendix B- Scope of Services Section 1.6.8</p> <p>a) Can you provide the names of the current EHRs or Management Systems in place at:</p> <ul style="list-style-type: none"> i. Rapid Response 988 via Carelon (Beacon Health) ii. Mobile Crisis Teams iii. Doorways Network - are all Doorway facilities on a common EHR? iv. SoNH 211 (United Way) 	<p>a) The following EHRs or Management Systems:</p> <ul style="list-style-type: none"> i. <i>Connects, Open Beds, Phoenix/EBI</i> ii. <i>Open Beds, Phoenix/EBI, CMHCs have their own EHRs (not universally one)</i> iii. <i>The Doorways all use their parent hospital EHR's which are different for each hospital:</i>

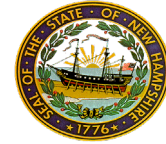


New Hampshire Department of Health and Human Services Closed Loop Referral

<p>b) Can you provide the number of psych beds, names of the hospitals and EHR systems in place? All of them will require a bi-directional interface.</p> <p>c) Are the facilities that will be connecting expected to provide the staff for testing connections? Is there a budget for this?</p> <p>d) What EHR systems is the Department utilizing?</p>	<ul style="list-style-type: none">• <i>Doorway at Androscoggin Valley Hospital - Meditech</i>• <i>Doorway in Concord – Riverbend</i>• <i>Doorway operated by Wentworth Douglas Hospital - Epic</i>• <i>Doorway in Cheshire Medical Center - Epic</i>• <i>Doorway at Concord Hospital Laconia - Cerner</i>• <i>Doorway at Dartmouth-Hitchcock - Epic</i>• <i>Doorway at Little Regional Hospital – Cerner</i>• <i>Doorway of Greater Manchester, CMC - AllScripts</i>• <i>Doorway in Greater Nashua , Southern NH Medical Center – Epic</i> <p>iv. <i>As part of the proposal, the selected Vendor must work with the State's 211 provider (currently Granite United Way); they would become a sub-contractor to the selected Vendor. The system that Granite United Way uses for information and referral and the associated interface should be proposed as part of the submittal.</i></p> <p>b) The number of psych beds can change. All NH community hospitals should be included for bi-directional interfaces; this is particularly important for effective care traffic control and bed tracking functionality. See response to Q9 above for sample EHRs in place in NH.</p>
---	--



		<p>c) Each participating organization or application vendor would need to participate in testing at their own cost.</p> <p>d) New Hampshire Hospital and Hampstead use Netsmart. Glenclyff uses Matrixcare. New Hampshire Hospital and Hampstead Hospital use Point Click Care for its Event Notification System (Admission, Discharge, Transfer). Additionally, the State of NH works with contracted treatment providers, the Impaired Driver Care Management Program, and the State Opioid Response Clients (GPRA) programs which submit a Treatment Episode Data Set. There is also a vendor managed system named “Web Infrastructure for Treatment Services” (WITS) that is a .Net solution used to support drug and alcohol services to which many providers access.</p>
<p>11.</p>	<p>Appendix C Topics For Mandatory Responses Topic 9 Work Plan, Status Meetings and Reports</p> <p>This topic has a subsection labeled Project Reporting. Can the State clarify if it wants vendors to describe platform reporting during the M&O phase or if these responses should focus on project management reporting during the DDI phase.</p>	<p>See Addendum #1. Additionally, the project reporting responses should reflect work required to be performed during both DDI and M&O. M&O reporting should include key efforts initiated during DDI, requiring longer lead times, such as those relating to Community Outreach, Training Development and Delivery, Onboarding, and Performance Requirements.</p>



<p>12.</p>	<p>Appendix C Topics For Mandatory Responses Topic 9 Work Plan, Status Meetings and Reports</p> <p>There are two sets of numbered questions associated with RFP Topic 9 (Work Plan, Status Meetings, and Reports).</p> <p>It appears as if Question 5, 6, and 7 in both lists are duplicative. Can you please affirm if you want vendors to answer these questions twice? Alternately, please explain how the questions are intended to be different.</p>	<p>See Addendum #1</p>
<p>13.</p>	<p>Appendix C Topics For Mandatory Responses Topic 9 Work Plan, Status Meetings and Reports</p> <p>The second Question 4 provides a list of 24 measures/fields. Can the State please clarify how these items relate to the question being asked? Is it the State's assumption that these 24 items are factors that may result in Project problems requiring special attention? Something else?</p>	<p>See Addendum #1</p>
<p>14.</p>	<p>Appendix C Topics For Mandatory Responses Topic 10 Performance Requirements Question 3</p> <p>Is the Department looking to staff Rapid Response Call Center or integrate technology with the Closed Loop Referral?</p>	<p>No, the Department is not looking for a vendor to staff a Rapid Response Call Center. The Department is looking for interoperability with the call center's call management tool to streamline referral initiation and management through the Closed Loop Referral technology solution, whether for dispatch or deployment of mobile crisis teams, same day/next day appointments, etc., and for effective and comprehensive data analysis for the Department's oversight of the statewide mobile crisis system – from the moment of initiating contact with the call centers to full closure of the crisis event.</p>



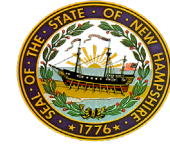
15.	<p>Appendix C Topics For Mandatory Responses Topic 19 Implementation Approach Question 7</p>	See Addendum # 1
16.	<p>Appendix C Topics For Mandatory Responses Topic 29 Support and Maintenance for Hosted Solution</p> <p>Following Question 7 AND before Question 8, there is a statement that starts with "For all maintenance Services calls, the Vendor shall..." followed by a list of nine items labeled a. through h. Is there a question here the State wants vendors to respond to? Or, does the State seek affirmation that the identified information will be collected and maintained?</p>	The State seeks affirmation that the identified information will be collected and maintained.
17.	<p>Appendix D Standards For Describing Vendor Qualifications – Section 1e</p> <p>Does Section 1e refer to the items listed in part 2 (Required Information on Corporate Qualifications)?</p>	Yes.



<p>18.</p>	<p>Appendix D Standards For Describing Vendor Qualifications – Section 2 Required Information on Corporate Qualifications</p> <p>a. Does the vendor need to have experience in NH and if so, how is that weighed in scoring?</p> <p>b. Who are the required staff members?</p>	<p>a. No, the vendor does not need to have experience in NH.</p> <p>b. Whom the vendor requires, other than the Project Manager, which the RFP specifically requires.</p>
<p>19.</p>	<p>The Appendix D Standards For Describing Vendor Qualifications – Section 2.4.e</p> <p>Is the Department requesting for contact information for potential references they can call if need be?</p>	<p>Yes.</p>



<p>20.</p>	<p>Appendix E Pricing</p> <p>When will DDI begin?</p>	<p>See Section 1 Pricing, DDI will begin upon Governor and Council approval – September 30, 2025.</p>
<p>21.</p>	<p>Appendix E Pricing</p> <p>Can the State please provide when they are projecting the Contract Award, Contract Execution, and Project Start Date as the above conveys that DDI will not start until September 30, 2025 in 24 months?</p>	<p>Pending all necessary approvals, the State anticipates that the project start could occur between February and April 2024, followed by 12-15 months of expected DDI to conclude as early as September 30, 2025, allowing for M&O to formally begin on or after October 1, 2025.</p> <p>Further, the Parties shall agree and understand that approval of an Agreement is contingent upon agreement of the parties, review and final approval of the Agreement by the Centers for Medicare & Medicaid Services (CMS) and the Governor and Executive Council.</p>



22.	<p>Appendix J - NH DoIT DHHS Vendor Risk Assessment Report, Capability Risk Table 3.1: Can the State please provide a list of the IAM solutions in use?</p>	The selected Vendor must integrate with the State's Azure Active Directory
23.	<p>Attachment 1 - IT Requirements Workbook - Hosting Tab H4.4 There is no criticality level assigned for this requirement. Can the State please supply a criticality level, if there is one.</p>	This is Mandatory.



24.	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions.</p> <p>Can the Department re-upload this document to fix the cut off language on the page 1 textbox?</p>	See Addendum #1
25.	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions, Section 5 Contract Price/Price Limitation Payment</p> <p>Will the State please provide the maximum percentage of contract value that can be withheld as a set aside?</p>	The vendor has to propose cost for the CLR Network Participating Provider Growth and there is a 5% withhold for the NPPEP.



<p>26.</p>	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions, Section 10 Property Ownership/ Disclosure</p> <p>a. Will the Department add language to clarify that prior works (which would be defined) will remain the property of the Contractor?</p> <p>b. Who will own the data that is placed within the Closed Loop Referral system with appropriate consent?</p>	<p>a. The vendor should include proposed language within their response to the RFP.</p> <p>b. The Department.</p>
<p>27.</p>	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions, Section 13 Indemnification</p> <p>Would the Department consider the following modification?</p> <p>Mutual Indemnity. Each party (Indemnifying Party) will defend, indemnify and hold harmless the other party, and its respective directors, officers, employees and agents, from and against any and all claims, costs, losses, damages, judgments and expenses (including reasonable attorneys' fees) arising out of or in connection with any third-party claim to the proportionate extent if any the Indemnifying Party is determined to be the legal cause of and legally responsible for such claim due to (i) gross negligence or willful misconduct; (ii) violation of the terms of this Agreement; (iii) any violation of applicable state, or federal laws or regulations by the Indemnifying Party; and, (iv) resulting in bodily injury to or death of any person or damage to real property and/or tangible personal property (not including data. Contractor's indemnification obligations under the Agreement shall be subject to the State (i) giving Contractor prompt written notice of any such claim or the possibility thereof; (ii) giving the Contractor sole control over the defense and settlement of</p>	<p>The State is unable to agree to indemnify the Contractor.</p>



	<p>any such claim; and (iii) providing full cooperation to the Contractor in good faith in the defense of any such claim.</p>	
<p>28.</p>	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions, Section 14 Insurance</p> <ul style="list-style-type: none"> a. Will the State please provide clarification regarding the “policy forms and endorsements” reference in item 14.2 as the earlier references in the contract do not specifically list any policy forms and endorsements applicable to the contract? b. Will the State consider amending the certificate of insurance requirement to provide evidences of renewal certificates once they become available upon the expiration of the policies? 	<ul style="list-style-type: none"> a. The State will accept an ACORD 25 "Certificate of Liability Insurance" form as proof of compliance with the insurance coverage required under Paragraph 14. The selected Vendor must include the State of New Hampshire as a Certificate Holder on the Certificate of Insurance. b. After the expiration of any insurance coverage required by Paragraph 14, the State will accept an ACORD 25 "Certificate of Liability Insurance" form as proof that such insurance coverage is maintained throughout the term of the contract.



<p>29.</p>	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions,</p> <p>Will the State include the following language in the resulting contract?</p> <p>Warranty Disclaimer. THE PLATFORM SERVICES ARE PROVIDED “AS IS” AND “WITH ALL FAULTS” AND CONTRACTOR EXPRESSLY DISCLAIMS ALL WARRANTIES OF ANY KIND (EXPRESS, IMPLIED OR STATUTORY) WITH RESPECT TO THE PLATFORM SERVICES, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED OR STATUTORY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR USE OR PURPOSE, TITLE, AND NON-INFRINGEMENT OF INTELLECTUAL PROPERTY RIGHTS.</p>	<p>No.</p>
<p>30.</p>	<p>Appendix I Example Contract and Exhibits – P-37 General Provisions,</p> <p>Will the State consider adding a reasonable limitation of liability cap for the Contractor?</p>	<p>No.</p>



31.	<p>General Question</p> <p>What is the anticipated contract award date?</p>	<p>Upon Governor and Executive Approval, the Department anticipates seeking this approval in early 2024."</p>
32.	<p>General Question</p> <p>Will the Vendors Conference presentation be available on the Department's website?</p>	<p>The Vendors Conference presentation can be found here: https://www.dhhs.nh.gov/news-and-media/rfp-2024-ocom-02-close-closed-loop-referral</p>