REQUEST FOR PROPOSALS FOR

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FOR

AN INDEPENDENT ENROLLMENT BROKER PROGRAM FOR THE COMMUNITY HEALTHCHOICES PROGRAM AND OTHER LONG-TERM SERVICES AND SUPPORTS PROGRAMS

ISSUING OFFICE

Department of Human Services
Office of Administration
Bureau of Financial Operations
Division of Procurement & Contract Management
Room 402 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

RFP NUMBER
07-14

DATE OF REISSUANCE

TABLE OF CONTENTS

Part I—GENERAL INFORMATION **[1]**

Part III—TECHNICAL SUBMITTAL

Lot 1 **[page]**

Lot 2 **[page]**

PART I

GENERAL INFORMATION

I-1. Purpose. This request for proposals ("RFP") provides to those interested in submitting proposals for the subject procurement ("Offerors") sufficient information to enable them to prepare and submit proposals for the Department of Human Services' ("DHS" or "Department") consideration on behalf of the Commonwealth of Pennsylvania ("Commonwealth") to satisfy a need for an Independent Enrollment Broker ("IEB") Program for the benefit of individuals eligible for health related services and long term services and supports under Pennsylvania's Medical Assistance ("MA") Program and the Act 150 Attendant Care Program ("Act 150 Program") ("the Project").

This RFP contains instructions governing the requested proposals, including the requirements for the information and material to be included; a description of the service to be provided; requirements which Offerors must meet to be eligible for consideration; general evaluation criteria; and other requirements specific to this RFP.

I-2. Issuing Office. DHS Office of Administration, Bureau of Financial Operations ("Issuing Office") has issued this RFP on behalf of the Commonwealth's DHS Office of Long-Term Living ("OLTL"). The sole point of contact in the Commonwealth for this RFP shall be Michelle Smith RA-pwrfpquestions@pa.gov, the Project Officer for this RFP. Please refer all inquiries to the Project Officer.

I-3. Overview of Project.

The Department is seeking Offeror(s) to operate an IEB Program in different geographic regions in the Commonwealth. The IEB Programs will provide enrollment assistance services to individuals who are applying for or eligible to receive health related services and long term services and supports ("LTSS") through the managed care and fee-for-service ("FFS") programs described below, which are administered by the DHS OLTL.

The IEB Program will provide choice counseling to individuals eligible to enroll or enrolled in the OLTL-administered programs ("Participants") and will facilitate the eligibility and enrollment process for individuals who apply to receive LTSS ("LTSS Applicants") under those programs. To promote individual choice, the IEB Program must be unbiased and provide useful and accurate information and enrollment assistance services.

In addition to choice counseling, the IEB Program will assist LTSS Applicants in establishing their eligibility for LTSS under the OLTL-administered programs. The eligibility process for LTSS is multi-stepped and involves different entities. To receive LTSS under OLTL-administered MA programs, an LTSS Applicant must meet both financial and clinical eligibility criteria. The Department's County Assistance Offices ("CAOs") determine whether an LTSS Applicant is financially eligible for MA LTSS. An LTSS Applicant's clinical eligibility involves two determinations: the Department's Independent Assessment Entity ("IAE") conducts a level of care determination ("LCD") to assess whether the Applicant needs the level of care provided in an institutional setting. In addition, the Applicant's physician provides a physician certification

documenting the Applicant's medical condition and indicating that he or she qualifies clinically for LTSS.

The Participants and LTSS Applicants who will be served by the IEB Program will be a diverse cultural population with a wide range of complex health care issues. These individuals must be linked to providers and provided access to care in urban, suburban and rural areas, and accomplishing these tasks in some areas of the Commonwealth may be more challenging than in other areas. Outreach activities and coordinated efforts within individual communities will be essential to ensure that all Participants and LTSS Applicants receive effective and timely enrollment assistance under the IEB Program.

The OLTL administered programs for which the selected Offeror(s) will provided enrollment assistance services include both MA managed care and FFS programs. The MA managed care programs provide both physical health services and LTSS. The FFS programs provide home and community-based (HCBS) through 1915(c) Medicaid Waiver programs and one state-funded program. An overview of theses OLTL administered programs follows:

OLTL Managed Care Programs:

Community HealthChoices ("CHC") CHC is the Commonwealth's statewide Medicaid mandatory managed care program through which physical health services and LTSS will be provided to MA Consumers, age 21 and older, who:

- Are eligible for both MA and Medicare whether or not they need or receive LTSS – i.e., they are Full Dual Eligibles who Nursing Facility Clinically Eligible ("NFCE") or Nursing Facility Ineligible ("NFI") or NFCE.

- Require MA LTSS (whether in the community or in private or county nursing facilities) because they need the level of care provided by a nursing facility -i.e., they are NFCE;

CHC Participants will be grouped into one of five categories:

1. CHC -NFI Dual. Full Dual Eligible Participants who do not need LTSS.

2. CHC-LTSS: NFCE Participants who receive LTSS, further grouped as follows:

a) CHC-HCBS Dual: Full Dual Eligible Participants who receive HCBS.

b) CHC-HCBS Non-Dual: Medicaid only eligible Participants who receive HCBS.

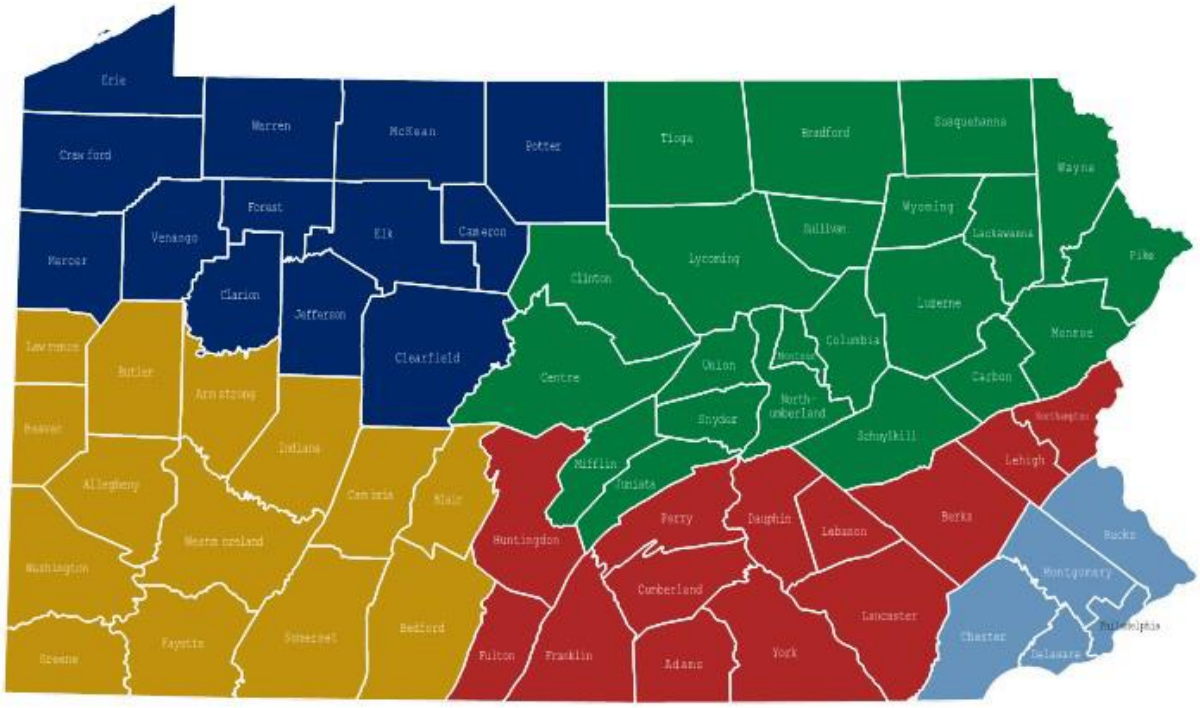
c) CHC-LTC Dual: Full Dual Eligible Participants who receive nursing facility services.

d) CHC-LTC Non-Dual: Medicaid only eligible Participants who receive nursing facility services.

The Department is planning to implement CHC in three phases. When fully implemented, CHC will be operational in all 67 counties, which will be divided into five (5) geographic zones. As

reflected in the map below, the CHC zones will be consistent with the Department's current physical health HealthChoices zones.

Once implemented in a zone, CHC will be the sole MA Program option for Full Dual Eligibles and most NFCE MA Consumers (unless they are eligible for and choose to participate in an available Living Independence for the Elderly ('LIFE') program, which is discussed below). Additional information about CHC is available at http://www.dhs.pa.gov/citizens/communityhealthchoices/index.htm.



Phase 1: The Southwest Zone ("SW") includes Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland Counties.

Phase 2: The Southeast Zone ("SE") includes Bucks, Chester, Delaware, Montgomery and Philadelphia Counties.

Phase 3: The Lehigh/Capital Zone ("L/C") includes Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry and York Counties

The Northwest Zone ("NW") includes Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango and Warren Counties.

The Northeast Zone ("NE") includes Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland,

Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming Counties.

Living Independence for the Elderly ("LIFE") LIFE is a managed care program available in certain geographic areas of Pennsylvania which provides a comprehensive all-inclusive package of medical and supportive services to MA eligible individuals age 55 or older who are NFCE and are able to be safely served in the community, as determined by a LIFE provider. LIFE will continue to operate after CHC is implemented and will be an alternative managed care option to CHC.

More information about LIFE is available at http://www.dhs.pa.gov/citizens/alternativestonursinghomes/lifelivingindependenceforthelderly/.

OLTL Fee-for Service (FFS) Programs and Services:

Home and Community-based Services ("HCBS").

There are four OLTL-administered 1915(c) HCBS Waiver programs – the Aging Waiver, the Attendant Care Waiver, the Independence Waiver and the OBRA Waiver (referred to collectively as the OLTL HCBS Waivers) under which MA Consumers who are eligible for LTSS receive MA HCBS on a FFS basis. In addition to these Waiver programs, state-funded attendant care services are provided on a FFS basis through the Act 150 Program to individuals who meet certain eligibility criteria but who do not qualify financially for services under the OLTL HCBS Waiver programs.

Each of the five HCBS program is targeted to a specific population. A brief overview of the programs and the populations they serve follows:

1. ***Aging Waiver.*** This program provides HCBS to eligible Pennsylvanians over the age of sixty (60) to enable them to continue to live in their homes and communities with support and services. Additional information about the Aging Waiver is available at: http://www.dhs.pa.gov/citizens/alternativestonursinghomes/agingwaiver/

2. ***The Act 150 Program.*** The Act 150 Program is a state-funded program that provides for basic and ancillary services that enable an eligible person to remain in his or her home and community rather than an institution and to carry out functions of daily living, self-care and mobility. An eligible person as defined under Act 150 is any individual with physical disabilities who is mentally alert and at least eighteen (18) years of age but less than sixty (60) who, in addition to requiring attendant care services, experiences any medically determinable physical impairment which can be expected to last for a continuous period of twelve (12) months or may result in death.

   The term "mentally alert" in attendant care programs in Pennsylvania has traditionally been used to distinguish between those persons with physical disabilities and persons with mental retardation or persons with a mental health diagnosis. To qualify as "mentally alert" under the Act 150 Program, a person must also be capable of selecting, supervising and, if needed, firing an attendant and be capable of managing their own financial and legal affairs. Additional information about the Act 150 program and the Attendant Care Services Act (62 P.S. § 3051 et seq.) is available at: http://www.dhs.pa.gov/citizens/attendantcare/attendantcareact150/index.htm

3. ***Attendant Care Waiver.*** This Waiver program, as part of the Attendant Care Program, provides individuals ages eighteen (18) to fifty-nine (59) who are mentally alert with physical disabilities and who are Medicaid eligible the choice of HCBS to avoid institutionalization. The services provided through the Attendant Care Waiver assist individuals in performing activities of daily living ("ADL") as well as instrumental activities of daily living ("IADL") that enable them to lead a more independent lifestyle. For purposes of this program, "mentally alert" has been operationally defined as meeting the eligibility criteria for Act 150 (See above). Additional information about the Attendant Care Waiver is available at: http://www.dhs.pa.gov/citizens/attendantcare/attendantcareact150/index.htm

4. ***Independence Waiver.*** This program provides services to individuals with physical disabilities who are Medicaid eligible and who are eighteen (18) to sixty (60) years of age. The primary purpose of the waiver is to prevent inappropriate and unnecessary institutionalization by providing HCBS as a cost-effective alternative to institutional care. Independence waiver services enable participants to live in the most integrated community setting appropriate to their individual service requirements and needs; exercise meaningful choices; and obtain the quality services necessary to live independently. Additional information about the Independence Waiver is available at: http://www.dhs.pa.gov/citizens/alternativestonursinghomes/independencewaiver/index.htm

5. ***OBRA Waiver.*** This program provides services to individuals with an Other Related Condition who are Medicaid eligible and who are eighteen (18) to sixty (60) years of age. The primary purpose of the waiver is to prevent inappropriate and unnecessary institutionalization by providing HCBS as a cost-effective alternative to institutional care. OBRA Waiver services enable participants to live in the most integrated community setting appropriate to their individual service requirements and needs; exercise meaningful choices; and obtain the quality services necessary to live independently.

   Other related conditions ("ORCs") include physical, sensory, or neurological disabilities which manifested before age twenty-two (22), are likely to continue indefinitely, and result in substantial functional limitations in three or more of the following areas of major life activity: capacity for independent living, mobility, self-direction, learning, understanding and use of language, and self-care. Additional information about the OBRA Waiver is available at: http://www.dhs.pa.gov/citizens/alternativestonursinghomes/obrawaiver/index.htm

Once CHC is implemented in a geographic zone, the Aging Waiver, the Attendant Care Waiver and the Independence Waiver will no longer operate in that zone. Before the CHC zone start date, MA Consumers receiving HCBS under these OLTL HCBS Waivers will be given an opportunity, to choose whether to transition to CHC or to an available LIFE program, if they are otherwise eligible for LIFE. Until CHC is implemented in a geographic zone, the OLTL HCBS Waivers will continue to operate and MA Consumers residing in the zone will continue to be enrolled in those Waiver programs.

The OBRA Waiver will remain in effect statewide after CHC is implemented but will be amended to also serve MA Consumers aged 18-20 years who are NFCE. The Act 150 Program will also continue to remain in effect statewide after CHC is implemented.

Nursing Facility Services. MA nursing facility services are currently provided on a FFS basis under the Commonwealth's approved State Medicaid Plan to MA Consumers who are NFCE and receive nursing facility services in MA certified nursing facilities. As CHC is implemented in each zone, most MA nursing facility services will be provided through CHC and LIFE.

Lots

Offerors may submit proposals for one, all, or any combination of three (3) Lots. The Lots coincide with the CHC Phases and Zones described above. DHS will award one (1) Agreement for each Lot. The Lots are as follows:

Lot 1: CHC Phase 1 Geographic Region consisting of the SW Zone-IEB Program for CHC, LIFE, OBRA Waiver and Act 150 Program.

The selected Offeror's IEB Program for this geographic region will become operational after CHC is implemented in the SW Zone.

The selected Offeror for this Lot will provide choice counseling and manage ongoing enrollments for CHC and the LIFE programs operating in the SW Zone. In addition, the selected Offeror will assist LTSS Applicants residing in the SW Zone who are applying to receive LTSS under CHC, LIFE, the OBRA Waiver or the Act 150 Program with the LTSS eligibility process. Additional detail regarding the responsibilities of the selected Offeror for Lot 1 is specified in **Part III, Section III-1 to III-13**.

Lot 2: CHC Phase 2 Geographic Region consisting of the SE Zone - IEB Program for CHC, LIFE, the OLTL HCBS Waivers and Act 150 Program.

Before CHC is implemented in this geographic region, eligible MA Consumers will continue to enroll in and receive HCBS through the OLTL HCBS Waiver programs and LIFE programs. Once CHC is implemented in this geographic region, MA Consumers who are eligible to participate in CHC and do not require LTSS will be transitioned to CHC. MA Consumers who are NFCE will have the choice to transition to CHC or to an available LIFE program. Other MA Consumers with LTSS needs may be enrolled in the OBRA Waiver or the Act 150 Program. Approximately six months prior to the anticipated CHC Start Date for the SE Zone, the Department will engage in CHC transition activities for MA Consumer residing in this Zone who are eligible to participate in CHC.

The selected Offeror for this Lot will be required to (i) manage enrollments in the OLTL HCBS Waiver Program, the Act 150 Program and LIFE programs operating in the SE Zone prior to CHC implementation; (ii) perform tasks related to the Department's CHC transition activities for current MA Consumers in the SE Zone eligible to participate in CHC; (iii)

manage ongoing enrollments of newly eligible MA Consumers in the SE Zone into CHC, LIFE, the OBRA Waiver and the Act 150 Program after implementation of CHC; and (iv) assist LTSS Applicants with the LTSS eligibility process both before and after CHC implementation. Additional detail regarding the responsibilities of the selected Offeror for Lot 2 is specified in **Part III, Section III-14 to III-26**.

Lot 3: CHC Phase 3 Geographic Region consisting of the L/C Zone, the NW Zone and the NE Zone - IEB Program for CHC, LIFE, the OLTL HCBS Waivers and Act 150 Program.

Before CHC is implemented in this geographic region, eligible MA Consumers will continue to enroll in and receive service through the OLTL LTSS Programs and LIFE programs. Once CHC is implemented in this geographic region, MA Consumers who are eligible to participate in CHC and do not require LTSS will be transitioned to CHC. MA Consumers who require LTSS because they need the level of care provided in a nursing facility will have the choice to transition to CHC or to an available LIFE program. Other MA Consumers with LTSS needs may be enrolled in the OBRA Waiver or the Act 150 Program. Approximately six months prior to the anticipated CHC Phase Start Date, the Department will engage in CHC transition activities for MA Consumer residing in this geographic region who are eligible to participate in CHC.

The selected Offeror for this Lot will be required to (i) manage enrollments in the OLTL HCBS Waiver Program, the Act 150 Program and LIFE programs operating in the L/C, NW and NE Zones prior to CHC implementation; (ii) perform tasks related to the Department's CHC transition activities for current MA Consumers in those Zones eligible to participate in CHC; (iii) manage ongoing enrollments of newly eligible MA Consumers in those Zones in CHC, LIFE, the OBRA Waiver and the Act 150 Program after implementation of CHC; and (iv) assist LTSS Applicants with the LTSS eligibility process both before and after CHC implementation. Additional detail regarding the responsibilities of the selected Offeror for Lot 3 is specified in **Part III, Section III-14 to III-26**.

Enrollment Data and Trends

To assist Offerors in understanding and assessing the scope of the Project, the Department is providing projected enrollment numbers for CHC by zone and by the CHC Participant categories identified above. The Department is also providing historic enrollment information and projected enrollment trends for LIFE and the HCBS programs discussed above. Refer to **Appendix F** for this historic and projected enrollment information.

I-4. Objectives.

A. General. The Department is seeking one or more Offerors to provide choice counseling and other enrollment services to MA Consumers who participate in the CHC Program ("CHC Participants") or a LIFE program ("LIFE Participants") and to individuals who receive LTSS ("LTSS Participants") or who apply to receive LTSS ("LTSS Applicants") provided through either a managed care or fee for service program administered by OLTL. (When used in this

RFP, the term, Participants, includes CHC, LIFE and LTSS Participants.) The selected Offeror(s) will operate an IEB Program that provides assistance to Participants and LTSS Applicants consistent with the requirements of this RFP.

B. Specific. For each Lot, the overall goals of the grant are to:

1. Provide choice counseling to Participants and LTSS Applicants by an independent entity that meets conflict free requirements.

2. Reduce the number of CHC Participants auto-assigned to a CHC-MCO under the CHC Program by maintaining consistently high CHC-MCO and PCP selection rates.

3. Facilitate transfers for CHC Participants seeking to switch CHC-MCO plans or to enroll in an available LIFE program.

4. Establish and maintain an Enrollment Center, with sufficient numbers of trained staff, including Enrollment Specialists and Enrollment Brokers, to perform the functions required by this RFP.

5. Establish and maintain a website that will provide Participants and LTSS Applicants with access to information so that they are well-informed about the OLTL-administered managed care and fee-for-service programs and the different services available to them under those programs.

6. Provide timely and appropriate enrollment coordination to Participants and LTSS Applicants with special needs, including appropriate coordination with the Department's Office of Income Maintenance, County Assistance Offices (CAOs), the Department's Independent Assessment Entity (IAE), the HealthChoices Behavioral Health-MCOs, and other entities involved in providing enrollment assistance or services to Participants and LTSS Applicants.

7. Maintain an efficient and cost effective enrollment assistance process for LTSS Applicants that facilitates the submission and timely adjudication of LTSS applications, enabling LTSS Applicants to promptly access necessary LTSS.

8. Afford Participants and LTSS Applicants the opportunity to access information and enrollment assistance relating to CHC and OLTL LTSS programs through a web-based approach that is supplemented by additional means including, but not limited to: email, mail, telephone, and in-person assistance.

9. Establish and maintain an adequate Management Information System (MIS) that can handle the various interfaces and exchange of files critical to ensuring that enrollments and applications are processed timely and that provider network information is accessible so that Participants and LTSS Applicants are afforded accurate information to choose a health plan and PCP or a program that best meets their needs.

10. Establish a repository for storing eligibility and enrollment data received from the Department that can be used for researching and resolving discrepancies.

11. Have the capability and flexibility to accommodate future changes to federal and state requirements relating to enrollment services and to the MA Program.

I-5. **Method of Award.** Offerors may propose on one, all, or any combination of the three (3) Lots. Each Lot must be submitted as a separate proposal (Technical, Cost, and Small Diverse Business and Small Business). After final evaluation of proposals, if it is determined to be in the Commonwealth's best interest, the Commonwealth may request Offerors to submit integrated solutions for any combination or all Lots.

I-6. **Type of Agreement.** If the Departments enters into an agreement(s) as a result of this RFP, it will be a Firm Fixed Price agreement(s) containing the Standard Grant Terms and Conditions as shown in **Part VI**. The Department, in its sole discretion, may undertake negotiations with Offerors whose proposals, in the judgment of DHS, show them to be qualified, responsible and capable of performing the Project.

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PART III

TECHNICAL SUBMITTAL

Lot 1 - CHC SW Zone
IEB Program for CHC, LIFE, OBRA Waiver and Act 150 Program

III-1. Requirements.

A. Disaster Recovery. The selected Offeror must develop and document a disaster recovery plan for electronic records and files, including those maintained in its Management Information System and by its Enrollment Center. The disaster recovery plan must address:

a. The rapid return to limited operation within twenty-four hours;
b. The accuracy of software and data at return to operation; and
c. The ability to return to full capacity as soon as possible.

The selected Offeror's disaster recovery plan must include, at a minimum:

a. A complete backup of all non-software data sets at the end of each production day.
b. The resultant tapes/disks will be removed to an external secure site. These back-up tapes/disks must be cycled on a weekly basis.
c. Upon the installation of any software (new or upgraded) a complete backup (copy) of the software must be made with the resultant tapes/disks removed to an external secure site. The backups must be retained in the grandfather, father, son scheme.
d. The server must be designed to employ a method of redundancy for operational integrity and production.
e. All workstations attached to the network must have sufficient processing capability to be used interchangeably and must be able to backup one another until repair or replacement can be affected.
f. The server must be connected to an Uninterrupted Power Supply ("UPS") system, which will condition incoming power to the server and provide sufficient processing time for the server to be correctly shutdown in the event of a power failure.
g. In the event of damage of a sufficient magnitude to the primary operational site, a second company location must be able to be modified to accommodate the system.
h. There must be a description of the change of communication and command, by level, in the case of a systems or power failure.
i. There must be a Business Continuity Plan ("BCP") to maintain business operations via a semi-automated and/or manual mode to mitigate complete disruption of services until systems have been restored to normal operating capacities.

The selected Offeror must describe how, by whom, and when its disaster recovery plan will be tested.

Offeror Response

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B. Emergency Preparedness.

To support continuity of operations during an emergency, including a pandemic, the Commonwealth needs a strategy for maintaining operations for an extended period of time. One part of this strategy is to ensure that essential contracts that provide critical business services to the Commonwealth have planned for such an emergency and put contingencies in place to provide needed goods and services.

1. Describe how you anticipate such a crisis will impact your operations.

2. Describe your emergency response continuity of operations plan. Please attach a copy of your plan, or at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness:

a. Employee training (describe your organization's training plan, and how frequently your plan will be shared with employees)

b. Identified essential business functions and key employees (within your organization) necessary to carry them out

c. Contingency plans for:

i. How your organization will handle staffing issues when a portion of key employees are incapacitated due to illness.

ii. How employees in your organization will carry out the essential functions if contagion control measures prevent them from coming to the primary workplace.

d. How your organization will communicate with staff and suppliers when primary communications systems are overloaded or otherwise fail, including key contacts, chain of communications (including suppliers), etc.

e. How and when your emergency plan will be tested, and if the plan will be tested by a third-party.

Offeror Response

C. Compliance with Applicable Laws.

1. The selected Offeror must comply with Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d et. seq. and 2000e et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 701 et. seq.), the Age Discrimination Act of 1975 (42 U.S.C. Section 6101 et. seq.), the Americans with Disabilities Act (ADA) (42 U.S.C. Section 12101 et. seq.), and the Pennsylvania Human Relations Act of 1955 (71 P.S. Section 941

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et. seq.), as amended. The selected Offeror must have working knowledge of, and all services provided must be compliant with applicable Federal, State, and Local Standards, Laws and Regulations.

2. The selected Offeror and its subcontractors must also comply with all other Federal and State laws in general and specifically those that govern the MA Program, including but not limited to:

a. Title XIX of the Social Security Act, 42 U.S.C. §§ 1396-1396v, and accompanying regulations.

b. The Pennsylvania Human Services Code, Act of June 13, 1967, Pub. L. 31, No. 21, as amended (62 P.S. §§ 101 et seq.).

3. In the event that there are amendments, revisions or additions to the requirements of State or Federal law, regulations, guidelines or policies (including IT standards) which occur after the Effective Date of the Grant, the selected Offeror and DHS will meet to determine the impact of such changes on the grant requirements. The selected Offeror(s) will investigate the impact of the change on the grant and its requirements and price. If DHS and the selected Offeror(s) agree on the results of the investigation and any necessary modifications to the grant, the grant will be modified to take into account the agreed upon changes and the change will be implemented. If the change is within the scope of the grant and does not require modification of its provisions, DHS will issue a change order in accordance with Grant Terms and Conditions (Appendix A). If the change is within the scope of the grant but requires modification of other provisions, DHS and the selected Offeror(s) will execute a written amendment.

Significant changes include substantial and sustained increases or decreases in enrollment volumes over several months other than those caused by the routine monthly fluctuation of the MA population.

Offeror Response

D. Independence and Conflict Free Requirements.

1. The selected Offeror and its subcontractor(s) (including SDB/SBs), regardless of whether the subcontractor(s) are providing services in relation to the enrollment assistance program services grant, must be:

a. Independent as defined in 42 C.F.R. § 438.810 (b)(1); and

b. Free from conflict of interest as defined in 42 C.F.R. § 438.810 (b)(2);

c. Free from any relationship with DHS EQRO or the EQRO's subcontractors.

2. The selected Offeror must provide the Department with an annual written statement certifying that:

a. The selected Offeror and its subcontractors, and their owners, employees, and

consultants do not have a direct or indirect financial interest in a health care provider or entity that furnishes services in Pennsylvania; have not been excluded from participation in any federally funded health care program; have not been debarred by the federal government and have not been subject to civil penalties.

b. The selected Offeror and its subcontractors are independent from any MCO, PIHP, PAHP, PCCM or any health care provider in Pennsylvania, including any MA or OLTL provider. The selected Offeror and its subcontractors are not independent if they are a MCO, PIHP, PAHP, PCCM or a health care provider in Pennsylvania, an MA or OLTL provider, or if they own or control a MCO, PIHP, PAHP, PCCM, a health care provider in Pennsylvania, or an MA or OLTL provider, or if they are owned or controlled by a MCO, PIHP, PAHP, PCCM, or health care provider or MA or OLTL provider in Pennsylvania.

c. The selected Offeror and its subcontractors are independent from DHS' EQRO and its subcontractors.

Offeror Response

E. Information Handling. The selected Offeror must abide by the Commonwealth's specific regulations and requirements concerning confidentiality of information and Health Insurance Portability and Accountability Act (HIPAA) (See **Part VI**, Standard Grant Terms and Conditions and **Appendix M**) Business Associate Addendum.

The nature of the Project requires the handling of sensitive information. All personnel and/or subcontractors assigned to the IEB Program by the selected Offeror must comply with applicable federal and state laws, regulations, and rules regarding the security and confidentiality of information individuals receiving MA services.

Compliance will include:

1. All personnel and/or sub-contractors of the selected Offeror and its reporting agent, as applicable must comply with HIPAA.
2. All personnel and/or subcontractors of the selected Offeror and its reporting agent, as applicable, must receive training in confidentiality regulations, including HIPAA Privacy and Security training and Medicaid confidentiality requirements.
3. All personnel and/or subcontractors of the selected Offeror must sign a confidentiality agreement. Personnel policies must address disciplinary procedures relevant to violation of the signed confidentiality agreement.
4. Both confidential and sensitive information must not be used by the selected Offeror or subcontractors or given to another agency other than for the purpose of carrying out obligations of the Agreement.

The selected Offeror is responsible for ensuring that adequate measures are in place to prohibit unauthorized access, copying, and distribution of information during work on this Project. The selected Offeror is responsible for proper disposal of both hard and electronic working copies

of information during work on this Project, as well as any remaining information upon the completion of the Project.

Sensitive information may need to be transferred from other agencies or shared with the Commonwealth during the course of the Agreement period, and/or transitioned to another vendor at the conclusion of this Agreement. The selected Offeror will follow Commonwealth procedures for information handling and sharing.

Offeror Response

F. Record and Report Retention, Retrieval, and Transfer. The selected Offeror must maintain books, records, and other compilations of data and information pertaining to the performance of the requirements of the grant agreement. The selected Offeror must retain all such records a period of six (6) years from the expiration of the grant agreement. Should any litigation, claim, negotiation, audit, or other action involving the records be commenced, the selected Offeror must retain records until the resolution of all issues, or until the end of the applicable retention period, whichever is later.

The selected Offeror must, within two (2) months of the grant award date, create and submit for approval a record and report retention system. All or part of any record or report must be retrievable within five (5) business days of request.

The selected Offeror must retain electronic copies of enrollment forms for six (6) years from date of receipt and hard copy enrollment forms for one (1) year from date of receipt in addition to the electronic copy.

The retention system must be outlined and organized by year and in such a way that it can be transferred to DHS or a subsequent grantee without the need to manually re-enter information.

Offeror Response

G. Fraud and Abuse. The selected Offeror must establish and maintain written policies and procedures for the detection and prevention of fraud and abuse by the selected Offeror or the selected Offeror's employees or subcontractors.

1. The selected Offeror must create written compliance policies designed to educate employees, contractors and agents about false claims, false statements and whistleblower protections under applicable federal and state fraud laws.

2. The selected Offeror must cooperate fully with oversight agencies responsible for fraud and abuse detection and prosecution activities, such as the Department's Bureau of Program Integrity, the Governor's Office of the Budget, the Office of the Attorney General, the Pennsylvania Office of Inspector General, the Centers for Medicare and Medicaid Services ("CMS"), the federal Office of Inspector General, and the United States Justice Department. Internal enforcement policies and procedures adopted by the selected Offeror will be subject to Department review.

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3. The selected Offeror must refer information of suspected or confirmed fraud or abuse to relevant oversight agencies. DHS will issue standardized referral processes so that information can be expedited for appropriate disposition.

4. The selected Offeror must require, as a written provision in all subcontracts that the subcontractor recognize that payments made to the subcontractor are derived from federal and state funds.

5. The selected Offeror must require, as a written provision in all subcontracts for services rendered to MA Consumers, that the subcontractor may be held civilly or criminally liable for misrepresentations or fraud or abuse in connection with services provided under the grant.

6. The selected Offeror must notify all subcontractors of the prohibition and sanctions for the submission of false claims and statements.

7. The Department may impose sanctions in cases where there is suspected fraud or abuse by the selected Offeror, including its corporate officers and employees or its subcontractors, which violate one or more of the terms of the RFP and grant, or the requirements of state or federal regulations.

Offeror Response

H. Staff Clearances. All individuals with access to confidential or sensitive information must sign a confidentiality agreement. Personnel policies must address disciplinary procedures relevant to violation of the signed confidentiality agreement.

1. The selected Offeror must, at its expense, arrange for a criminal background check for each of its employees, as well as the employees of any of its subcontractors, who will have access to Commonwealth data and IT facilities, either through on-site access or through remote access. Background checks must be conducted via the Request for Criminal Record Check form and procedure found at http://epatch.state.pa.us. If an employee has not been a resident of Pennsylvania for the last two (2) years, an FBI clearance check from the state of residence during the last (2) years, is required. The background check must be conducted prior to initial access, prior to the provision of intake and enrollment services by the individual, and thereafter on an annual basis.

2. The selected Offeror must arrange, at its own expense, for a child abuse clearance for all personnel who will have contact with children (e.g., home visit with a potential program consumer who has children) at the time of hiring. Child abuse clearances are obtained from:

Office of Children, Youth & Families
Child Abuse Clearance Office
DGS Annex Complex Hillcrest Building #53
5 Magnolia Drive
Harrisburg, PA 17110

DRAFT

3. Before the Commonwealth will permit access to the selected Offeror, the selected Offeror must provide written confirmation that the background checks have been conducted. If, at any time, it is discovered that an employee of the selected Offeror or an employee of a subcontractor of the selected Offeror has a criminal record that includes a felony or misdemeanor involving terroristic behavior, violence, use of a lethal weapon, or breach of trust/fiduciary responsibility or which raises concerns about building, system or personal security or is otherwise job-related, the selected Offeror shall not assign that employee to any Commonwealth facilities, shall remove any access privileges already given to the employee and shall not permit that employee remote access unless the Commonwealth consents to the access, in writing, prior to the access. The Commonwealth may withhold its consent at its sole discretion. Failure of the selected Offeror to comply with the terms of this Section on more than one occasion or selected Offeror's failure to appropriately address any single failure, to the satisfaction of the Commonwealth, may result in the selected Offeror being deemed in default of its grant agreement.

4. The Commonwealth specifically reserves the right of the Commonwealth to conduct background checks over and above that described herein.

5. Access to certain Capitol Complex buildings and other state office buildings is controlled by means of card readers and secured visitors entrances. Commonwealth contracted personnel who have regular and routine business access in Commonwealth worksites may be issued a photo identification or access badge subject to the requirements of the contracting agency and DGS set forth in Enclosure 3 of Commonwealth Management Directive 625.10 Amended (January 30, 2008) Card Reader and Emergency Response Access to Certain Capitol Complex Buildings and Other State Office Buildings. The requirements, policy and procedures include a processing fee payable by the selected Offeror for contracted personnel photo identification or access badges.

Offeror Response

III-2. Statement of the Project. State in succinct terms your understanding of the project presented or the service required by this RFP. The Offeror's response should demonstrate that the Offeror fully understands the scope of services to be provided, the Offeror's responsibilities, and how the Offeror will effectively manage the grant.

Offeror Response

III-3. Management Summary. Include a narrative description of the proposed effort and a list of the items to be delivered or services to be provided. The summary will condense and highlight the contents of the Offeror's Technical submittal in a manner that allows a broad understanding of the entire Technical submittal.

Offeror Response

DRAFT

III-4. Prior Experience. Include experience in operating as an IEB program, administering and facilitating community based or public programs, assisting individuals in the eligibility and enrollment process, or other similar experience. Experience shown should be work done by individuals who will be assigned to this project as well as that of your company. Studies or projects referred to must be identified and the name of the customer shown, including the name, address, and telephone number of the responsible official of the customer, company, or agency who may be contacted.

A. Corporate Background. The Offeror must describe the corporate history and relevant experience of the Offeror and any subcontractors. This section must detail information on the ownership of the company (names and percent of ownership), the date the company was established, the date the company began operations, the physical location of the company, and the current size of the company. The Offeror must provide a corporate organizational chart.

The Offeror must:

1. Describe its corporate identity, legal status and forms, including the name, address, telephone number, and email address for the legal entity that is submitting the proposal. In addition, provide the name of the Offeror's principal officers, a description of its major services, and any specific licenses and accreditations held by the Offeror. State whether the Offeror provides services in Pennsylvania as a health care provider, a managed care organization (MCO), a prepaid inpatient health plan (PIHP), a prepaid ambulatory health plan (PAHP), a primary care case manager (PCCM), or an MA or OLTL provider. List any specific licenses and accreditations held by the Offeror.

2. Provide the names and addresses of all of the Offeror's parents, subsidiaries and other related entities; and an explanation of the nature of each relationship, including whether or not these entities provide services in Pennsylvania as a health care provider, a MCO, a PIHP, PAHP, a PCCM, or an MA or OLTL provider.

3. Provide the name, address, telephone number, facsimile number, and email address of each subcontractor, including Small Diverse Businesses, and its parent company, subsidiaries and related entities; and an explanation of the nature of each such relationship, including whether or not these entities provide services in Pennsylvania as a health care provider, a MCO, a PIHP, PAHP, a PCCM or an MA or OLTL provider.

4. Identify for the Offeror and its subcontractors (including Small Diverse Businesses), and their owners, employees and consultants, the following information:

a. Any direct or indirect financial interest, including any contract with any managed care entity, health care provider, or MA provider that furnishes services in Pennsylvania.

b. Whether they have been excluded from participation in any federally funded health care program

DRAFT

c. Whether they have been debarred or suspended by any federal agency

d. Whether they have been subject to civil monetary penalties under the Social Security Act.

5. For any subcontractor, including a Small Diverse Business, that is not independent or conflict free, describe how and when it will become independent and conflict free by the Effective Date of the grant agreement.

Offeror Response

B. Corporate Experience.

1. The selected Offeror and its subcontractors(s), including any Small Diverse Businesses, regardless whether the subcontractor(s) provide services in relation to the enrollment assistance services specified in **Part III**, must be:

a. Independent as defined in 42 C.F.R. § 438.810 (b)(1);

b. Free from conflict of interest as defined in 42 C.F.R. § 438.810 (b)(2); and

c. Free from any relationship from DHS's External Quality Review Organization (EQRO) or the EQRO's subcontractors.

2. The selected Offeror must demonstrate the types of experience listed below or other similar types of experience. Experience shown should be within the last five (5) years of the application submission and include work done both by your company and the individuals who will be assigned to this Project.

a. Working with Medicaid managed care delivery systems.

b. Working with Medicaid LTSS Programs.

c. Enrolling eligible individuals in Medicaid or other federally-funded health care delivery systems (e.g., risk-based managed care).

d. Effectively managing enrollment services issues specific to Medicaid or other federally-funded health care delivery systems.

e. Providing choice counseling services or assisting eligible individuals make informed choices when selecting a MCO and primary care practitioner (PCP) in a Medicaid or other federally-funded health care program.

f. Developing targeted outreach materials.

g. Working with community organizations and designing, developing and operating programs that involve community stakeholders in determining program improvement initiatives and outreach efforts.

Offeror Response

DRAFT

C. References. The Offeror must provide a list of at least three (3) relevant contacts within the past three (3) years to serve as corporate references. The references must be outside clients (non-DHS). This list shall include the following for each reference:

1. Name of customer
2. Type of contract
3. Contract description, including type of service provided
4. Total contract value
5. Contracting officer's name and telephone number
6. Role of subcontractors (if any)
7. Time period in which service was provided.

The Offeror must submit **Appendix D, Corporate Reference Questionnaire,** directly to the contacts listed. The references should return the completed questionnaires in sealed envelopes to the Offeror. The Offeror must include these sealed references with its technical submittal under **Tab 12.**

The Offeror must disclose any contract or agreement cancellations, or terminations within five (5) years preceding the issuance of this RFP. If a contract or agreement was canceled or terminated for lack of performance, the Offeror must provide details on the customer's allegations, the Offeror's position relevant to the allegations, and the final resolution of the cancellation or the termination. The Offeror must also include each customer's Company or entity name, Address, Contact name, Phone number, and Email address.

The Department may disqualify an Offeror based on a failure to disclose such a cancelled or terminated contract or agreement. If the Department learns about such a failure to disclose after an agreement is awarded, the Department may terminate the agreement.

Offeror Response

III-5. Personnel.

A. Offeror Personnel: Provide a proposed staffing plan specifying the number of executive and professional personnel, including Enrollment Specialists, Enrollment Brokers, financial staff, analysts, researchers, or programmers, who will be engaged in Project. Identify where these personnel will be physically located. The staffing plan should include the following:

1. Key Personnel. For the key personnel listed below, include the individual's name, and, through a resume or similar document, his or her education and experience with an IEB Program, enrollment assistance, choice counseling or similar type of work. Indicate the responsibilities each individual will have for your IEB Program and how long each individual has been with your company.

a. Pennsylvania Program Manager. This person will be responsible for identifying and reinforcing grant requirements and will be responsible and accountable for all activities

related to the Offeror's IEB Program. This person must have demonstrated large project management and leadership skills, knowledge of health care and Medicaid, experience with low income populations, community-based organizations and special needs populations. In addition, this person should have a background in business and management in either the public or private sector, as well as with managed care programs. The Pennsylvania Program Manager must be available for scheduled and ad hoc meetings and consultation with the Department.

b. Pennsylvania Financial Analyst. This person must have financial management and accounting skills and must be able to support all aspects of financial management for a project of this magnitude. Experience managing day-to-day financial operations of a government-funded program is preferred.

c. Pennsylvania Systems Analyst and Designated Backup. This person must have demonstrated systems management skills. The analyst must be able to support a project of this size and complexity. The person must have the authority to make decisions necessary to resolve problems. This person must have a designated backup.

d. Operations Manager. This person will handle the day-to-day operations of the Offeror's IEB Program. This person will have responsibility to oversee the Offeror's process for providing enrollment assistance to CHC Participants and LTSS Applicants including the coordination with other programs and agencies involved in the delivery of services to these individuals, as needed. This person should have operations management and community relations skills. The Department will allow flexibility for the Offeror to designate how many individuals are necessary for this position.

e. Enrollment Center Manager. This person must have demonstrated the ability to manage a large volume enrollment call center providing choice counseling, preferably for a health care related or Medicaid program.

Except for the designated backup for the Pennsylvania System Analyst, the selected Offeror's key personnel must work full-time in Pennsylvania and be dedicated full-time to the Offeror's Pennsylvania IEB Program. Key personnel must be available to the Department in person or via conference call on an as needed basis, as determined by the Department.

Submitted resumes shall not include personal information that will, or will be likely to, require redaction prior to release of the proposal under the Right-to-Know Law, including but not limited to home addresses and phone numbers, Social Security Numbers, Drivers' License numbers or numbers from state identification cards issued in lieu of a Drivers' License, and financial account numbers. If the Commonwealth requires any of this information for security verification or other purposes, the information will be requested separately and as necessary.

A minimum of three (3) client references for each key staff person must be identified and must be outside clients (non-DHS) who can give information on the individual's experience

DRAFT

and competence to perform activities similar to those requested in this RFP. The Offeror must submit **Appendix E, Key Personnel Reference Questionnaire**, directly to the contacts listed. The references should return completed questionnaires in sealed envelopes to the Offeror. The Offeror must include these sealed references with its Technical Submittal under **Tab 13**.

Offeror Response

2. **Enrollment Specialists and Enrollment Brokers**: The selected Offeror must employ a sufficient number of Enrollment Specialists and Enrollment Brokers to provide services consistent with the requirements of this RFP. Enrollment Specialists and Enrollment Brokers may be assigned to the selected Offeror's Enrollment Center or Field Offices, as determined by the selected Offeror

   a. **Enrollment Specialist**. This individual will assist individuals with inquiries over the phone, online, mail or via email. This individual will be responsible to provide choice counseling to MA Consumers eligible to participate in the CHC Program to assist them in selecting their CHC-MCO and PCP, and in making plan transfers, and to provide information regarding physical health services and LTSS and service providers under the CHC Program. This individual will also provide choice counseling to LTSS Applicants about their available LTSS program options and LTSS providers and will refer LTSS Applicants to Enrollment Brokers for assistance with the LTSS application and eligibility process.

      An Enrollment Specialist must have a High School Diploma/GED and receive orientation and customer service training within the first two weeks of employment. An Enrollment Specialist may not take calls dealing with the public or provide choice counseling until the orientation training has taken place.

   b. **Enrollment Broker**. This individual provides assistance to an LTSS Applicant from the time the individual is referred by an Enrollment Specialist until the time the LTSS eligibility and enrollment process is complete. An Enrollment Broker must be able to travel to an LTSS Applicant's location and to make visits at a time convenient to the Applicant.

      An Enrollment Broker must meet one of the following qualifications: 1) Have a bachelor's degree including at least 12 college-level credit hours in sociology, social welfare, psychology, gerontology, rehabilitation services or other social science. OR 2) A combination of related work experience and training which adds up to 4 years of experience, and education which includes at least 12 semester hours of college-level courses in sociology, social work, social welfare, psychology, gerontology, rehabilitation services or other social science. Experience includes: coordinating assigned services as part of an individual's treatment plans; teaching individuals living skills; aiding in therapeutic activities; and providing socialization opportunities for individuals.

Offeror Response

DRAFT

3. **Organizational Chart.** Provide an organizational chart that shows positions and staffing that will be engaged in the Offeror's IEB Program. Include a rationale for the proposed reporting lines. Show the total number of staff proposed and indicate the Full Time Equivalency (FTEs) to account for any staff that are not assigned on a full-time basis. Provide similar information for any subcontractors that are proposed. The organizational chart must illustrate the lines of authority, designate the position(s) responsible and accountable for the completion of each component in the RFP, indicate the names or job title and number of personnel that will be assigned to each role, and the number of hours per week each person is projected to work on the project. The organizational chart must clearly indicate any functions that are subcontracted along with the name of the subcontracting entities and the services they will perform.

   Offeror Response

4. **Job Descriptions.** Provide job descriptions (this may be included as an attachment) for each job position on the organizational chart, including minimum education and training requirements and primary responsibilities.

   Offeror Response

5. **Implementation Team.** Identify the Implementation team, including corporate staff, who will be involved during the Readiness Review and Implementation Phase of the grant, including their roles and responsibilities. Refer to **Section III-8.A.1** for requirements relating to the Readiness Review and Implementation Phase.

   Offeror Response

6. **Staffing Plan.** Provide a timeline and strategy for hiring a sufficient number of qualified professional and technical staff to comply with the requirements of the RFP.

   Offeror Response

7. **Diversions, Replacement or Removal of Personnel.** Describe how you will meet the following requirements.

   a. **Diversion or Replacement of Key Personnel.** Once the selected Offeror assigns key personnel to a position, the selected Offeror may not divert or replace key personnel without promptly assigning a replacement acceptable to the Department. The selected Offeror must provide notice of a proposed transfer or replacement to the Department at least thirty (30) calendar days in advance and provide the name, qualifications, and background check of the person who will replace the staff. The replacement's qualifications should equal or exceed those of the individual who previously held the position. The Department will notify the selected Offeror within ten (10) calendar days of the transfer/replacement notice whether the proposed transfer/replacement is approved. The Department's approval will not be unreasonably withheld. Advance notification is not required for changes in personnel due to resignation, death, disability,

DRAFT

termination, or any other cause that is beyond the control of the selected Offeror. However, the selected Offeror will have sixty (60) calendar days to fill the vacancy with a person subject to the Department's approval. The replacement's qualifications should equal or exceed those of the individual who previously held the position.

b. Replacement of Other Staff. In order to ensure that operations are not adversely affected, the selected Offeror must maintain approved staffing levels. A replacement's qualifications should equal or exceed those of the individual vacating the position. Describe how you will meet this requirement

c. Removal of Staff. The Department may request that the selected Offeror remove a person, including key personnel, from this Project at any time. In the event that a person is removed from the Project, the selected Offeror will have sixty (60) days to fill the vacancy with a person acceptable in terms of experience and skills, subject to the Department's approval.

Offeror Response

B. Subcontractors: Provide a subcontracting plan for all subcontractors, including Small Diverse Business and small business subcontractors, who will be assigned to the Project. The selected Offeror is prohibited from subcontracting or outsourcing any part of this Project without the express written approval from the Commonwealth. Upon award of an agreement resulting from this RFP, subcontractors included in the proposal submission are deemed approved. For each position included in your subcontracting plan provide:

1. Name of subcontractor;

2. Address of subcontractor;

3. Number of years worked with the subcontractor;

4. Number of employees by job category to work on this project;

5. Description of services to be performed;

6. What percentage of time the staff will be dedicated to this project;

7. Geographical location of staff; and

8. Resumes (if appropriate and available).

The Offeror's subcontractor information shall include (through a resume or a similar document) the employees' names, education and experience in the services outlined in this RFP. Information provided shall also indicate the responsibilities each individual will have in this Project and how long each has been with subcontractor's company.

DRAFT

Offeror Response

III-6. Training. Provide a proposed training plan to meeting the training requirements specified in **Section III-8.A.12.** Include the Offeror personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors. If appropriate, indicate recommended training of agency or provider personnel. Include the agency or provider personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors.

Offeror Response

III-7. Financial Capability. Describe your company's financial stability and economic capability to perform the grant requirements. If your company is a publicly traded company, please provide a link to your financial records on your company website in lieu of providing hardcopies.

Additionally, Offerors must provide;

A. For the proposing entity and for each entity that owns at least five percent (5%) of the proposing entity:

1. Audited financial statements for the three (3) most recent fiscal years for which statements are available. The statements must include a balance sheet, a statement of revenue and expense and a statement of cash flow. Statements must include the auditor's opinion, the notes to the financial statements and management letters submitted by the auditor to the Offeror. If audited financial statements are not available, explain why and submit unaudited financial statements.

2. Unaudited financial statements for the period between the last month covered by the audited statements and the month before the proposal is submitted.

3. Documentation about available lines of credit, including maximum credit amount and amount available thirty (30) business days prior to the submission of the proposal.

4. Dun & Bradstreet comprehensive report, if available.

If any information requested is not applicable or is not available, provide an explanation. Offerors may submit appropriate documentation to support information provided.

B. The full name and address of any proposed subcontractor in which the Offeror has five percent (5%) or more ownership interest. The Offeror must provide a copy of the proposed subcontractor's Financial and Accounting Policies and Procedures.

C. A list of any financial interests a proposed subcontractor may have in the Offeror's organization or any financial interest the Offeror's organization has in the proposed subcontractors.

D. Information about any significant pending litigation.

DRAFT

Offeror Response

III-8. Work Plan. The selected Offeror will provide choice counseling and manage ongoing enrollments for CHC and the LIFE programs operating in the SW Zone. In addition, the selected Offeror will assist LTSS Applicants residing in the SW Zone who are applying to receive LTSS under CHC, LIFE, the OBRA Waiver or the Act 150 Program with the LTSS eligibility process. Additional detail regarding the responsibilities of the selected Offeror for Lot 1 is specified in **Sections III-1 to III-13**. (When used in these Sections, the term, "the selected Offeror's geographic region," means the SW Zone.)

Describe in narrative form your technical plan for accomplishing the work using the task descriptions below as your reference point. You should include a Work Plan detailing the sequencing of events and the time required to fully implement the grant. Modifications of the task descriptions are permitted; however, reasons for changes should be fully explained. Indicate the number of person hours allocated to each task. Include a Program Evaluation and Review Technique (PERT) or similar type display, time related, showing each event. If more than one approach is apparent, comment on why you chose this approach.

A. General Tasks. The following General Tasks should be addressed by the Offeror in its Technical Submittal.

1. Readiness Review and Implementation. The selected Offeror will be afforded up to a six (6) month period (Implementation Period) to develop and ramp-up services. Describe your implementation plan to meet the following requirements. Include a PERT or similar display, time related, showing each event.

a. Readiness Review.

i. Immediately after a grant agreement becomes effective, the selected Offeror will begin to participate in the Readiness Review process, which will be conducted by the Department. The purpose of the Readiness Review is to document the status of the selected Offeror with respect to meeting the grant requirements. The selected Offeror will not be permitted to serve Participants or LTSS Applicants if it does not show acceptable evidence of readiness relative to each grant requirement.

ii. The Department will review the selected Offeror's organizational policies and procedures to confirm that they comply with all applicable State and Federal laws and regulations, and the grant requirements.

iii. The selected Offeror must acquire sufficient knowledge of the CHC Program, LIFE and the OLTL LTSS programs discussed in **Part I, Section I-2** to successfully carry out the grant requirements in an effective and timely manner.

iv. The selected Offeror must describe in detail how it will coordinate and work with designated stakeholders, the incumbent vendor and third party vendors, if applicable during the Implementation Period to perform and manage all tasks.

DRAFT

v. The selected Offeror must describe how it will ensure a smooth transition of the on-going business and operational enrollment activities currently being provided to Participants and LTSS Applicants in the selected Offeror's geographic region and how it will gain sufficient knowledge to understand the requirements necessary to perform all the tasks required in this RFP.

vi. The selected Offeror must describe its detailed approach to knowledge transfer so that it occurs in such a manner to enable its staff to confidently assume ownership and independently manage the operational business functions and timely delivery of grant services to Participants and LTSS Applicants in the selected Offeror's geographic region without disruption.

Offeror Response

b. Implementation Work Plan. Offerors must submit a detailed Implementation Work Plan (not simply a statement pledging to comply) for review and approval by the Department. The Department may continue to develop the elements, program standards, and forms to be used for the Readiness Review process. The Implementation Work Plan should include but is not limited to the following readiness review elements:

i. Staffing. Provide a detailed staffing plan and proposed schedule for recruitment and hiring of all staff in accordance in with **Section III-5.** The staffing plan should include, at a minimum, staffing ratios, assumptions around call volumes, talk times, projected number of processed enrollments, methodology for staffing projections, assumptions regarding in-home visit volumes, and a recruiting plan to get hire bilingual staff, staff with disabilities, veterans.

ii. Training Schedule. Provide the training schedule for all staff, including a timeline for completion of all staff training materials in accordance with **Section III-8.A.12.**

iii. Enrollment Center Responsibilities. Describe and include the tasks and timeframe to transition the Enrollment Center responsibilities for the selected Offeror's geographic region from the Department's incumbent vendor to the selected Offeror.

iv. Enrollment Responsibilities. Include tasks and timeframes for the selected Offeror and the incumbent vendor to work cooperatively to process enrollments, disenrollments, plan transfers and PCP selection requests for the selected Offeror's geographic region. Detail steps to transfer the enrollment files from the incumbent vendor to the selected Offeror that are pending as of effective date of the selected Offeror's grant.

v. Materials Development and Production. Provide a timeline of the expected schedule and tasks, which includes time for Departmental review and approval, for required materials. Include dates for concept development, solicitation of consumer and community comments if new materials are developed, first draft, final draft, printing and mailing.

DRAFT

vi. **Management Information System (MIS).** Include dates for purchase or lease, installation start and end, testing and operational readiness so that the selected Offeror's MIS is up and operating correctly. The Offeror should provide a detailed timeline for testing the system with the Department. Describe the process and timeline the Offeror will utilize so that the MIS is fully operational and tested.

vii. **Telephone Hardware Installation**. Include dates for purchase or lease, installation start and end, testing and operational readiness so that the selected Offeror's telephone system is up and operating correctly. The Offeror must provide a detailed timeline for testing the system with the Department. Describe the process and timeline the Offeror will utilize so that the telephone system will be fully operational and tested.

viii. **Enrollment Assistance Internet Website.** Include start and end dates for testing and operational readiness to ensure on-line capabilities and functionality to complete PCP selection, plan enrollments, and plan transfers. Describe the process the Offeror will utilize so that the website will be fully operational and tested.

ix. **Remote Phone Monitoring.** Establish tasks and timeframes for installation and timeframes for training Department staff on the remote phone monitoring system.

x. **Automated Provider Directory (APD)**. Include timeline for receipt of initial transfer of master APD from the incumbent. The Offeror must also provide a detailed timeline to test: 1) the transfer of the APD from CHC-MCOs to the selected Offeror; and 2) the capability to upload the APD into the MIS and Enrollment Assistance Internet Website.

Offeror Response

c. **Implementation Quality Management.** Describe your approach to ensure quality management of the implementation phase, including processes, procedures, assessments and accountability controls and quality management reports to the Department.

Offeror Response

d. **Implementation Progress.** During the Implementation Period, the selected Offeror must provide progress assessments and status updates. The selected Offeror will have regular status meetings with the Department's Readiness Review Team. These meetings may be either face-to-face or via conference call. The selected Offeror must coordinate with the Department regarding implementation tasks, prioritization issues or conflicting activities interfering with maintaining business operations.

Offeror Response

e. **Implementation Results.** The selected Offeror must prepare and submit a Readiness Review and Implementation Results Report to the Department by a date designated by the Department. This report will document the completion of transition activities, and will provide the status of each high-level task and activity that took place during the

DRAFT

Implementation Period. The report will highlight how each of the objectives stated in the Implementation Plan has been achieved and the resolution of issues identified and prioritized during the turnover process.

Offeror Response

2. **Management Information System (MIS).** The selected Offeror must install and maintain a MIS that is compatible with the Department's MIS.

   a. **MIS Design.** The selected Offeror must establish and maintain an MIS that complies with all applicable information technology standards, as defined in the Department's Business and Technical Standards and SeGovernment Data Exchange Standards.

   Provide a general systems description of your proposed MIS that includes:

   i. A systems diagram that describes each component of the MIS and all other systems that interface with or support it;

   ii. How each component will support the major functional areas including but not limited to: enrollments, dis-enrollments, plan and program selections and changes, PCP selections and changes;

   iii. How each component interfaces and is compatible with the Department, , the CHC-MCOs and LIFE programs in the Offeror's geographic zones; and

   iv. Include a description of the connectivity structure and transferring of files between each of the entities.

   Offeror Response

   b. **MIS Required Functions.** Describe how the Offeror's MIS will meet the requirements set forth below.

   i. The MIS must have the capability to access the following DHS systems:

   (I) The Department's Client Information System (CIS), the Department's MMIS, and CHC Website.

   (II) The Home and Community-Based Services Information System (HCSIS), the information system used to maintain consumer records centrally for several key OLTL programs, including HCBS waiver programs;

   (III) The Social Administration Management System (SAMS), the information system used to maintain consumer records centrally for the Aging Waiver;

   ii. The MIS must have the capability to

DRAFT

(I) Accept and process the Department's MA eligibility files on a daily basis

(II) Use the Department's Dating Rules logic which must be embedded into the selected Offeror's system logic and consider Department processing dates to determine the effective dates for an CHC Participants' CHC-MCO enrollment and CHC-MCO change at the time of the request for enrollment and/or CHC - MCO change and the effective dates for an LTSS Applicant's enrollment in a LIFE program or CHC-LTSS. Refer to **Appendix G** for additional information about the Department's current Dating Rules logic. The Department may issue updates to its Dating Rules logic by operations memorandum. The selected Offeror will be required to embed any updates in its system logic.

(III) Produce enrollment/disenrollment files in the format and layout as determined by the Department.

(IV) Support interactive functions and screens for selected Offeror staff to use to assist in providing choice counseling to Participants and LTSS Applicants specific to the programs for which those individuals are eligible.

(V) Be modified to comply with changes the Department makes to its system.

Whenever possible, the Department will provide advance notice of at least sixty (60) calendar days prior to the implementation of any Department MIS changes. For more complex changes, every effort will be made to provide earlier notice. In addition, if the selected Offeror makes changes to its system, the selected Offeror must provide advance notice of at least sixty (60) calendar days and must test the new system changes with the Department prior to the implementation of any change.

(VI) Capture data sufficient for all reporting requirements, produce required reports, including returned mail reports and provide other management reports on an ad hoc basis.

iii. The selected Offeror must:

(I) Provide the Department with the software and authorization necessary for inquiry access to all information systems used to support its IEB Program functions upon request.

(II) Provide electronic copies and two (2) hard copies of operations and training manuals to the Department.

(III) Provide training to Department staff about the selected Offeror's IEB Program databases and software and reporting capabilities.

DRAFT

Offeror Response

c. **Data Files.** The following files provide data necessary for the selected Offeror to process CHC-MCO Enrollments, PCP Selections and Plan Transfers and to process enrollments into LIFE and the OLTL LTSS programs operating in the selected Offeror's geographic region. The selected Offeror must accept and process the data files listed below in the format and layout specified by the Department. Describe your plan for generating, utilizing, transmitting, receiving, and processing the following data files:

i. **Daily Eligibility File.** The selected Offeror will receive a daily eligibility file from the Department which includes records for all newly eligible Participants and changes for current Participants. For CHC-NFI Dual Participants, the selected Offeror will use the auto assignment indicator from the daily eligibility file to determine outreach, plan selections, and the mailing of appropriate notices and packets. For all other Participants, the selected Offeror will use the daily file to confirm the Participant's plan or program enrollment and to update the selected Offeror's system with any Participant demographic changes and disenrollments.

The selected Offeror must reconcile any Participant plan selections in the daily eligibility file that differ from the Participants' advanced plan selections. When a CHC Participant is determined financially eligible, CIS auto assigns the CHC Participant a CHC-MCO and reports that plan assignment to the selected Offeror. If the CHC Participant selects a different CHC-MCO after the auto-assignment, the selected Offeror must notify the Participant that he or she has been auto assigned into a plan, and may continue with his or her advanced plan selection, which will be implemented as a plan transfer according to the dating rules, or remain with the plan to which they have been auto assigned. CHC Participants may change their plan at any time following the dating rules for enrollment.

In addition to the foregoing tasks, the selected Offeror will use the daily eligibility file for such other purposes as may be specified by the Department.

ii. **Weekly Enrollment/Disenrollment File.** Each week, the selected Offeror must submit an enrollment/disenrollment file to the Department that contains records with the Participants' CHC-MCO and LIFE selections and transfers, alerts, and PCP selections. In addition, the weekly file must contain the following information that is not shown on CIS: newborns, pregnancies, deceased individuals, and returned mail. The selected Offeror must submit the enrollment/disenrollment file on a weekly basis; however, the Department may require selected Offeror to submit the file on a more frequent basis. The selected Offeror must submit the weekly enrollment/disenrollment file with accurate enrollment records/disenrollment records/alerts using valid reason codes.

iii. **Weekly Enrollment/Disenrollment Reconciliation File.** The selected Offeror will receive and must process an enrollment/disenrollment reconciliation file provided by the Department indicating the disposition of each record (accepted,

DRAFT

rejected, or other) based on pre-determined edits. CHC-MCO and LIFE selections and transfers will be indicated by an auto assignment indicator "B" on each record in the enrollment/disenrollment reconciliation file.

iv. **COMPASS Referral File.** The selected Offeror will receive a daily XML COMPASS Referral File from the Department containing all LTSS Applications filed through the Department's COMPASS system by LTSS Applicants residing in the selected Offeror's geographic region. The XML file will include LTSS Applications which the selected Offeror directly entered into COMPASS. The selected Offeror must identify new LTSS Applications contained in the file (i.e., those Applications not entered by the selected Offeror), and initiate the enrollment process for those Applications within one business day of receipt of the COMPASS referral file.

v. **1768 File**. The selected Offeror must submit a daily file to the Department that contains records identifying the status of LTSS Applicants' eligibility for LTSS.

vi. **162 Commit File**. The selected Offeror must receive and process a daily 162 Commit file provided by the Department indicating the financial eligibility of LTSS Applicants.

vii. **Automated Provider Directory (APD).** The selected Offeror will receive APDs from CHC-MCOs at least on a weekly basis. The file will be a complete snapshot of the current provider directory for each zone in which the CHC-MCO program operates, including any updated and new information. The selected Offeror must use this directory and the APD file layout set forth on the CHC RFP website to establish, and update weekly, one master electronic Provider Directory.

The selected Offeror must be able to capture the National Provider Index (NPI) on its APD and to consolidate and format information in the files that are sent to it by the CHC-MCOs. In addition, the selected Offeror must ensure that the lists of providers are accurately consolidated so that information for each unique provider is inclusive of all provider data.

The selected Offeror must update its master electronic APD file layout, as necessary, when the Department modifies the APD File Layout. The selected Offeror must upload the APD into the MIS and publish it on the IEB website to allow search capabilities consistent with the manner in which Enrollment Specialists and Enrollment Brokers use this data to assist Participants and LTSS Applicants. The selected Offeror must provide an updated electronic APD to the Department upon request.

Describe your approach and methodology to coordinate with the CHC-MCOs to collect and transmit the APD data between all parties. Describe how you will utilize the information to fulfill enrollment activities. Describe the steps you will take to verify the provider information received is complete and accurate, and

DRAFT

that PCPs participating across multiple health plans are documented correctly in the APD. Describe how you will develop and implement a user-friendly web-based provider directory on the IEB website.

viii. **Response to the Automated Provider Directory.** After processing the APD, the selected Offeror must return a response file to DHS.

Offeror Response

d. **Data Warehouse.** The selected Offeror must have a data file storage area designated to house all required data files. The selected Offeror must extract and provide all data associated with eligibility and enrollment services weekly to the Department Bureau of Information Services personnel who will move this data into the Department Data Warehouse. This includes any and all data that is associated with the application process and information which will allow the Department analytical personnel to validate the following items:

i. All reports identified in the reporting requirements in **Section III-11**.

ii. All metrics associated with meeting the Service Level Agreements specified in **Section III-10.**

iii. All metrics associated with the fulfilment of the Requirements set forth in this Grant.

iv. All metrics associated with the execution and completion of the scope set forth in this amendment.

Offeror Response

e. **Testing Environment.** The selected Offeror must have a testing environment designated for the Department to use in the development and support of its IEB Program.

Offeror Response

f. **Use Effective Security Measures.** The selected Offeror must have a system that has security measures in place to prevent the unauthorized use of, or access to, data. The selected Offeror must maintain the confidentiality of all information and will only use information available to it to fulfill its obligations under the Grant.

Describe your system and security measures to ensure the confidentiality of all information, and to prevent the unauthorized use of or access to data. Include how you will comply with all applicable confidentiality requirements, including HIPAA and requirements relating to safeguarding information relating to applicants and recipients of public assistance.

Offeror Response

DRAFT

g. **Resolution of MIS Problems.** The selected Offeror must have a MIS that is operational when required and shall resolve systems problems when they occur. The selected Offeror must have a designated contact person and a designated backup person who is on call to the Department, able to respond to the Department within one (1) hour of a telephone call to the selected Offeror's contact, and has the authority to make necessary decisions to resolve problems.

Describe your process for resolving MIS problems.

Offeror Response

3. **Enrollment Center Operations.** The selected Offeror must establish and maintain an Enrollment Center. Describe the Offeror's proposed strategy to operate its Enrollment Center in accordance with the requirements set forth below. Identify the resources the Offeror has readily available and what it will need to acquire to meet these requirements.

a. **Location.** The selected Offeror must establish and maintain an Enrollment Center located within a 15 mile radius of the City of Harrisburg, Pennsylvania.

b. **Department Monitoring**

i. The selected Offeror must provide dedicated workspace for Department use with the following minimum equipment: one (1) desk and one (1) chair; one (1) working speaker phone; and one (1) personal computer with access to a printer, the Internet and applicable data and software, including sufficient hardware and software to monitor Enrollment Center staff, Enrollment Specialists and Enrollment Brokers.

ii. In addition to the workspace and equipment specified above, at the request of the Department, the selected Offeror must provide a furnished conference room or private office space with a lockable door sufficient to accommodate up to five (5) Department staff. The space must have a working speaker phone, access to a printer and the Internet.

c. **Contact Information.** The selected Offeror must maintain a toll-free number and post office box address to receive contacts and inquiries from Participants, LTSS Applicants, MA Consumers and other individuals.

d. **Functions.** The selected Offeror must staff, organize and manage the Enrollment Center so that it is capable of performing the following functions in accordance with the requirements of this RFP:

i. Enrollment Specialists will provide choice counseling to CHC Participants to enable them to make an informed, unbiased decision in selecting a CHC-MCO and a PCP, and in completing plan transfers.

DRAFT

ii. Enrollment Specialists will track and contact each CHC-LTSS Applicant who has not made a CHC-MCO selection to provide the Applicant the opportunity to apply to enroll in a LIFE program (if available) or to make an advanced plan selection – i.e., to voluntarily select a CHC-MCO before being assigned to a plan as follows:

(I) Enrollment Specialists will make at least three (3) attempts (two (2) by telephone on different days and one (1) by letter after the telephone calls) to contact the Applicant to make the advanced plan selection.

(II) For a newly eligible or transferring CHC-LTSS Applicant, the three attempts must be made by the Enrollment Specialists within ten (10) business days of the LTSS Application Date.

(III) Enrollment Specialists will refer the CHC-LTSS Applicant to an Enrollment Broker for assistance with the LTSS eligibility and enrollment process.

iii. Enrollment Brokers will assist LTSS Applicants with the eligibility and enrollment process for CHC-LTSS, LIFE (if available), the OBRA Waiver program and the Act 150 Program.

iv. Enrollment Center staff will be familiar with the BH-MCOs in order to provide CHC Participants and LTSS Applicants with a telephone number for referrals for these services.

v. Enrollment Center staff will maintain an effective working relationship with MA Consumers, Participants, LTSS Applicants, CHC-MCOs, LIFE providers, stakeholders, and Department staff.

vi. Enrollment Center staff will understand the importance of scripts, and will use scripts developed or approved by the Department to provide Participants and Applicants with information and education.

vii. Enrollment Center staff will be able to exercise sound judgment in differing circumstances.

viii. Enrollment Center staff will communicate clearly and act in a responsible and professional manner.

ix. Enrollment Center staff will understand the importance of Participants and other LTSS Applicants exercising their right to choose.

e. Communications Requirements

i. The selected Offeror must have a sufficient number of Enrollment Specialists and Enrollment Brokers who are bilingual in English and Spanish.

DRAFT

ii. The selected Offeror must meet Limited English Proficiency (LEP) requirements by ensuring that Participants and LTSS Applicants who identify as speaking a language other than English as their first language are provided, at no cost to the individual, oral interpretation services. Interpretation services must be available in every language to meet the needs of all Participants and LTSS Applicants.

iii. The selected Offeror must provide alternate methods of communication for Participants and LTSS Applicants who are cognitively, visually or hearing impaired and must include appropriate instructions on all materials on how to access, or receive assistance with accessing desired material in an alternate format.

f. Enrollment Procedures. The selected Offeror must develop and implement enrollment procedures for Enrollment Center staff to use. These procedures must receive advance written approval by the Department prior to being used by staff.

g. Contingency Staffing Plan. The selected Offeror must develop a contingency plan for hiring Enrollment Center staff to address overflow calls and for handling sudden and unexpected increases in enrollment and plan transfers, increased call volumes, program changes and PCP selections that will ensure performance standards are met. The plan should also address coverage during times when additional staff training may be needed or when situations arise such as staff illnesses and vacations. If the Department changes its current MA Program or implements new MA programs, the selected Offeror must analyze staffing needs, and modify the number of required staff, as needed. Include in your contingency plan a description of how the plan will be implemented and coordinated with the Department. The selected Offeror must review its contingency plan each grant renewal term, or as directed by the Department, and submit modifications to the Department for approval prior to use.

Provide your proposed contingency staffing plan.

h. Hours of Operation. The selected Offeror's Enrollment Center must be operational Monday through Friday from at least 8:00 a.m. to 6:00 p.m. EST, except on holidays recognized by the Commonwealth, and except for official state-employee work cancellations in the Harrisburg area for inclement weather, natural disasters, or other Commonwealth-declared emergencies. The Department may require expanded week day hours and Saturday operating hours if the Department determines a need due to increased demand. The selected Offeror may not use electronic call answering methods as a substitute for staff persons to perform services during operational hours.

i. Telephone System and Requirements.

i. The selected Offeror must have a telephone system with the telecommunication capabilities specified in **Section III-8.A.5** as part of its operation of the Enrollment Center. The selected Offeror's telephone system must have the

DRAFT

capability to record all incoming and outgoing calls, and the staff or automated message will state to callers that calls may be recorded.

ii. The selected Offeror must store all recorded incoming and outgoing calls for a minimum of thirty (30) calendar days from the date of the call for the Department's retrieval. All calls must be archived for a maximum of five (5) years from the date of the call. The selected Offeror must provide the Department with any recorded call that is requested by the Department within three (3) business days of the request.

iii. The selected Offeror must collect, document and store detailed information on all calls from MA Consumers, Participants and LTSS Applicants, including whether the caller has LEP, other consumer communication needs, immediate service needs or unmet needs. Describe the system the Offeror will use to store this information, including LEP and needs status.

iv. The selected Offeror must provide electronic call answering methods for the toll-free phone line for messages during hours when the Enrollment Center is not staffed. The selected Offeror's staff must return all after-hours calls within the next Business Day in the caller's choice of language, and provide oral interpretation services, or alternative formats as requested.

v. The selected Offeror must use electronic call answering methods that provide electronic messages in prevalent languages, as determined by the Department, and that refer callers to the IEB website. A call answering recording must be first in English, and must provide general information about Enrollment Specialists and the CHC Program, LIFE and the OLTL LTSS programs, and give the caller the options to hear the message repeated in a prevalent language as defined by the Department.

vi. During operational hours, the selected Offeror's Enrollment Center must meet or exceed the following call standards as measured on a monthly average basis:

- Abandoned call rate must not exceed 5%.
- Blocked call rate (busy signal) must be less than 1%.
- Calls must be answered within sixty (60) seconds.
- Call hold time must not exceed two (2) minutes.

j. Warm Transfers. The selected Offeror's Enrollment Center must have the ability to complete warm transfers to other entities, including MCOs, and service providers, as specified by the Department.

k. Remote Phone Monitoring. The selected Offeror must set up remote telephone monitoring system for at least ten (10) Department staff and provide training on that monitoring system. The system must enable the Department to use a personal computer

DRAFT

to monitor Enrollment Center calls in real time and to identify the number of Enrollment Specialists and Enrollment Brokers answering calls and the Enrollment Specialists' and Enrollment Brokers' identifying information. The selected Offeror must facilitate bi-annual calibration sessions with the Department. The purpose of the calibration sessions is to ensure monitoring findings of the Department and the selected Offeror are consistent.

l. **Consumer Input and Feedback**. The selected Offeror must solicit input and feedback from Participants and LTSS Applicants and other stakeholders about its IEB Program, the CHC Program, LIFE and the OLTL LTSS programs. As part of Enrollment Center activities, the selected Offeror must solicit consumer participation in an individual satisfaction survey approved by the Department. The selected Offeror must report the results from this survey to the Department on a quarterly basis. The Department must approve any sampling methodology used to report the results, including, but not limited to, the frequency and sample size.

Provide a sample of the survey the Offeror will use to obtain consumer input and feedback. Explain how the Offeror will encourage and use consumer comments and input to adopt quality improvements to its IEB Program.

Offeror Response

4. **Field Offices and Operations**. The selected Offeror must establish at least one field office in the selected Offeror's geographic region. For each field office, the selected Offeror must supply meeting rooms and normal office space for personnel, including equipment, software, network connectivity, supplies, clerical assistance, and administrative support needed to perform the functions required by this RFP. The selected Offeror's field offices must be accessible and meet ADA standards. The physical site of the selected Offeror's administrative functions, all satellite offices, and any worksites used by the Enrollment Specialists and Enrollment Brokers cannot be co-located with any existing MA or OLTL provider. The selected Offeror must assign sufficient staff to its Field Offices to meet timeliness and quality requirements for enrollment assistance activities, including face-to-face meetings and in-home visits.

Describe your plan to utilize field staff and field offices to assure access your IEB Program and to perform the duties of this grant agreement.

Offeror Response

5. **Telecommunications Capabilities**. The selected Offeror must establish and maintain sufficient telecommunications capabilities to meet the following requirements:

a. The selected Offeror's telecommunication capabilities must include:

i. All telephone services.

ii. Telephone equipment and telephone lines, including direct lines to the Offeror's Enrollment Center from each CAO and CAO District Office in the selected Offeror's geographic region.

iii. Grantee automated data files.

iv. An Interactive Voice Response (IVR) system. Provide a schematic of the proposed IVR system.

v. An automatic call distribution (ACD) system. Provide a schematic of the proposed ACD the Offeror will use.

vi. Text Telephone Typewriter (TTY) and/or Pennsylvania Telecommunication Relay Service for communication with individuals who are deaf or hearing impaired.

b. The selected Offeror must immediately report all interruptions in any telecommunication services to the Department.

Offeror Response

6. **Participant and LTSS Applicant Enrollment Education and Assistance**. The selected Offeror must provide Department-approved educational information to Participants and LTSS Applicants through the use of scripts, and other materials to enable them to understand the enrollment and eligibility process and to make informed decisions about their service options. During the enrollment process, the selected Offeror's Enrollment Specialists and Enrollment Brokers will identify and assist Participants and LTSS Applicants with LEP or special communication needs, including individuals who visually, cognitively or hearing impaired. Upon request of these individuals, the selected Offeror will provide, at no cost, oral interpretation services or other alternate forms of communication to meet the needs of these individuals.

   Describe your process for meeting these requirements. Provide copies of the scripts and other materials you will use.

   Offeror Response

7. **Outreach and Coordination.** The selected Offeror must perform the following outreach and coordination activities:

   a. CAOs. The selected Offeror must establish and maintain working relationships with all CAOs and CAO District Offices that process applications for the selected Offeror's geographic region. As requested by the Department, the selected Offeror will make presentations at CAOs and District Offices to address enrollment issues and provide education to MA Consumers and to address the training needs of the CAO staff for enrollment issues. In addition, the selected Offeror will coordinate with the CAOs to integrate enrollment capability into the established set up at each CAO and CAO District

Office of a CAO processing applications for the selected Offeror's geographic region. A listing of CAOs and District Offices can be viewed at the following link on the Department's website: http://opsweb/Operations/CAOlist.htm.

Describe your approach to develop and maintain working relationships with CAO and District Offices in your proposed zone(s), including coordination of enrollment activities.

b. IAE. The selected Offeror must establish and maintain a working relationship with the Department's IAE. The IAE is responsible for completion of every LTSS Applicant's LCD. The selected Offeror must ensure an effective interface between the IAE and must have written policies and procedures for coordination with the IAE, which, at a minimum, include the following:

i. A process for submitting LCD requests to the IAE

ii. A process to follow-up with the IAE for LCDs not completed and received by the IEB within the require timeframes.

iii. A process for timely retrieval and processing of completed LCDs to ensure timeliness and efficiency with the enrollment process.

c. Area Agencies on Aging (AAAs). The selected Offeror must meet with AAAs in its geographic region to obtain information about the AAAs, their networks, and to provide an overview of the IEB Program. AAAs are community based organizations which serve as the aging network under the Pennsylvania Department of Aging, and that provide Older American Act Services and Pennsylvania Lottery Funded home and community based services and advocacy to older adults and their families. AAAs are the primary referral source for older adults seeking LTSS. The selected Offeror must coordinate and cooperate with the AAAs on transfers of Participants between AAA-administered service programs, including OPTIONS, and OLTL-administered programs in the SW Zone. The selected Offeror must attend and participate in ad hoc meetings with AAAs upon the Department's request. The selected Offeror must coordinate all meetings with the AAAs through the Department and must keep the Department apprised of all issues and outcomes of the meetings.

d. Community-Based Outreach and Education. The selected Offeror must assign staff to conduct presentations and accept enrollments at various locations in its geographic region and designate staff to serve as links between the selected Offeror and MA Consumers, Participants and LTSS Applicants and, various community based organizations and other groups in the geographic region including, but are not limited to, the following:

i. Mental health and drug and alcohol agencies.

ii. Centers for Independent Living

DRAFT

iii. AAAs

iv. Nursing Facilities.

v. Hospitals.

vi. Women's shelters.

vii. Homeless shelters.

viii. Senior centers.

ix. Social Security offices.

x. Churches.

xi. Housing projects.

xii. Other community-based organizations.

xiii. Local ethnic/second language community centers.

xiv. Personal care homes.

In order to target the CHC and LTSS populations, the selected Offeror, as part of its development of its field operations and outreach activities, must be aware of the MA Consumer and advocacy community in its geographic region and their expectations for the IEB Program. The selected Offeror must be proactive and establish partnerships with the leaders of community-based organizations, and advocacy, disability and service groups.

e. CHC-MCOs. The selected Offeror must meet with CHC-MCOs operating in its geographic region to obtain information about the MCO and its networks, and to provide the MCO an overview of its IEB Program. The selected Offeror must attend and participate in ad hoc meetings with CHC-MCOs upon the Department's request. The selected Offeror must coordinate all meetings with CHC-MCOs through the Department. The selected Offeror must keep the Department apprised of all issues and outcomes of the meetings.

The selected Offeror must have written policies and procedures to ensure an effective means of communication and coordination with CHC-MCOs. These policies and procedures must, at a minimum, include the following:

i. A process for handling MIS issues, including updates to systems procedures.

ii. A process for coordinating CHC Participant eligibility with the CHC-MCOs.

iii. A process for coordinating PCP selections.

iv. A process for how the CHC-MCOs' provider directory will be transmitted and accepted.

v. Resolution of concerns as identified by MLTSS Advisory Committee, BH-MCOs monitoring and quality assurance committees, and advisory groups.

f. LIFE Programs. The selected Offeror must meet with LIFE programs operating in its geographic region to obtain information about the program and its networks, and to provide an overview of its IEB Program. The selected Offeror must attend and participate in ad hoc meetings with LIFE programs upon the Department's request. The selected Offeror must coordinate all meetings with LIFE programs through the Department. The selected Offeror must keep the Department apprised of all issues and outcomes of the meetings.

The selected Offeror must have written policies and procedures to ensure an effective means of communication and coordination with LIFE programs. These policies and procedures must, at a minimum, include the following:

i. A process for handling MIS issues, including updates to systems procedures.

ii. A process for coordinating LTSS Applicant eligibility with the LIFE programs.

iii. A process for how the LIFE programs' provider directory will be transmitted and accepted.

iv. Resolution of concerns as identified by CHC Advisory Committee, BH- MCOs monitoring and quality assurance committees, and advisory groups.

g. Other IEB Programs. The Department may enter into agreements with multiple Offerors to provide IEB Programs in different geographic regions. In addition, during a CHC transition period, the selected Offeror and an incumbent vendor may be operating an IEB Program in the same geographic zone but responsible for handling different populations. The selected Offeror must coordinate and cooperate with other IEB Programs providing enrollment assistance to Participants and LTSS Applicants in other geographic regions or the same region as the selected Offeror. The selected Offeror must have a process to refer contacts, calls, and inquiries, including web inquiries, from Participants, LTSS Applicants and other individuals to the responsible IEB within three (3) business days, and to facilitate inter-county transfers between zones with the responsible IEB.

Describe how you will meet these requirements, including how you will handle comments, questions, complaints or enrollment information submitted to your IEB website, which should be handled by the Department's incumbent IEB or other IEB Program.

Offeror Response

DRAFT

8. **Communication and Coordination with the Department.** The selected Offeror must hold status meetings with Department staff at least bi-weekly or as directed by the Department, to discuss issues such as program policies, updates on ongoing projects, consideration of new projects, resolutions of challenges and the progress on work plans and action plans. The selected Offeror must develop the agenda and provide the agenda to the Department at least two (2) business days prior to each meeting. The agenda is subject to Departmental review and approval.

   The selected Offeror must provide the Department with email addresses, phone numbers and locations for its management staff and such other staff may be requested by the Department.

   The selected Offeror must partner with the Department as necessary to conduct training to community organizations and other agencies.

   Offeror Response

9. **IEB Enrollment Assistance Website.** The selected Offeror must host, maintain and update an IEB enrollment assistance website (IEB website) that complies with all of the following:

   a. The IEB website must meet all Department requirements for information systems and webpage development. The IEB website must meet the Commonwealth of PA Office of Administration and Information Technology policy standards. The correct reference for website compatibility for accessibility software is under ITP ACC001- Accessibility Policy. These requirements can be found at http://www.portal.state.pa.us/portal/server.pt/community/policies_and_procedures/416/information_technology_policies/210791. These requirements provide comprehensive web accessibility standards designed to help expose and repair barriers to accessibility and encourage compliance with existing accessibility guidelines.

   b. All materials posted to the website must be submitted to the Department for prior review and be approved by the Department.

   c. Participant and LTSS Applicant web pages and posted brochures must be available in English and Spanish, easily understood and written at no higher than a sixth grade reading level, whenever possible.

   d. The selected Offeror must review the website and provide recommended changes to the website to the Department for prior approval on a quarterly basis. The selected Offeror must make changes to the website due to information changes for CHC, LIFE or the OLTL LTSS programs.

   e. At a minimum, the IEB website must include:

      i. A Provider directory that includes and identifies Providers participating in the CHC Program and that is updated at least weekly. The Provider directory must have search capability.

DRAFT

ii. "What's New" items.

iii. Frequently asked questions and answers.

iv. Links to MLTSS Advisory Committee meeting information including but not limited to, dates and times.

v. Information and graphics to encourage CHC-MCO enrollment and PCP selection.

vi. List and map of counties of CHC-MCOs participating in CHC by zone.

vii. Comparison chart of participating CHC-MCOs.

viii. List and map of counties where CHC-MCO participating hospitals operate by zone.

ix. Link to the Department's website.

x. Links to participating CHC-MCO websites.

xi. Information on each of the available OLTL HCBS programs operating in the selected Offeror's geographic region, including services available, models of service and eligibility criteria

xii. Capability to provide travel directions from user input of address to any Provider listed in the Provider directory.

xiii. Capability for individuals to submit comments and questions. The selected Offeror will respond to all questions and comments related to the IEB and refer other questions to the Department or other entities as appropriate within one (1) business day of receipt.

xiv. Capability for CHC Participants to securely select a PCP, enroll into a CHC-MCO, as well as transfer from one CHC-MCO to another.

xv. Instructions in prevalent languages, as determined by the Department, about how to obtain the materials on the website in these languages.

xvi. Interactive functionality that facilitates consumer's ability to: submit secure CHC-MCO and PCP changes; query for information, including provider directory, and programs for which consumer is eligible.

xvii. Information about the LIFE program, including a description of the application process, a list and map of counties where LIFE programs are available and links to LIFE program websites.

DRAFT

xviii. Capability to provide travel directions from user input of address to eligible LIFE program.

f. Provide a mock layout for your IEB website, which includes:

i. The type of approved web accessibility software used (i.e. Bobby approved or comparable);

ii. Any other information that will be available on the website in addition to the Department mandated information;

iii. Languages that will be supported on the website;

iv. The sequence, availability, and types of hyperlinks to additional information and web pages;

v. Frequency of regular updates to the website;

vi. The search capabilities available;

vii. User-friendly provider directories;

viii. The interactive functionality specified in subsection 3.p. above.

g. Describe any other proposed online services that will be available to CHC Participants and LTSS Applicants on your IEB website.

h. Describe your process for following up with CHC Participants and LTSS Applicants who submit incomplete enrollments or transfers via the website.

Describe how you will host, maintain and update the website consistent with these requirements.

Offeror Response

10. Materials Development, Production, Mailings. The selected Offeror must produce, print, maintain and disseminate materials in a form and context required by the Department.

a. At the Department's request, the selected Offeror must maintain, develop and produce specific materials for mailings to Participants and LTSS Applicants. The Department encourages the Offeror to be creative in keeping the mailings simple, informative and comprehensive. The selected Offeror may suggest new and revised mailing materials; however, any mailing must receive advanced written Department approval prior to its use. In developing and disseminating its materials and mailings, the selected Offeror must comply with the following requirements:

b. The selected Offeror must maintain current written, audio and visual materials, and must develop new or modify such existing materials to meet the objectives of the IEB

Program. All materials must be accurate and not mislead, confuse or defraud Participants, LTSS Applicants or the Department.

c. Unless otherwise specified, the selected Offeror must design, develop, print and distribute the materials specified in this Section, including any revisions to those materials as described below.

i. Prepare and submit draft materials to the Department for advance written approval and revise the draft materials as necessary to respond to the Department's comments within five (5) business days.

ii. Review and provide recommendations for updates to the Department and make any approved updates to materials each grant renewal term, or as directed by the Department.

iii. Include appropriate instructions on all materials on how to access, or receive assistance with accessing, desired materials in an alternative format, including instructions for Participants and LTSS Applicants with LEP. For example, materials written in English must include appropriate language lines for prevalent languages, as determined by the Department.

iv. Use qualified professionals to translate materials into prevalent languages, as determined by the Department.

v. Use materials that are culturally sensitive, easily understood and written with a text no higher than a sixth grade reading level, whenever possible.

vi. Supply reading level statistics with all materials and revisions submitted for Department approval, and provide an explanation in the event that the materials do not meet the sixth grade reading level requirements. The Department will either approve or disapprove the submitted materials within a reasonable time.

d. All developed materials must meet the following requirements:

i. Comply with the ADA, which requires the availability of appropriate alternative methods of communication for individuals who are visually or hearing impaired.

ii. Use offset lithography or an equivalent method to reproduce materials.

iii. Not be photocopied unless photocopying is prior approved by the Department. The reproduction must be clear and easily readable.

iv. Use graphics and/or limited color when developing any materials, as requested by the Department.

v. Be free of errors, and have the look of the finished document when submitted to the Department.

DRAFT

Describe the materials you plan to use for Participants and LTSS Applicants and how the materials will comply with all requirements in this section. Provide samples of consumer materials you have used for similar projects, if available.

Offeror Response

11. **Complaint Process.** The selected Offeror must handle and relay complaints to the Department on its complaint report in accordance with the requirements set forth below.

    a. The selected Offeror's staff must document and track complaints received by the selected Offeror. The selected Offeror must submit complaint information to the Department in a weekly report.

    b. If a Participant, an LTSS Applicant or other individual complains about an IEB-related issue, the Enrollment Center staff must ask the individual if he or she is satisfied with the information given. If the individual is not satisfied, the staff will first try to resolve the individual's concerns. If the staff are unable to resolve the individual's concerns, the staff will refer the individual to a manager or lead staff for follow-up and resolution. The selected Offeror's staff must make every effort to address the individual's concerns within the same business day.

    c. The selected Offeror must develop, implement and maintain a complaint tracking system to record all complaints, including those not specific to IEB Complaints (e.g., MA Program Complaints, specific MCO Complaints). The tracking system will include:

        i. A description of the Complaint.

        ii. Documentation of any referrals to managers and the outcome of the resolution process for IEB-related Complaints.

        iii. Documentation of where the staff transferred non-IEB related Complaints.

Offeror Response

12. **Training.**

    a. Offeror Personnel Training. The selected Offeror must ensure that all personnel working on its IEB Program, including Enrollment Center staff, Enrollment Specialists and Enrollment Brokers, receive appropriate training.

    The selected Offeror must develop and maintain Department-approved procedures and training manuals. The selected Offeror must review its procedures and training manuals at least annually for accuracy and update them as needed. All updates must be forwarded for Department review and approval before dissemination. The selected Offeror must provide the Department with both a hardcopy and an electronic copy of the manuals. The manuals will be used for the initial training of the selected Offeror's staff. Department staff must be permitted to monitor all Offeror training sessions.

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Training topics must include, but are not limited to:

i. Cultural Sensitivity;

ii. Crisis management;

iii. Customer service and communication skills, including communicating effectively and conveying information in a manner that is easily understood by diverse audiences, including persons with LEP, those who have low or no literacy skills and individuals with disabilities.

iv. Overview of the OLTL managed care and HCBS programs operating in the selected Offeror's geographic region, including the unique aspects of OLTL's consumer groups and the service needs associated with various types of disabilities and which waivers or programs provide services targeted to each specific type of disability or age group.

v. CHC Program topics, including educating MA Consumers on CHC, knowing the available CHC-MCO options, educating and assisting the CHC Participant in selecting a PCP and the CHC- MCO that best meets their needs, referring special populations and CHC Participants with the need for immediate services or unmet needs to the CHC-MCO, effective enrollment processing.

vi. Explaining behavioral health services and how to access care through the BH-MCOs. Referring emergency behavioral health situations to the appropriate BH-MCO.

vii. Informing MA Consumers of the availability of the MATP for transportation to medical services.

viii. CHC and LTSS enrollment and eligibility process including plan transfer and dating rules;

ix. Person-centered service planning;

x. Interaction and collaboration with internal/external stakeholder groups involved in the enrollment process and service delivery including, but not necessarily limited to: ADRCs, PCCs, AAAs, Service Coordinators (SCs), CAOs, NHT Coordinators, and regional LINK entities;

xi. Understanding the role of the mandated reporter, as required by the Commonwealth's Older Adult Protective Services Act and Adult Protective Services Act.

xii. Medicare and Medicaid Programs

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xiii. The role of the APPRISE Program as a resource in assisting recipients with Medicare plan selection

xiv. The Person-Centered Counseling (PCC) associated with the Aging and Disability Resource Centers (ADRC).

Describe your proposed training program and provide sample training materials you propose to use for your IEB Program.

b. Training by the Department. The Department will provide training sessions for IEB Programs on topics determined by the Department. The Department will specify whether certain staff are required to attend a training session. The selected Offeror will require that staff attend required Department training sessions.

Describe your process for meeting these education and assistance requirements.

Offeror Response

13. Quality Assurance and Assessment. The selected Offeror must continually monitor and assess the quality of the performance of its IEB Program and the work performed by its Enrollment Center staff to ensure that enrollment assistance services are delivered consistent with the requirements of the Grant. The selected Offeror must provide the Department with reports of its QMS monitoring and assessment activities as specified in **Section III-11.L**.

Describe the processes you will follow and the management controls you will use to assess and ensure the quality of your work as well as your ability to meet all performance standards. Develop and demonstrate a Quality Management Strategy (QMS) solution in your proposal. Your QMS must assure the accessibility, availability, and quality of the services to be provided under the grant agreement. It should also address your approach to internally monitor and evaluate your effectiveness in meeting the RFP requirements throughout the course of the grant agreement.

Offeror Response

B. Tasks Specific to CHC. The following identified Tasks specific to CHC should be addressed by the Offeror in its Technical Submittal:

1. CHC Enrollment Materials. The selected Offeror must develop and use materials and mailings in providing enrollment services to Participants and LTSS Applicants.

a. Pre-enrollment Packets. The Enrollment Center must mail pre-enrollment packets to newly eligible CHC-LTSS Participants within one (1) business day of receiving the daily eligibility file including those Participants. The pre-enrollment packets must include at a minimum:

i. A pre-enrollment brochure that includes at least the following information:

- An explanation of the CHC Program, the decisions the CHC Participant needs

to make, the timeframe for making the decision, and the consequences of not making decisions.

- General information on the differences between the CHC-MCOs in the zone in which the CHC Participant resides.
- Factors the CHC Participant should consider when making an enrollment decision.
- An explanation of the role of a CHC-MCO's Participant Services Department.
- LTSS information, including the LTSS available through CHC and how the IEB Program will assist the CHC Participant to apply for LTSS.
- Information on the Behavioral Health component of the program and how to get more information on the services provided as well as the BH-MCOs available and how to access these services.
- The role of the PCP.
- Information on Medical Assistance Transportation Program (MATP) in the county where the CHC Participant resides and non-medical transportation.
- Information on the use of the Department's ACCESS/EBT card.
- How to resolve a problem with the CHC-MCO, including information on the CHC Participant's right to file a complaint, grievance and request a DHS Fair Hearing.
- How to contact the IEB and website.
- Information on how to view and obtain a list of participating acute care HCBS, nursing facilities, and hospitals by zone.

ii. A comparison chart which includes specific information on each CHC-MCO participating in CHC by zone

iii. A standardized enrollment form.

iv. A CHC Participant Guide developed by the Department.

v. Promotional information about MLTSS Advisory Committee meetings.

vi. Co-pay charts.

vii. A postage paid return envelope.

b. Post-enrollment Packets. The Enrollment Center must mail post-enrollment packets to each CHC NFI Dual Participants and CHC LTSS Participants who were processed successfully through the weekly batch enrollment within one (1) business day of

receiving an enrollment/disenrollment reconciliation file from the Department including those Participants.

The post- enrollment packets must include at a minimum:

i. A post enrollment brochure that includes at least the following information.

- Information on the Participant's selected CHC-MCO Participant Services Department and its hotline numbers.
- How to access the Enrollment Hotline and website.
- Information on emergency care
- The role of the CHC-MCO.
- The role of the PCP.
- LTSS information, including the LTSS available through CHC and how the IEB Program will assist the CHC Participant to apply for LTSS.
- How to resolve a problem with the CHC-MCO, including information on the CHC Participant's right to file a complaint, grievance and request a DHS Fair Hearing.
- Information on the behavioral health services provided through the BH-MCOs and how to access these services. This should include the BH-MCO's member services hotline numbers.
- Information on the MLTSS Advisory Committees.

ii. A confirmation notice that contains the following information:

- The name of the CHC-MCO in which the CHC Participant is enrolled.
- The CHC-MCO's Participant Services hotline number.
- The PCP's name and telephone number if one was selected at the time of enrollment.
- The effective date of enrollment.
- That the Participant may change his or her CHC-MCO at any time.

c. Additional CHC Notices. The Enrollment Center must mail the following notices to CHC Participants, as applicable:

i. A re-enrollment notice to CHC Participants who lose eligibility and regain it within six (6) months of ineligibility within five (5) business days of receipt of the daily eligibility file including those Participants.

DRAFT

ii. A reminder notice to CHC-LTSS Applicants who have not selected a CHC-MCO and PCP within ten (10) business days from the LTSS Application Date.

iii. A reminder notice to CHC NFI Dual Participants who have not selected a CHC-MCO and PCP within ten (10) business days of receipt of the daily eligibility file including those Participants

iv. A notice to CHC Participants whose advance plan selection could not be processed due to the Department's Dating Rules logic to inform them that their plan selection will be processed as a plan transfer. The Enrollment Center must mail such notices within one (1) business day of the receipt of the enrollment/disenrollment reconciliation file.

v. A written notice sent at least annually to all CHC Participants informing them of their right to choose an alternate CHC-MCO or LIFE program at any time.

Describe the materials you plan to develop and use for Participants and LTSS Applicants, including mailings and how you will ensure all materials are culturally sensitive, easy to understand, ADA and LEP compliant and written with a text no higher than a sixth grade reading level, whenever possible. Provide samples of materials that you have used for similar programs and recommend using for this program. Describe the challenges you anticipate in identifying current addresses for all Participants and LTSS Applicants for whom you receive returned mail and strategies you will use to attempt to secure appropriate addresses for these individuals.

Offeror Response

2. CHC Scripts. The selected Offeror must maintain, develop and revise appropriate scripts specific to the CHC Program for use by Enrollment Center staff, including Enrollment Specialists and Enrollment Brokers, when communicating with CHC Participants.

The selected Offeror must identify and submit for prior Department approval, a list of elements to include in scripts, and must incorporate elements required by the Department. Enrollment Center call scripts must include language to inform callers that their calls may be monitored. The selected Offeror must also develop special scripts for emergency and unusual situations, as required by the Department.

Scripts must be clear and easily understood. The selected Offeror must submit initial and modified scripts for written Department approval prior to their use. The selected Offeror must review the scripts at least annually, or as directed by the Department, to determine any necessary revisions and submit to the Department any subsequent script modifications prior to their use. Whenever possible, the selected Offeror must use consumer input in the development and revisions of scripts.

a. The types of scripts that must be developed include but are not limited to:

i. Phone scripts

ii. Field scripts

iii. Community Presentations

b. The scripts must cover, at a minimum, the following:

iv. Explanation of the CHC Program.

v. Explanation of the HealthChoices Behavioral Health Program.

vi. Collection and confirmation of consumer identifying information, including a confidentiality statement.

vii. Explanation of the service options available in the selected Offeror's geographic region.

viii. Importance of selection, and consequences of not selecting a CHC-MCO and PCP.

ix. Factors to consider when choosing a CHC-MCO and PCP.

x. Explanation of the role of the PCP.

xi. General information about the differences between the CHC-MCOs operating in the selected Offeror's geographic region (i.e., each CHC-MCO may have available different doctors/providers in plans, additional services offered, etc.).

xii. Instructions to guide the Enrollment Specialist to help CHC Participants determine which plan(s) their current doctor(s) and other providers are affiliated with, including use of the APD.

xiii. Language to elicit the CHC Participants' CHC-MCO and PCP choices using intelligent assignment logic as specified in **Section III-8.B.3.c**.

xiv. Information about self-referred services.

xv. LTSS information, including the LTSS available through CHC and how the IEB Program will assist the CHC Participant to apply for LTSS.

xvi. Explanation of the CHC-MCOs' Participant Services department.

xvii. Language to obtain pregnancy information.

xviii. Information about the EPSDT program.

xix. Explanation of how to access the BH-MCO's Member Services department based on the MA Consumer's county of residence.

DRAFT

xx. Information about MATP.

xxi. Information regarding complaints, grievances, and DHS Fair Hearings process.

xxii. Instructions on how to change CHC-MCOs.

Describe the proposed contents of the required interactive scripts, and provide examples of scripts the Offeror uses or has used, if available. Describe how the Offeror will validate that staff members are properly using scripts.

Offeror Response

3. **CHC Participant Enrollments, PCP Selections and Plan Transfers.** The selected Offeror must process enrollments for the CHC program as outlined below.

   a. **CHC NFI Dual Participant Enrollments and Plan Selections - Ongoing Enrollment Process.**

      i. After the CHC SW Zone Start Date, the Department's on-line computer process will automatically enroll a newly eligible CHC NFI Dual Participant residing in the Zone into a CHC-MCO, with a future begin date, at the time the Participant is found eligible for MA. An algorithm will be used to automatically assign a CHC-MCO for the CHC NFI Dual Participant when the CAO worker completes an on-line eligibility determination. If the CHC NFI Dual Participant selects a different CHC-MCO, the Participant will be transferred into his or her selected CHC-MCO. The transfer will be effective as specified in the plan transfer Dating Rules. Refer to **Appendix G** for the current Dating Rules.

      ii. Beginning on or around the CHC Zone Start Date, the Department will provide the selected Offeror a daily eligibility file which will include an auto-assignment indicator for any newly eligible CHC NFI Dual Participants enrolled in CHC who have not yet made a CHC-MCO selection. The selected Offeror must send post-enrollment packets to these Participants as specified in **Section III-8.B.1.b** above. The selected Offeror must cross-reference its daily enrollments to this file to eliminate sending enrollment packages to individuals who have already selected a CHC-MCO but whose selection has not been processed through the weekly enrollment/disenrollment file which the selected Offeror submits to the Department.

      iii. The selected Offeror must respond to, and assist NFI-Dual Participants, if requested, with questions relating to CHC, store any advance plan selections made by those Participants and transmit them to DHS, as specified in **Section III-8.A.2.c** above. The selected Offeror will use the Department's Dating Rules to determine the date that a newly eligible CHC NFI Dual Participant will be enrolled in the CHC- MCO based upon when the CHC Participant contacts the selected Offeror, and the date that the weekly enrollment/disenrollment file is

DRAFT

submitted to the Department. Refer to **Appendix G** for the current Dating Rules.

Describe how you will incorporate the Department's online auto assign and batch plan transfer dating rules into your enrollment/disenrollment and PCP selection and changes processes.

b. CHC LTSS Participants Enrollment and Plan Selection - Ongoing Enrollment Process. Beginning on or around the CHC Zone Start Date, the selected Offeror will be responsible to assist CHC-LTSS Applicants residing in the selected Offeror's geographic region who are either referred to the IEB or file an LTSS Application with the LTSS eligibility process and with enrollment into CHC-LTSS or an available LIFE program. Refer to **Section III-8.C** for requirements relating to the LTSS eligibility process.

c. Advanced Plan Selection. The selected Offeror must provide all CHC-LTSS Applicants the opportunity to make an advanced plan selection.

i. The selected Offeror will explain the available CHC-MCO and LIFE options and provide and any additional information required for a CHC-LTSS Applicant to make an informed choice of a CHC-MCO plan or an available LIFE program prior to the CHC LTSS Applicant's auto-assignment to a CHC-MCO. The selected Offeror will use the intelligent assignment hierarchy specified in this subsection to assist individuals in making a plan selection.

ii. The selected Offeror will store the CHC-LTSS Applicants' advanced plan selections and transmit them electronically to DHS in a DHS defined format.

iii. If a CHC-LTSS Applicant does not select a CHC-MCO prior to the Applicant's financial eligibility determination, the selected Offeror will assign the Applicant to a CHC-MCO plan based on the following intelligent assignment hierarchy:

- First, Nursing Facility Enrollment and corresponding CHC-MCO plan (i.e., if an Applicant is residing in a nursing facility at the time of enrollment, the Applicant will be assigned to a plan in which his or her nursing facility is a Network Provider);
- Second, D-SNP and corresponding CHC-MCO plan (i.e., CHC-MCO plans must have an affiliated D-SNP. If an Applicant is enrolled in a D-SNP, the Applicant will be assigned to a CHC-MCO aligned with his or her D-SNP);
- Third, HC-MCO and corresponding CHC-MCO plan (i.e., if the Applicant is transferring from Health Choices, and the HC-MCO is also contracted as CHC-MCO, and the Applicant has not made a CHC-MCO selection, the Applicant will be enrolled in the affiliated CHC-MCO); and

- Last, HCBS provider (i.e., if an Applicant is receiving HCBS and their HCBS provider is contracted with a CHC plan, the Participant will be enrolled in that plan).

iv. If none of the hierarchy criteria apply to an LTSS Applicant, the selected Offeror will not assign a CHC-MCO. Instead, the LTSS Applicant will be auto-assigned to a CHC-MCO through CIS.

v. The advanced plan selection on file with DHS will be assigned to the LTSS Applicant as of the date that eligibility is processed. If an LTSS Applicant's advanced plan selection is received by DHS after eligibility has been processed, the selected Offeror will receive an error message on the confirmation file informing that a CHC-MCO has been auto assigned to the Applicant. The selected Offeror will contact the Applicant and inform him or her of the current CHC-MCO enrollment and that the Applicant's plan selection will be managed as a plan transfer according to standard dating rules.

d. Referrals for CHC LTSS

i. CHC to CHC-LTSS. The CHC-MCO will refer CHC Participants with identified LTSS needs to the selected Offeror to facilitate the enrollment process into CHC-LTSS or an available LIFE program. The referred Participants will remain in CHC until the Participants' clinical and financial eligibility for LTSS have been determined.

ii. HealthChoices to CHC-LTSS. HealthChoices members who are eligible for LTSS may be enrolled in CHC-LTSS. The HC MCO will refer the member to the selected Offeror to facilitate the enrollment process. Participants will remain in Health Choices until clinical and financial eligibility are determined.

Offeror Response

4. Plan Transfers. A CHC Participant may change his or her CHC-MCO plan or, in the case of a CHC-LTSS Participant, also transfer to an available LIFE program at any time. The decision to transfer may be communicated through the selected Offeror's website, email, fax, mail or by telephone call. All plan transfers must be implemented according to the Department's Dating Rules. Refer to **Appendix G** for the Department's current Dating Rules. The selected Offeror's Enrollment Specialists must assist CHC Participants who wish to change their CHC-MCO or to enroll in LIFE if available. The selected Offeror's Enrollment Specialist will discuss with the CHC Participant the reason for transfer, and the possibility of selecting a new PCP, rather than transferring. If the CHC Participant still wishes to transfer, the Enrollment Specialist must:

a. Assist the CHC Participant with transferring from one CHC-MCO to another CHC-MCO in the zone in which the CHC Participant resides or, in the case of a CHC-LTCC Participate, transfer to an available LIFE program.

DRAFT

b. Assist the Participant with selecting a participating PCP for the new CHC- MCO or LIFE program.

c. Document the reasons for the CHC Participant's transfer with the applicable reason code on the weekly file.

d. Inform the CHC Participant of the effective date of enrollment in the new CHC- MCO or LIFE program, based on the Department's dating rules.

Offeror Response

5. **Automatic Reassignment Following Resumption of Eligibility**. The Department will automatically re-enroll a CHC Participant who loses MA eligibility and regains it within six (6) months into the MA program in which the individual was previously enrolled, with his or her previous CHC-MCO, if applicable, and with his or her previous PCP, as long as the CHC Participant's eligibility status or geographical residence is still valid for participation in that program. The selected Offeror will not complete a Plan selection or PCP selection for those CHC Participants who lose and regain MA eligibility within six (6) months.

   The selected Offeror's Enrollment Center will send a notice to CHC Participants who lose MA eligibility and regain it within six (6) months. The notice will inform the CHC Participants that the Department has automatically reenrolled them with their previous CHC-MCO and that they have the opportunity to initiate a CHC-MCO change.

   When a CHC Participant contacts the selected Offeror's Enrollment Center, the Enrollment Specialist will inform the individual that he or she has been automatically re-enrolled in his or her previous PH-MCO. If the CHC Participant requests a CHC-MCO transfer or a different PCP, the Enrollment Specialist will assist the CHC Participant with the plan transfer.

   Offeror Response

C. Tasks Specific to LTSS Applicants. The following identified Tasks specific to LTSS Applicants and Participants should be addressed by the Offeror in its Technical Submittal.

1. **General Requirements.**

   a. LTSS Application Processing Deadline. An LTSS Applicant must receive a final eligibility determination (clinical, program (if required), and financial) for LTSS within 90 calendar days of his or her LTSS Application Date. The selected Offeror must monitor and manage the status of LTSS Applications through the enrollment process to ensure each LTSS Applicant's Application is adjudicated within a maximum of 90 calendar days from the Application Date. The selected Offeror must use all systems, required by OLTL (i.e., HCSIS, SAMS, COMPASS, and CIS), to input and track LTSS Applicant information.

DRAFT

b. LTSS Applicant. An LTSS Applicant is: (i) an individual who signs or, on whose behalf the individual's representative signs a PA 600L or submits a PA 600L through the DHS COMPASS website; or (ii) an MA Consumer, including a CHC Participant, who, or, on whose behalf, his or her representative makes a request to apply for LTSS.

An LTSS Applicant, who is not already an MA Consumer, may apply for all LTSS programs (CHC, CHC-LTSS, HCBS, LIFE and Nursing Facility services) via the DHS COMPASS website or by submitting a signed hard copy LTSS Application to the selected Offeror.

The selected Offeror may not take or complete a LTSS Application by telephone. The selected Offeror must refer LTSS Applicants who wish to file telephone applications to DHS' Customer Service Center which is authorized to perform this function.

Offeror Response

2. Initial Contacts and Referrals of potential LTSS Applicants.

a. LTSS Hotline. The selected Offeror's Enrollment Center must have the capacity and be staffed sufficiently to accept telephone calls from individuals and their representatives who are inquiring about LTSS or who express a desire to receive LTSS and to accept referrals of potential LTSS Applicants.

b. Referrals. Referrals may be made by telephone, letter, or through the selected Offeror's IEB website.

i. CHC-MCOs may refer CHC Participants to the selected Offeror to initiate the LTSS application process. The CHC-MCO will provide the physician certification and a Long Term Care Admission and Discharge Transmittal (MA103) (if the potential LTSS Applicant is seeking admission to a nursing facility) to the selected Offeror for each referred CHC Participant within three (3) business days of the referral.

ii. The selected Offeror may receive referrals of potential LTSS Applicants, including CHC Participants, from sources other than CHC-MCOs, including AAAs, hospital or nursing facility social workers, and family members.

iii. If the Enrollment Center receives a referral of a potential LTSS Applicant from any source, an Enrollment Specialist must:

(I) Make at least three attempts to contact the potential LTSS Applicant by telephone to determine if he or she wants to apply for LTSS. The first attempt must be made within two (2) business days of receipt of the referral. If the Enrollment Specialist is unable to reach the potential LTSS Applicant on the first attempt, the Enrollment Specialist must contact the referral source to confirm the contact information for the

DRAFT

potential LTSS Applicant. In addition, the Enrollment Specialist must make two additional attempts on different days to contact the potential LTSS Applicant by telephone. The selected Offeror must complete the three attempts within five (5) business days of the receipt of the referral.

(II) If the Enrollment Specialist is unsuccessful in reaching the potential Applicant after three attempts by telephone, within one (1) business day of the third unsuccessful telephone attempt, the selected Offeror must send a follow up letter by first-class mail informing the potential LTSS Applicant that he or she must contact the selected Offeror to initiate the LTSS Application process. If the LTSS Applicant does not contact the selected Offeror within five (5) business of the date of the letter, the selected Offeror may close the referral case.

iv. If Enrollment Specialist reaches the potential LTSS Applicant, the Enrollment Specialist will proceed with the initial contact and intake process in subsection 2.d below.

c. COMPASS Applications. The selected Offeror's Enrollment Center must have the capacity and be staffed sufficiently to accept and process LTSS Applications submitted through the Department's COMPASS Application system.

i. COMPASS applications will be sent to the selected Offeror on a daily basis via the COMPASS referral file. Refer to Section III-8.A.2.c.v.

ii. The selected Offeror must enter any hard copy LTSS Applications which it receives directly into COMPASS to initiate the financial eligibility application. The selected Offeror will be enrolled as a Community Partner to utilize COMPASS to enter and track applications on behalf of LTSS Applicants.

iii. Upon receipt of a COMPASS application, an Enrollment Specialist will contact the LTSS Applicant to schedule an intake visit with an Enrollment Broker as specified in subsection 3 below.

d. Initial contact and intake process.

i. A potential LTSS Applicant, or his or her representative may contact the Enrollment Center directly to inquire about or start the process to apply for LTSS. During the initial contact, the Enrollment Specialist will follow a script, approved by the Department to inform the individual about the LTSS application process and determine whether the individual is making an inquiry or a request to apply for LTSS.

A contact is an inquiry if the individual only requests general information regarding LTSS or in-home services, but does not express any desire to receive

DRAFT

or apply for LTSS. If any question exists as to whether a contact is an inquiry or a "request to apply," the contact should be treated as a request to apply.

Provide a sample initial intake script with your proposal.

ii. If, after hearing the script, the individual only requests general information regarding LTSS or decides not to proceed with the LTSS application process, the Enrollment Specialist will note that decision in the Enrollment Center's records, the contact will be considered an inquiry, and the case will be closed.

The selected Offeror must keep a record of the name, address and telephone number of each person making an inquiry and the date of the inquiry, and the reason the case was closed.

iii. An Enrollment Special must schedule an intake visit with an Enrollment Broker if:

(I) During an initial contact with a potential LTSS Applicant, the potential LTSS Applicant or his or her representative informs the Enrollment Specialist that the potential Applicant wants to continue with the application process.

The intake visit must be scheduled to occur within seven (7) calendar days of the initial contact unless the potential LTSS Applicant requests that the visit take place at a later date or there are other circumstances beyond the control of the IEB.

If the Intake Visit does not occur within seven (7) calendar days of the Initial Contact, the selected Offeror must document the reason for the delay in its records.

(II) The Enrollment Center receives a COMPASS application for an LTSS Applicant unless, as of the date of receipt of the COMPASS application, an intake visit is or will be scheduled with the Applicant under subsection (I). above; or an intake visit has been conducted in accordance in subsection C.3 below.

The Enrollment Specialist must attempt to contact the LTSS Applicant by telephone within two (2) business days of receiving COMPASS application to schedule the intake visit. If the Enrollment Specialist is unable to reach the LTSS Applicant on the initial telephone contact, the Enrollment Specialist must make two additional attempts on different days to contact the LTSS Applicant by telephone.

The selected Offeror must complete the three attempts within five (5) business days of receipt of the COMPASS Application.

DRAFT

If the Enrollment Specialist is unsuccessful in reaching the LTSS Applicant after three attempts by telephone, within one (1) business day of the third unsuccessful telephone attempt, the selected Offeror must send a follow up letter by first-class mail informing the LTSS Applicant that he or she must contact the selected Offeror within five (5) business days of the date of the letter to continue with the LTSS Application process.

If the LTSS Applicant does not contact the selected Offeror within five (5) business days of the date of the letter, the selected Offeror will notify the LTSS Applicant that his or her LTSS Application will be denied. The selected Offeror will send a 1768 Denial to the CAO.

The intake visit must be scheduled to occur within seven (7) calendar days of the receipt of the COMPASS application, unless the LTSS Applicant requests that the visit take place at a later date or there are other circumstances beyond the control of the IEB.

If the Intake Visit does not occur within seven (7) calendar days, the IEB will document the reason for the delay in its records.

iv. Before the Intake Visit, the selected Offeror must check the Department's Client Information System (CIS) to determine whether the LTSS Applicant is a current MA Consumer, is enrolled in an OLTL LTSS Program, LIFE, or an ODP Waiver program, or has an MRx code.

If the LTSS Applicant is enrolled in one of these Program, the Enrollment Broker must coordinate with the Applicant's existing program.

Describe how you will track and handle initial intake of potential LTSS Applicants

Offeror Response

3. Intake Visit.

a. In-home. An Enrollment Broker must conduct the intake visit at the LTSS Applicant's current residence or the residence in which he or she will be receiving services. If an LTSS Applicant is currently hospitalized or resides in a nursing facility, the in-home visit may take place at that setting.

b. Application Packet. During the intake visit, the Enrollment must provide and review with the LTSS Applicant with an Application Packet which includes the following:

i. A cover letter that explains the forms included in the Application Packet and identifies the forms that must be completed, signed and returned to the selected Offeror to start the LTSS Application process.

DRAFT

ii. Application for Benefits (PA 600L) (not required if the LTSS Applicant is an MA Consumer on the LTSS Application Date).

iii. Authorization of Release of Information (PA4).

iv. Information about the Estate Recovery Program.

v. Citizenship Form.

vi. Notice of Privacy Practices, includes Acknowledgement Form.

vii. Notice informing the Applicant of assistance available to complete the Application, including information on the PCC role associated with the ADRCs.

viii. A flow chart entitled "PA IEB Application Process for LTSS";

ix. Notice of Right to Timely Eligibility Determination; and

x. Any other informational material required by the Department.

c. Intake Visit Tasks. In addition to providing the Application packet, the Enrollment Broker must complete the following tasks during the intake visit:

i. With an LTSS Applicant who is applying for the OBRA waiver or the Act 150 Program, complete a Needs Assessment on a form specified by the Department.

ii. With the LTSS Applicant, compile a list of the Applicant's chosen service providers and assist the Applicant to complete the Freedom of Choice form.

iii. With the LTSS Applicant, assist the Applicant to complete all required forms and documentation for the waiver or program to which he or she is applying.

iv. Notify the LTSS Applicant of his or her rights and responsibilities during the eligibility determination process and as an LTSS Participant, should he or she be determined eligible.

v. Notify the LTSS Applicant of his or her right to an appeal and provide written instructions on how to appeal.

vi. Provide the LTSS Applicant consent forms and related information about the Money Follows the Person initiative and procedures if the Applicant is transitioning from a nursing facility setting.

Offeror Response

4. LTSS Application Date.

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a. If the potential LTSS Applicant is an MA Consumer, the date of the intake visit is the LTSS Application Date.

b. If the potential LTSS Applicant is not an MA Consumer, the Enrollment Broker will explain to the individual or his or her representative that, in order to begin the LTSS Application process, the individual or his or her representative must sign an LTSS Application form (PA 600L) and submit it to the IEB Program or submit an LTSS Application through the DHS COMPASS website.

i. If the individual or his or her representative signs the LTSS Application (PA 600L) during the intake visit, the individual is an LTSS Applicant and the LTSS Application Date is the date of the intake visit.

ii. If the individual or his or her representative does not sign the LTSS Application (PA 600L) during the intake visit, the Enrollment Broker must explain that the LTSS Application process will not start until the Application is signed and returned to the IEB Program or an LTSS Application is submitted through the DHS COMPASS website.

iii. The LTSS Application Date will be the date that the selected Offeror receives a signed LTSS Application (PA 600 L) from the LTSS Applicant or the date of the LTSS Applicant's COMPASS application, whichever date is earlier.

iv. If the potential LTSS Applicant does not return a signed PA 600L to the IEB Program or file an COMPASS application within thirty (30) days of the intake visit, the selected Offeror must send a letter within three (3) business days to the potential LTSS Applicant informing the Applicant that unless a signed LTSS Application (PA 600L) is returned to the selected Offeror or an LTSS Application is filed through the DHS COMPASS system, the Applicant's case will be closed. The letter should also inform the potential LTSS Applicant about the PCC available through an ADRC.

Offeror Response

5. **Coordination with Office of Developmental Programs (ODP).** If an LTSS Applicant is enrolled in an ODP-administered Waiver program or is identified in CIS with an MRx code, the selected Offeror must contact the ODP Service Coordinator within 3 business days of the LTSS Application Date to confirm the LTSS Applicant's interest in receiving LTSS through an OLTL-administered program operating in the selected Offeror's geographic region and must coordinate a transition date from the ODP waiver program to LTSS services to ensure no gap in services.

Offeror Response

6. **LTSS Eligibility Determination**.

a. Clinical Eligibility Determination.

i. **Physician Certification**. For each LTSS Applicant, the selected Offeror will send a Physician Certification form to the LTSS Applicant's physician within one (1) business day of the LTSS Application Date, unless the LTSS Applicant decides to request the physician certification him/herself. The selected Offeror will request that the physician complete and return a physician certification to the selected Offeror with seven (7) business days. A completed copy of the physician certification must be obtained to complete the enrollment.

Describe your process to request Physician Certifications and to ensure they are tracked and received by the selected Offeror in a timely manner and your process for managing incomplete and inaccurate Physician Certifications.

ii. **Level of Care Determination (LCD) Referral**. For each LTSS Applicant, the selected Offeror must forward a referral to the IAE within one (1) business day of the Application Date requesting an LCD for the LTSS Applicant. The IAE will conduct the LCD and submit the results to the selected Offeror within 15 calendar days of receipt of the referral . The IAE will determine if the individual is NFCE, NFI or requires the level of care provided in an ICF/ORC. If the selected Offeror does not receive the LCD within 10 days of the referral date, on the tenth business day, the selected Offeror must follow-up with the IAE to determine why the LCD is delayed. If the delay is the not the result of the Applicant's unavailability, the selected Offeror must notify OLTL within one (1) business day.

Describe your process to ensure that LCDs are tracked and received by the selected Offeror in a timely manner and your process for managing delays in receipt of the LCDs.

iii. **Clinically Eligible.**

(I) If the LTSS Applicant is determined NFCE, the selected Offeror will generate and transmit the 1768 Approval electronically to the CAO within one business day of receipt of the LCD so that the CAO can complete the financial eligibility process. The selected Offeror will also confirm whether the LTSS Applicant has chosen to apply to enroll in a LIFE program or has made an advanced CHC-MCO plan selection. If the Applicant has not made a choice, the selected Offeror will contact the Applicant or his or her representative within one business day of receipt of the LCD to provide choice counseling as specified in **Section III-8.A.3.d**.

(II) If the LTSS Applicant is determined to need the level of care provided in an ICF/ORC, the selected Offeror will complete the OBRA Waiver enrollment process and transmit the 1768 Approval electronically to the CAO within one business day of receipt of the LCD so that the CAO can complete the financial eligibility process.

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iv. Clinically Ineligible.

(I) If the LTSS Applicant is determined NFI and does not require ICF/ORC level of care, the selected Offeror will send the LTSS Applicant a written Notice of Decision informing him or her that he or she is not clinically eligible for LTSS. The selected Offeror will also transmit a 1768 Ineligible form electronically to the CAO. The Notice and the 1786 form must be sent within one (1) business day of the date the selected Offeror receives the completed LCD.

(II) If there is a discrepancy between the results of an LTSS Applicant's LCD and his or her physician certification, the selected Offeror will refer the case to OLTL for a determination of clinical eligibility by OLTL's Medical Director within one (1) business day of the date the selected Offeror receives the completed LCD or the Physician Certification, whichever comes last.

(III) The selected Offeror will contact an LTSS Applicant who is determined clinically ineligible within one (1) business day of the date the selected Offeror receives the LCD to provide referral information on alternate service delivery systems designated by DHS. If Applicant agrees, the selected Offeror will make a direct referral for any alternate services identified by either the Department or the Applicant. This referral may be communicated via email, fax or other electronic means. The selected Offeror must have the capability to track and report on referrals that were made for the Applicant, including provider and date of referral.

Offeror Response

b. Program Eligibility – A CHC Participant who has been determined clinically and financially eligible for LTSS is not required to meet any additional program eligibility criteria to receive CHC LTSS. An LTSS Applicant must meet program eligibility criteria to receive services under LIFE, the OBRA Waiver program or the Act 150 Program. Refer to **Part I, Section I-2** for a link to the program eligibility criteria for these programs and to subsection 7 below for additional information relating to LIFE enrollments.

i. The selected Offeror does not determine program eligibility for CHC-LTSS or LIFE.

ii. The selected Offeror will review an LTSS Applicant's program eligibility for the OBRA Waiver program and the Act 150 Program and make a recommendation to OLTL as to whether the LTSS Applicant's meets program eligibility requirements for these Programs. The selected Offeror must transmit its recommendation to OLTL within three (3) business days of the date of the Applicant's completed LCD, or the date the selected Offeror receives the

Applicant's Physician Certification, whichever date comes last. After considering the selected Offeror's recommendation, OLTL will determine the LTSS Applicant's program eligibility.

(I) If OLTL determines that an LTSS Applicant meets program eligibility criteria, OLTL will send a written notification to the LTSS Applicant and inform the selected Offeror to submit a completed Eligibility notification form (PA 1768 Approval) to the CAO within one (1) business day to complete the LTSS Applicant's financial eligibility determination.

(II) If OLTL determines that an LTSS Applicant fails to meet program eligibility criteria, OLTL will send a written notice of to the LTSS Applicant and inform the selected Offeror to submit a 1768 Ineligible form to the CAO and close the case.

Offeror Response

c. Additional Enrollment Activities for Nursing Facility Residents. The selected Offeror must coordinate and cooperate with nursing facilities in providing enrollment assistance to nursing facility residents in connection with the LTSS eligibility process. At a minimum, the selected Offeror must work with the nursing facilities in scheduling the in-home visit and facilitating level of care and financial eligibility determinations for their residents.

Offeror Response

d. Financial Eligibility Determination.

i. The selected Offeror must forward a PA1768 Pending form to the CAO for every LTSS Applicant who is an MA Consumer no later than the 40th day from the LTSS Application date whether or not an LCD or Physician Certification has been received for the LTSS Applicant.

ii. The selected Offeror will generate and submit the 1768 Approval or 1768 Ineligible form for LTSS Applicants to the CAO electronically on a daily basis.

iii. For 1768 Approvals, the CAO will complete a financial eligibility review to determine financial eligibility for MA LTSS. For 1768 Ineligibles, the CAO will complete a financial eligibility review to determine financial eligibility for MA. Notice of financial eligibility will be provided to the selected Offeror through a daily PA 162 Commit file generated by DHS.

Offeror Response

e. Act 150 Program. If an LTSS Applicant is clinically eligible for LTSS but is financially ineligible for MA LTSS, the selected Offeror will offer the Applicant the opportunity to apply for the Act 150 Program. If the Applicant applies for the Act 150 Program, the selected Offeror will review and make a recommendation to OLTL on

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whether the Applicant meets program eligibility for the Act 150 Program. If OLTL determines that the Applicant is eligible for the Act 150 Program, OLTL will notify the selected Offeror to complete the Applicant's enrollment in that Program.

Offeror Response

f. Ineligible Applicants. If an LTSS Applicant is determined ineligible for LTSS, the selected Offeror will contact the LTSS Applicant within one (1) business day of the date the selected Offeror is notified that the Applicant is ineligible to provide referral information on alternate service delivery systems designated by DHS. If the Applicant is ineligible because he or she is NFI or financially ineligible for LTSS, the selected Offeror will refer the Applicant to the local AAA. If Applicant agrees, the selected Offeror will make a direct referral to the AAA if the Applicant is age 60 or older, or for any alternate services identified by either the Department or the Applicant. This referral may be communicated via email, fax or other electronic means. The selected Offeror must have the capability to track and report on referrals that were made for the Applicant, including provider and date of referral.

Offeror Response

7. Enrollment. After clinical, program and financial eligibility are determined, the selected Offeror will complete the enrollment process for CHC LTSS and LTSS Participants, other than LIFE enrollees, as follows:

a. For CHC LTSS Participants, the selected Offeror will follow the process specified in **Section III-8.B.3.b.**

b. For OBRA Waiver program and Act 150 Program Participants, the selected Offeror will notify the Participant or his or her representative in writing of his or her enrollment into the program, the effective date of enrollment, and the name and telephone number of the Service Coordination Entity (SCE), the Participant Helpline number, and information on the MLTSS advisory committee. The selected Offeror must enter all required enrollment information data into the appropriate DHS service planning information systems (HCSIS and SAMS). In addition the selected Offeror must complete the following additional tasks to close out the enrollment process

i. The selected Offeror must notify the SCE chosen by the Participant, in writing, via email if available, or regular mail.

ii. The selected Offeror must transfer the Participant's file and all necessary documentation to the Participant's chosen SCE. A tracking cover sheet must be included with each transfer to SCE. When the electronic transfer to the SCE is complete, the hand off to the SCE will close out enrollment tasks for the selected Offeror. This action completes the enrollment.

Offeror Response

DRAFT

8. **LIFE Program Enrollment**.

   a. The selected Offeror must manage the enrollment process for the LIFE program in its geographic region. Referrals for LIFE enrollment may be obtained through the LIFE programs, AAAs, COMPASS, or as selections during choice counseling provided by the selected Offeror during the LTSS Application process.

   b. The selected Offeror will be responsible for facilitating clinical and financial eligibility determinations, communicating with the LIFE programs for their in-home program eligibility determination and coordinating enrollment and disenrollment dates with the CAO to ensure compliance with LIFE Dating Rules.

   c. The selected Offeror is not required to conduct in-home visits to determine program eligibility for the LIFE program. The LIFE program conducts in-home visits to determine if the LIFE Applicants can be safely served in the community and notifies the selected Offeror of its determination of the Applicants' program eligibility.

   d. The selected Offeror will coordinate plan transfers to and from the LIFE program into CHC-LTSS or HCBS waiver programs as determined by the placement county for the LTSS Participant.

   e. If a Participant or LTSS Applicant applies to the selected Offeror to enroll in a LIFE program, but the LIFE program is served by a different IEB Program, the selected Offeror must transfer the Application to the responsible IEB within one (1) business day to complete the LIFE enrollment.

   f. The selected Offeror will report the following LIFE enrollment processing issues to OLTL, as determined from the daily eligibility file: an application for enrollment in a LIFE Program served by multiple IEB Programs; inaccurate disenrollments not initiated by the selected Offeror.

   g. The selected Offeror will follow-up with the CAO on any LIFE enrollment that has not been processed by the CAO at least 5 business days prior to the end of the month. Follow-up should begin 5 business days before the end of the month and occur daily until financial eligibility is processed.

   Offeror Response

9. **Application Monitor Control**.

   a. The selected Offeror must monitor and actively manage the status of applications through the eligibility and enrollment process to ensure each LTSS Application is adjudicated within the ninety (90) day required timeframe.

   Describe the approach you will use to manage the application process to ensure timely adjudications of applications and to identify applications that are delayed in the process

DRAFT

and how delays will be address systematically to move the application forward in the process.

b. The ninety (90) day application timeframe does not apply to LTSS Applications submitted by or on behalf of:

i. Individuals waiting for discharge from a facility, who will transition in less than 6 months;

ii. Individuals waiting for housing; and,

iii. Individuals aging out of children's services with six (6) months - (21st birthday).

If an LTSS Application filed by an individual in any of the above circumstances cannot move forward in the process for over 180 calendar days, the selected Offeror will notify the LTSS Applicant that his or application is closed.

Offeror Response

10. Communication Touch Points. At various points throughout the eligibility determination and enrollment process, the selected Offeror will be responsible for 'touch points' with LTSS Applicants. The selected Offeror must develop a strategy for communications with LTSS Applicants, and for tracking, disseminating and reporting of such communications, (i.e., electronic or automated notifications). At a minimum, the Offeror's communications strategy must be designed to achieve the following:

a. Ensure that the Applicant is aware of his or her current application status;

b. Provide the Applicant an opportunity to update information that is pertinent to the application process (i.e. changes in address, phone number or nursing facility admissions);

c. Identify changes to the Applicant's desire or need of services.

For Applicants transitioning from a nursing facility to a home or community setting, the selected Offeror must communicate with the Applicant's Nursing Home Transition Coordinator at least every 30 calendar days from the date the Applicant is determined program eligible for Nursing Home Transition. If the Applicant does not have an assigned Nursing Home Transition Coordinator, the selected Offeror must communicate with the Applicant or his or her representative at least every thirty (30) days beginning on the date the selected Offeror is notified of the Applicant's discharge plan.

Describe your strategy to comply with these requirements.

Offeror Response

11. Special Needs Unit (SNU).

DRAFT

a. **Establishment and maintenance of SNU.** The selected Offeror must develop, train, and maintain a SNU within its organizational structure to deal with issues relating to LTSS Applicants with Special Needs. The purpose of the SNU is to ensure that LTSS Applicants with special needs are able to receive all necessary enrollment assistance services and support with the LTSS eligibility process so that their LTSS Application is processed in a timely manner. The SNU must assist each LTSS Applicant with a special need with access to services and information relevant to his or her special condition or circumstance. The SNU must proactively identify and outreach to LTSS Applicants with special needs to provide the services and information needed by the LTSS Applicants with special needs to address their condition or circumstance. Selected Offeror must employ or execute agreements with experts in the treatment of Special Needs to provide consultation to the SNU staff as needed.

b. **SNU Hotline.** The selected Offeror must establish and maintain a dedicated toll free direct dial access SNU hotline staffed by SNU staff members during normal business hours, Monday through Friday and in sufficient numbers that calls are answered in a timely manner, with no longer than a one minute wait time, or provision made to call the LTSS Applicant back within one hour following the initial call.

c. **Identification of LTSS Applicants with Special Needs.** An LTSS Applicant with Special Needs is based upon a non-categorical or generic definition of Special Needs. This definition includes but is not limited to key attributes of ongoing physical, developmental, emotional or behavioral conditions or life circumstance which may serve as a barrier to individual's access to care or services. Examples of LTSS Applicants with Special Needs include but are not limited to: individuals with LEP, or special communication needs due to sensory deficits; those with Physical and/or Intellectual/Developmental Disabilities, those with HIV/AIDS, those with significant behavioral challenges, or those requiring transportation assistance.

   Factors considered in the determination of an LTSS Applicants with Special Need(s) include but are not limited to the following:
   - Requires expedited processing of the application due to the involvement of APS or OAPSA Services
   - Requires coordination of care and/or services between EPSDT and LTSS services.
   - Require coordination of care and/or services between an acute inpatient setting and other facilities and HCBS providers;
   - Require assistance in discharge planning from an inpatient or long term care setting to ensure the LTSS Applicant will receive services in the least restrictive environment possible.

d. **Identifying and Addressing Immediate Need**. At times, an LTSS Applicant may have an immediate need for services to address his or her own health and welfare or to prevent a future crisis which could result in admission to a hospital or nursing facility. For example, neglect or potential abuse in the home (an Adult or Older Adult Protective Services situation) may create an immediate need or place an Applicant at risk of a future crisis. The selected Offeror must develop procedures for its staff to identify and refer

DRAFT

individuals with immediate needs to the SNU and for the SNU to expedite the enrollment process for LTSS Applicants with immediate needs, in coordination with Protective Services and OLTL.

Describe your strategy to comply with these requirements.

Offeror Response

12. **Coordinate Nursing Home Transition/ Money Follows the Person**. The selected Offeror will provide nursing facility residents interested in transitioning from their nursing facility placement to HCBS with information regarding the Money Follows the Person (MFP) initiative and what is required by CMS in order to qualify for MFP. The selected Offeror will work with the residents' existing NHT Coordinator, if identified. If no Transition Coordinator is identified, the selected Offeror will refer the residents to OLTL for assignment of a Transition Coordinator. The selected Offeror will coordinate with the Transition Coordinator throughout the process, until the resident transitions into the community or until the transition plan is terminated.

Offeror Response

13. **Waiting List.** The selected Offeror must develop a strategy to track and contact LTSS Applicants placed on a potential waiting list for the OBRA Waiver program or the Act 150 Program. For OLTL's Waiting List Policy see the Statewide Waiting List Guidelines for Office of Long-Term Living Medicaid Waivers and the Act 150 Program Bulletin. In addition to tracking Applicants, the selected Offeror must contact each Applicant on the waiting list every 90 calendar days to:

    a. Ensure Applicant contact information is current;

    b. Capture changes to Applicant status;

    c. Capture change in need for services;

    d. Confirm interest in service;

    e. Track and maintain current Applicant information; and,

    f. Coordinate completion of LCD Annually.

Offeror Response

14. **Hearings and Appeals**. The selected Offeror is responsible for developing a strategy to track appeals filed by LTSS Applicants and immediately notify OLTL of all appeals.

    For any appeal involving a selected Offeror's program eligibility recommendation that was accepted by OLTL, the selected Offeror shall prepare for and attend the hearing on behalf of the Department and provide any evidence deemed necessary to defend the appeal and support the selected Offeror's decision. The selected Offeror shall inform the Department

DRAFT

of any scheduled hearings and provide the Department with any requested information concerning the appeal, including the status of appeal determinations.

For all other appeals, the selected Offeror shall provide assistance during the appeals process if requested by the Department which may include, but might not be necessarily limited to preparing for and attending hearings, and providing any requested information to the Department.

Offeror Response

III-9. Grant Turnover. Turnover is defined as those activities that the selected Offeror must perform at the end of the Grant or notification of termination, to transition grant service delivery to a successor Grantee or to Commonwealth resources. During the turnover period, the selected Offeror will work cooperatively with any successor and the Department.

A. Turnover Requirements. The selected Offeror must plan and manage the turnover in an orderly fashion to ensure that no disruption of services occurs. The selected Offeror must:

1. Provide a Turnover Plan six (6) months prior to the end of the grant term or within thirty (30) calendar days after notification of termination.

2. Implement the approved Turnover Plan three (3) months prior to the end of the grant term or the date specified by the Department after notification of termination.

3. Maintain service delivery staffing levels during the turnover period with no reduction in staffing.

4. Not restrict or prevent the selected Offeror's staff from accepting employment or positions with the Department or with any successor. The Department will work with the selected Offeror on the timing of any transition of its staff.

5. Provide to the Department or any successor, within 15 business days of the request, all updated scripts and other documentation and records required by the Department.

6. Respond in a reasonable time to all Department requests regarding turnover information.

7. Work closely with the Department to ensure that this turnover of responsibilities and the necessary knowledge transfer are completed by the end of the grant period.

8. Execute the approved Turnover Plan in cooperation with the successor's Implementation Plan, if any.

B. Turnover Plan. The turnover plan must include, at a minimum:

1. A description of staffing resources including skill sets and experience required to support a successful turnover. Identify a manager to manage and coordinate all turnover activities outlined in the Turnover Plan.

DRAFT

2. A turnover organizational chart.

3. An outline of key points and considerations, turnover success criteria, and the major tasks and subtasks the selected Offeror believes are pertinent to ensuring a successful turnover with minimal impact to operations.

4. A plan and implementation schedule for sharing/transitioning responsibilities and operational support information to the Department or a successor. Prior to the end of the turnover period, the responsibility for the Enrollment Center will be shared by the selected Offeror staff and the successor staff during regular hours. The selected Offeror will, in good faith, negotiate with a successor to coordinate the responsibilities or will provide space at the selected Offeror's current business address, including access to necessary equipment, records, and information.

5. An explanation of how the selected Offeror will manage the turnover plan, accurately assess progress, and mitigate variances for a successful turnover.

6. Description of how the selected Offeror will transfer all relevant data, materials, documentation, or other pertinent information to the Department or its designee in accordance with subsection C below.

7. Provide for the transfer of correspondence, documentation of outstanding issues, and other service delivery support documentation.

8. Provide for the transfer of the IEB Toll-Free Telephone Number; URLs; PO Box.

C. **Turnover Receivables**. Turnover receivables will include instructions on total IEB Program processes, all finished and unfinished documents, data, software, studies, reports, or other materials prepared under the Grant that the selected Offeror is required to turnover to the Department. Receivables will be packaged and will be labeled by content and divided into history which includes materials more than six (6) months old or less, and work in process. Receivables will be sent to the Department or a designated third party as specified by the Department in writing after the turnover period begins. The turnover receivables include, but are not limited to:

1. Communication/Outreach.

   a. Outline of accomplishments in the communication area.

   b. Comprehensive file of enrollment efforts including news releases, packets, MA Consumer brochures in English and other languages, time tables, mailings, mailing lists, original artwork and keys.

   c. Comprehensive files of all recruitment and official communications sent to groups and mailings.

DRAFT

d. Literature developed over the course of the Grant and work in progress showing timetables and mailings for both. This includes but is not limited to:

i. Previously issued and in progress newsletter, artworks and keys.

ii. CHC Participant Consumer brochures.

iii. Enrollment packets

e. Outstanding projects and logistical information.

2. Administration.

a. Files of inquiries, complaints and resolutions.

b. List of all contractors, subcontractors or vendors utilized in the program by name, address, telephone number, and description how utilized.

c. All stored literature including background information.

d. Copies of completed financial audits.

3. The selected Offeror will train Department staff and/or other designated third parties on current processes, program status, and problem areas. This includes, but is not limited to:

a. Enrollment/Disenrollment/Plan Transfer policies and procedures. Telephone systems use and how it works and pros and cons of this particular system.

b. Information systems including:

i. Databases and how they relate.

ii. How reports are generated.

iii. Creation of data.

iv. Transfer of all data files used in the IEB, in a readable format.

D. Turnover Results Reports. Following turnover of service delivery, the selected Offeror must provide the Department with a Turnover Results Report documenting the completion and outcomes of each step of the Turnover Plan previously approved by the Department. Turnover will not be considered complete and final payment will not be made until the Turnover Results Report is received and approved by the Department.

E. Financial Responsibility during Turnover. The selected Offeror will be financially responsible for maintaining operations and systems during Turnover. All costs relating to the transfer of materials and responsibilities will be paid by the selected Offeror. The Department or successor grantee will be financially responsible for the cost of modifying any existing

DRAFT

operations or systems. Disputes between the selected Offeror and the successor grantee regarding service authorizations will be resolved by the Department.

Offeror Response

III-10. Service Level Agreements. The Department has developed a set of minimum Service Level Agreements ("SLA"), defined below, which the selected Offeror must meet, or exceed. Describe your ability to meet or exceed these minimum SLAs.

A. Performance Measures SLA Assessments. The selected Offeror will be required to submit reports to the Department which validates the performance measures specified in the tables below. Failure to meet the performance measures may result in an assessment by the Department. The Department may waive an assessment in its discretion**.**

B. Assessments. The Commonwealth, at its option, may deduct assessments from any money payable to the selected Offeror or may bill the selected Offeror as a separate item. The Commonwealth shall notify the selected Offeror in writing of any assessments before the date the Commonwealth deducts such sums from money payable to the selected Offeror.

ENROLLMENT CENTER					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
All calls are answered by an enrollment specialist within 60 seconds.	100%	95%	Number of calls answered within 60 seconds/Total calls	2% of overall monthly invoice if any call answered over 60 seconds	Monthly
Blocked call rate (busy signal) is less than 1%	100%	99%	Number of blocked calls/Total call	1% of overall monthly invoice for every 1% of calls blocked.	
Calls are not abandoned before being answered by an enrollment specialist	100%	95%	Number of calls abandoned/Total calls	1% of overall monthly invoice for every 5% of calls abandoned. Corrective Action Plan also required if less than 95%	Monthly
Calls placed on hold are re-engaged in less than 2 minutes	100%	95%	Number of calls on hold more than 2 minutes/Total calls	1% of overall monthly invoice for every 5% of calls on hold beyond 2 minutes	Monthly

DRAFT

ENROLLMENT CENTER					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
All referrals are responded to promptly and at least three attempts are made to contact each referral before closing the referral.	90%	80%	Number of referrals in which initial attempted contact is within two (2) business day/Total referrals received.	1% of overall monthly invoice if the initial attempt to contact referrals in two(2) business days occurs for less than 80% of all referrals. An additional 1% of overall monthly invoice for every 5% of referrals if the initial attempt to contact referrals does not occur in three (3) business days	Monthly
	100%	95%	Number of referrals in which three attempted contact made within five (5) business day/Total referrals received.	1% of overall monthly invoice for every 5% of referrals in which the three attempts to contact referrals does not occur in five (5) business days.	Monthly
	100%	100%	Number of referrals closed with less than 3 attempts made within five (5) business days.	$500 for each referral where 3 attempts to contact were not made before case closed.	Monthly

APPLICATION PROCESSING					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
If LTSS applicant has MA, PC and LCD requests are issued within one business day of Application Date.	100%	95%	Number of MA applicants for whom PC and LCD requests requested in one business day/Total number of applicants with MA	$500 for each referral where LCD & PC not requested within 1 business day	Monthly

DRAFT

ADVANCED PLAN SELECTION					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
All applicants select their CHC-MCO plan prior to enrollment.	90%	80%	Number enrolled/number enrolled with APS	3% of monthly invoice	Monthly

CORRECTIVE ACTION PLAN					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Corrective Action Plans are to be submitted within 10 days of the request by OLTL.	100%		Number of business days beyond the due date for submission of corrective action plan.	For each Corrective Action Plan, up to $500 per business day after due date.	Daily

QUALITY ASSURANCE					
Timeliness, completeness, and accuracy are measured by a statistically valid random sample review of referrals each quarter with requirements contained within the RFP. Information provided by the IEB is compared to HCSIS, SAMS, CIS, other documentation provided by the selected Offeror to confirm results.					
TIMELINESS PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Percentage of the sample that includes a delay in processing according to RFP requirements			Less than 1%	None	
			1.0 – 1.4 percent	$5,000	
			1.5 – 2.0 percent	$10,000	
			2.1 – 3.0 percent	$20,000	
			3.1 – 4.0 percent	$30,000	
			4.1 – 5.0 percent	$40,000	
			5.1 – 6.0 percent	$50,000	

DRAFT

QUALITY ASSURANCE					
Timeliness, completeness, and accuracy are measured by a statistically valid random sample review of referrals each quarter with requirements contained within the RFP. Information provided by the IEB is compared to HCSIS, SAMS, CIS, other documentation provided by the selected Offeror to confirm results.					
			6.1 – 7.0 percent	$60,000	
			7.1 – 8.0 percent	$70,000	
			8.1 – 9.0 percent	$80,000	
			9.1 – 10.0 percent	$90,000	
			10.1 percent and higher	$100,000	
COMPLETENESS PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Percentage of the sample that includes incomplete information according to RFP requirements			Less than 1%	None	
			1.0 – 1.4 percent	$5,000	
			1.5 – 2.0 percent	$10,000	
			2.1 – 3.0 percent	$20,000	
			3.1 – 4.0 percent	$30,000	
			4.1 – 5.0 percent	$40,000	
			5.1 – 6.0 percent	$50,000	
			6.1 – 7.0 percent	$60,000	
			7.1 – 8.0 percent	$70,000	
			8.1 – 9.0 percent	$80,000	
			9.1 – 10.0 percent	$90,000	
			10.1 percent and higher	$100,000	
			10.1 percent and higher	$100,000	

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QUALITY ASSURANCE					
Timeliness, completeness, and accuracy are measured by a statistically valid random sample review of referrals each quarter with requirements contained within the RFP. Information provided by the IEB is compared to HCSIS, SAMS, CIS, other documentation provided by the selected Offeror to confirm results.					
ACCURACY PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Percentage of the sample that includes an error			Less than 1%	None	
			1.0 – 1.4 percent	$5,000	
			1.5 – 2.0 percent	$10,000	
			2.1 – 3.0 percent	$20,000	
			3.1 – 4.0 percent	$30,000	
			4.1 – 5.0 percent	$40,000	
			5.1 – 6.0 percent	$50,000	
			6.1 – 7.0 percent	$60,000	
			7.1 – 8.0 percent	$70,000	
			8.1 – 9.0 percent	$80,000	
			9.1 – 10.0 percent	$90,000	
			10.1 percent and higher	$100,000	

III-11. Reports and Project Control. The selected Offeror must establish and maintain a process to compile and submit Pennsylvania-specific operational, financial and systematic reports, samples, and documentation as specified in this Section. The reporting system must include, but not be limited to: enrollments, disenrollments, auto assignments, plan selections, plan transfers, call statistics, demographics, category/program status code groupings, and trends over time. The reporting system must be flexible enough to allow for ad hoc reporting.

Provide sample reports or report templates the Offeror recommends.

A. General Program Reporting Requirements. The selected Offeror must submit reports electronically on a monthly, quarterly and ad hoc basis. The selected Offeror must submit a final report at the end of the grant. The Department may require the selected Offeror to submit reports

DRAFT

on a more frequent basis or as needed to address or clarify any standards not met or to provide data on any unforeseen obstacles that might be occurring.

B. Pennsylvania Specific Financial Reporting Requirements. The selected Offeror must submit quarterly financial reports and financial statements that are specific to the Pennsylvania IEB in an electronic format approved by the Department, to be received by the Department no later than thirty (30) calendar days after the end of the quarter. Quarterly financial statements shall include Grantee Balance Sheet, Statement of Income and Expenses, and Cash Flow Statement. Upon request, the selected Offeror must provide supporting documentation, related to information included in these reports.

Describe the Pennsylvania specific financial reports the Offeror will develop to assist in managing the enrollment process. These reports should include but not limited to a Balance Sheet, Statement of Income and Expenses and a Cash Flow Statement. Please include a description of policies and procedures which will be used to provide reliance on the PA specific statements, i.e. certified by CFO, audits, peer reviews or internal controls. Provide sample financial reports or report templates the Offeror recommends.

C. CHC Enrollment Summary Report. The selected Offeror must submit a monthly enrollment report containing CHC data sorted by zone, county, CHC- MCO, gender, age and method of enrollment, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

D. CHC PCP Selection Summary Report. The selected Offeror must submit a monthly PCP selection report containing HealthChoices data regarding PCP selection sorted by zone, county, CHC-MCO, gender, age and method of enrollment, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

E. Plan and Program Transfers. The selected Offeror must submit a monthly plan and program transfer report containing data regarding transfers of CHC plans, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

F. Transfers by Reason. The selected Offeror must submit a monthly reason code report containing data regarding transfer reasons in CHC, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

G. Contact Reason Report. The selected Offeror must submit a monthly reason code report containing data regarding the most frequent reasons for consumer contact, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

H. LTSS Applicant Report. The selected Offeror must submit a monthly enrollment report containing data regarding the total number of LTSS Applicants for whom enrollment was requested by category code, county, gender, and age, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

DRAFT

I. Call Statistics Report. The selected Offeror must submit a monthly statistical report containing data collected by ACD and IVR including calls received, answered, abandoned, outbound, blocked and transferred to the language line, as well average talk time, hold time, speed of answer, and voicemail messages, to be received by the Department no later than five (5) calendar days after the end of the month. This report will be used to measure the call centers performance indicators specified in **Section III-10, Service Level Agreements**.

J. Staffing Report. The selected Offeror must provide any changes to staffing or contact information as they occur and as requested by the Department.

K. Outreach Report. The selected Offeror must submit a monthly enrollment report containing data regarding public presentations and types of activities, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

L. Quality Assurance Reports. The selected Offeror must submit the following Quality Assurance Reports:

1. A monthly report containing data regarding monitoring and training, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

2. A quarterly report, or a report for such other reporting period as may be specified by the Department, which includes documentation for a 1% statistically valid random sample of all LTSS applications and referrals of potential LTSS Applicants received by the selected Offeror during the reporting period. The report must be received by the Department no later than fifteen (15) calendar days after the end of the reporting period. (For example, if the Department specifies that the selected Offeror must provide a monthly report, the report must be received no later than 15 days from the last day of the month.) This documentation will include electronic copies of the initial application, MA51, Clinical Eligibility Determination, 1768 or Denial Notice, and/or 162, as well as all records of all communications with the LTSS Applicant. For HCBS applications, electronic copies of the CMI and Provider Choice forms will also be required. DHS must approve the selected Offeror's sampling methodology.

3. A quarterly report, or a report for such other reporting period as may be specified by the Department, which, the selected Offeror must provide a 1% statistically valid random sample of all NFI Duals Participants assigned to the selected Offeror during the reporting period. The report must be received by the Department no later than fifteen (15) calendar days after the end of the reporting period. This documentation will include electronic copies including the date of enrollment, the date of post-enrollment packet mailing, plan assignment, and communication records for Participants in the identified sample. DHS must approve the selected Offeror's sampling methodology.

4. On a quarterly basis, or within such other timeframe as may be specified by the Department, the selected Offeror must select a random sample of recorded Enrollment Center calls, audit the calls, and provide DHS with a report of the audit results and the recorded calls.

DRAFT

M. Key Performance Indicators Report. The selected Offeror must submit a monthly performance report containing data regarding project's key performance indicators for voluntary choice rate and voluntary PCP selection rate, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

N. Monthly Dashboard. The selected Offeror must submit a monthly dashboard report containing monthly and annual data of call statistics, performance indicators, enrollment and transfer transactions by method and Managed Care Organization, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

O. Complaint Report. The selected Offeror must submit a weekly complaint report containing data regarding complaints submitted by consumers, to be received by the Department by Wednesday of the following week.

P. Fraud and Abuse Report. The selected Offeror must submit a quarterly statistical and narrative report to the Department which relate to its fraud and abuse detection and sanctioning activities, as well as an annual update in the aggregate.

Q. Ad-Hoc Reports. The selected Offeror must provide Ad-hoc Reports as requested by the Department. An ad-hoc report must be submitted within ten (10) business days or within such time period as specified by the Department.

R. Daily Case Report. The selected Offeror must submit a daily report each business day of all cases in process from referral through the determination and enrollment process. The following data elements are required on this report: COMPASS Case ID, First Name, Last Name, Date of Birth, SSN, Address, Resident County, Case Number, Application Status, Application Status Date, Enrollment Status, Enrollment Status Date, Aging in Current Status, Medicaid Enrolled Indicator, MA ID, PA600 Received Date, Application Start Date, PC Eligibility, PC Length Care, LCD Eligibility. LCD Length Care, Aging in Days, Delayed Enrollment, Program.

S. Monthly Case Report. The selected Offeror must submit a monthly report within 5 business days from the last day of the month of all cases in process during that month identifying status of cases, number of cases closed within 60 and 90 days, and explanations of any cases not closed within 90 days. The following data elements are required on this report: COMPASS CaseID, First Name, Last Name, Case Number, SSN, County, Medicaid Enrolled Indicator, MA ID, PA600 Received Date, Application Start Date, Disposition, Last Updated Status Date, Enrollment Status, Enrollment Status Date, PC Length Care, PC Eligibility, PC Date Received, LCD Eligibility, LCD Date Received, Program, Delayed Enrollment, Notice of Determination Date, Aging Days, Aging Days Since Enrollment Status, In Home Visit First Contact, In Home Visit Date, In Home Visit Status, Reason for Delay in In Home Visit, Reason for Delay in Application Processing.

T. CMS Performance Measure Reporting. The selected Offeror must generate a monthly report for CMS Performance Measures with following measures:

DRAFT

1. Average Speed of Call Answer
2. Total Enrollment Specialist and Enrollment Brokers in place during enrollment period
3. Number of Referrals contacted within 1 business day
4. Number of Referrals
5. Percentage of Referrals contacted within 1 business day
6. Number of applicants with NFCE/Long term needs identified that were provided an intake visit within 30 days from the application start date.
7. Number of LTSS Applicants eligible for an in home visit who requested an exception to the 7-day timeframe identified in **Section III-8.C.5.b.ii**.
8. Number of LTSS Applicants who completed an in home visit during the reporting period.
9. Percentage of LTSS Applicants eligible for In-Home Visit that were completed in the reporting period
10. Number of LTSS Applicants Documentation transferred to the SC/SCE within 2 days
11. Number of LTSS Applicants Documentation transferred to the SC/SCE within 3 days
12. Total Number of LTSS Applicants documentation transferred
13. Percentage of LTSS Applicant documentation transferred within 2 days
14. Percentage of LTSS Applicant documentation transferred within 3 days
15. Number of surveys completed during reporting period
16. The percent of affirmative responses to the following questions:
    a. Did (name of staff member) give you a document that explains your right and responsibilities?
    b. Did (name of staff member) offer you a choice of supports coordination agencies?
    c. Did (name of staff member) provide information about waiver program eligibility and enrollment?
    d. Did (name of staff member) provide you with a copy of your signed document at the end of the home visit?
    e. Average percentage of affirmative answers to the above questions.

Offeror Response

DRAFT

III-12. Monitoring Grant Performance.

A. General. The Department will monitor the selected Offeror's performance to determine if the selected Offeror consistently and uniformly meets the requirements of the Grant. The selected Offeror must cooperate with the Department's monitoring of the selected Offeror's performance.

B. Monitoring Methods. The Department will use various methods to monitor performance on an ongoing basis through various methods including, but not limited to:

1. Review and approval of all deliverables;
2. Review of activities to ensure application of the protocols;
3. Review of all reports required by the Agreement;
4. Review of the selected Offeror's compliance with CHC waiver and Grant commitments;
5. Evaluations by authorized state, federal, and private agencies, and follow-up to ensure corrective action;
6. Follow-up on MA Consumer, Participant and LTSS Applicant complaints.

C. Monitoring Capabilities. The selected Offeror must provide for monitoring capabilities by OLTL in OLTL's office and on-site at the selected Offeror's Enrollment Center and field offices. The Department must be able to monitor the Enrollment Center calls using automated call distribution (ACD) software capabilities. In addition to being able to monitor calls in real time and by recording at the selector offer's location and remotely at the Department's offices, using a computer monitor, the Department must be able to track Enrollment Specialists logged onto the CHC Hotline, the number of calls in queue, how long calls have been waiting, abandonment times, and other real-time information. The Department should also have the ability to access historical ACD reporting including but not limited to number of Enrollment Specialists logged into the CHC Hotline, average speed of answer, percent of calls answered in 60 seconds, average wait time, abandonment times, percent of calls on hold and not re-engaged within two minutes, and busy rates. If possible, the Department should be able to track all this information using PCs and have ACD report printing capabilities.

D. Corrective Action Plan.

1. Submission. The selected Offeror will prepare and submit a corrective action plan for any observation or finding contained in a notice of deficiency issued by the Department, to be received by the Department within ten (10) business days of notification of the deficiency.
2. Content. The corrective action plan must include, but is not limited to:
3. Brief description of the findings.
4. Specific steps the selected Offeror will take to correct the situation or reasons why it believes corrective action is not necessary.
5. Name(s) and title(s) of responsible staff person(s).

DRAFT

6. Timetable for performance of the corrective action steps.

7. Monitoring that will be performed to ensure that corrective action steps were implemented.

8. Signature of the Pennsylvania Program Manager or a senior executive.

E. Implementation. The selected Offeror must implement the corrective action plan within the timeframe agreed to by the parties for that particular corrective action plan. Failure to implement a corrective action plan, in the manner agreed to, may result in further action by the Department. In the event the Department determines the deficiency to be a serious non-compliance with the selected Offeror's obligations under the grant, the Department may find the selected Offeror in default.

F. Self-Monitoring. The selected Offeror will monitor staff members' and subcontractors' levels of performance on an ongoing basis and report results to the Department at least quarterly.

Offeror Response

III-13. Objections and Additions to Standard Grant Terms and Conditions. The Offeror will identify which, if any, of the terms and conditions (contained in **Part VI**) it would like to negotiate and what additional terms and conditions the Offeror would like to add to the standard grant terms and conditions. The Offeror's failure to make a submission under this paragraph will result in its waiving its right to do so later, but DHS may consider late objections and requests for additions if to do so, in DHS's sole discretion, would be in the best interest of the Commonwealth. DHS may, in its sole discretion, accept or reject any requested changes to the standard grant terms and conditions. The Offeror shall not request changes to the other provisions of the RFP, nor shall the Offeror request to completely substitute its own terms and conditions for **Part VI**. All terms and conditions must appear in one integrated grant. DHS will not accept references to the Offeror's, or any other, online guides or online terms and conditions contained in any proposal.

Regardless of any objections set out in its proposal, the Offeror must submit its proposal, including the cost proposal, on the basis of the terms and conditions set out in **Part VI**. DHS will reject any proposal that is conditioned on the negotiation of the terms and conditions set out in **Part VI or to other provisions of the RFP as specifically identified above**.

Offeror Response

DRAFT

Lot 2 - CHC Phase 2 Geographic Region consisting of the SE Zone

Lot 3 – CHC Phase 3 Geographic Region consisting of the L/C Zone, the NW Zone and the NE Zone

IEB Program for CHC, LIFE, the OLTL HCBS Waivers and Act 150 Program

III-14. Requirements.

A. Disaster Recovery. The selected Offeror(s) must develop and document a disaster recovery plan for electronic records and files, including those maintained in its Management Information System and by its Enrollment Center. The disaster recovery plan must address:

a. The rapid return to limited operation within twenty-four (24) hours;
b. The accuracy of software and data at return to operation; and
c. The ability to return to full capacity as soon as possible.

The selected Offeror(s)'s disaster recovery plan must include, at a minimum:

a. A complete backup of all non-software data sets at the end of each production day.
b. The resultant tapes/disks will be removed to an external secure site. These back-up tapes/disks must be cycled on a weekly basis.
c. Upon the installation of any software (new or upgraded) a complete backup (copy) of the software must be made with the resultant tapes/disks removed to an external secure site. The backups must be retained in the grandfather, father, son scheme.
d. The server must be designed to employ a method of redundancy for operational integrity and production.
e. All workstations attached to the network must have sufficient processing capability to be used interchangeably and must be able to backup one another until repair or replacement can be affected.
f. The server must be connected to an Uninterrupted Power Supply ("UPS") system, which will condition incoming power to the server and provide sufficient processing time for the server to be correctly shutdown in the event of a power failure.
g. In the event of damage of a sufficient magnitude to the primary operational site, a second company location must be able to be modified to accommodate the system.
h. There must be a description of the change of communication and command, by level, in the case of a systems or power failure.
i. There must be a Business Continuity Plan ("BCP") to maintain business operations via a semi-automated and/or manual mode to mitigate complete disruption of services until systems have been restored to normal operating capacities.

The selected Offeror(s) must describe how, by whom, and when its disaster recovery plan will be tested.

Offeror Response

DRAFT

B. Emergency Preparedness.

To support continuity of operations during an emergency, including a pandemic, the Commonwealth needs a strategy for maintaining operations for an extended period of time. One part of this strategy is to ensure that essential contracts that provide critical business services to the Commonwealth have planned for such an emergency and put contingencies in place to provide needed goods and services.

1. Describe how you anticipate such a crisis will impact your operations.

2. Describe your emergency response continuity of operations plan. Please attach a copy of your plan, or at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness:

a. Employee training (describe your organization's training plan, and how frequently your plan will be shared with employees)

b. Identified essential business functions and key employees (within your organization) necessary to carry them out

c. Contingency plans for:

i. How your organization will handle staffing issues when a portion of key employees are incapacitated due to illness.

ii. How employees in your organization will carry out the essential functions if contagion control measures prevent them from coming to the primary workplace.

d. How your organization will communicate with staff and suppliers when primary communications systems are overloaded or otherwise fail, including key contacts, chain of communications (including suppliers), etc.

e. How and when your emergency plan will be tested, and if the plan will be tested by a third-party.

Offeror Response

C. Compliance with Applicable Laws.

1. The selected Offeror(s) must comply with Title VI and VII of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d et. seq. and 2000e et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 701 et. seq.), the Age Discrimination Act of 1975 (42 U.S.C. Section 6101 et. seq.), the Americans with Disabilities Act (ADA) (42 U.S.C. Section 12101 et. seq.), and the Pennsylvania Human Relations Act of 1955 (71 P.S. Section 941

DRAFT

et. seq.), as amended. The selected Offeror(s) must have working knowledge of, and all services provided must be compliant with applicable Federal, State, and Local Standards, Laws and Regulations.

2. The selected Offeror(s) and its subcontractors must also comply with all other Federal and State laws in general and specifically those that govern the MA Program, including but not limited to:

a. Title XIX of the Social Security Act, 42 U.S.C. §§ 1396-1396v, and accompanying regulations.

b. The Pennsylvania Human Services Code, Act of June 13, 1967, Pub. L. 31, No. 21, as amended (62 P.S. §§ 101 et seq.).

3. In the event that there are amendments, revisions or additions to the requirements of State or Federal law, regulations, guidelines or policies (including IT standards) which occur after the Effective Date of the Grant, the selected Offeror(s) and DHS will meet to determine the impact of such changes on the grant requirements. The selected Offeror(s) will investigate the impact of the change on the grant and its requirements and price. If DHS and the selected Offeror(s) agree on the results of the investigation and any necessary modifications to the grant, the grant will be modified to take into account the agreed upon changes and the change will be implemented. If the change is within the scope of the grant and does not require modification of its provisions, DHS will issue a change order in accordance with Grant Terms and Conditions (Appendix A). If the change is within the scope of the grant but requires modification of other provisions, DHS and the selected Offeror(s) will execute a written amendment.

Significant changes include substantial and sustained increases or decreases in enrollment volumes over several months other than those caused by the routine monthly fluctuation of the MA population.

Offeror Response

D. Independence and Conflict Free Requirements.

1. The selected Offeror(s) and its subcontractor(s) (including SDBs), regardless of whether the subcontractor(s) are providing services in relation to the enrollment assistance program services grant, must be:

a. Independent as defined in 42 C.F.R. § 438.810 (b)(1); and

b. Free from conflict of interest as defined in 42 C.F.R. § 438.810 (b)(2);

c. Free from any relationship with DHS EQRO or the EQRO's subcontractors.

2. The selected Offeror(s) must provide the Department with an annual written statement certifying that:

a. The selected Offeror(s) and its subcontractors, and their owners, employees, and

consultants do not have a direct or indirect financial interest in a health care provider or entity that furnishes services in Pennsylvania; have not been excluded from participation in any federally funded health care program; have not been debarred by the federal government and have not been subject to civil penalties.

b. The selected Offeror(s) and its subcontractors are independent from any MCO, PIHP, PAHP, PCCM or any health care provider in Pennsylvania, including any MA or OLTL provider. The selected Offeror(s) and its subcontractors are not independent if they are a MCO, PIHP, PAHP, PCCM or a health care provider in Pennsylvania, an MA or OLTL provider, or if they own or control a MCO, PIHP, PAHP, PCCM, a health care provider in Pennsylvania, or an MA or OLTL provider, or if they are owned or controlled by a MCO, PIHP, PAHP, PCCM, or health care provider or MA or OLTL provider in Pennsylvania.

c. The selected Offeror(s) and its subcontractors are independent from DHS' EQRO and its subcontractors.

Offeror Response

E. Information Handling. The selected Offeror(s) must abide by the Commonwealth's specific regulations and requirements concerning confidentiality of information and Health Insurance Portability and Accountability Act (HIPAA) (See **Part VI**, Standard Terms and Conditions and **Appendix M** - Business Associate Addendum.

The nature of the Project requires the handling of sensitive information. All personnel and/or subcontractors assigned to the IEB Program by the selected Offeror(s) must comply with applicable federal and state laws, regulations, and rules regarding the security and confidentiality of information individuals receiving MA services.

Compliance will include:

1. All personnel and/or sub-contractors of the selected Offeror(s) and its reporting agent, as applicable must comply with HIPAA.
2. All personnel and/or subcontractors of the selected Offeror(s) and its reporting agent, as applicable, must receive training in confidentiality regulations, including HIPAA Privacy and Security training and Medicaid confidentiality requirements.
3. All personnel and/or subcontractors of the selected Offeror(s) must sign a confidentiality agreement. Personnel policies must address disciplinary procedures relevant to violation of the signed confidentiality agreement.
4. Both confidential and sensitive information must not be used by the selected Offeror(s) or subcontractors or given to another agency other than for the purpose of carrying out obligations of the Agreement.

The selected Offeror(s) is responsible for ensuring that adequate measures are in place to prohibit unauthorized access, copying, and distribution of information during work on this Project. The selected Offeror(s) is responsible for proper disposal of both hard and electronic

working copies of information during work on this Project, as well as any remaining information upon the completion of the Project.

Sensitive information may need to be transferred from other agencies or shared with the Commonwealth during the course of the Agreement period, and/or transitioned to another vendor at the conclusion of this Agreement. The selected Offeror(s) will follow Commonwealth procedures for information handling and sharing.

Offeror Response

F. Record and Report Retention, Retrieval, and Transfer. The selected Offeror(s) must maintain books, records, and other compilations of data and information pertaining to the performance of the requirements of the grant agreement. The selected Offeror(s) must retain all such records a period of six (6) years from the expiration of the grant agreement. Should any litigation, claim, negotiation, audit, or other action involving the records be commenced, the selected Offeror(s) must retain records until the resolution of all issues, or until the end of the applicable retention period, whichever is later.

The selected Offeror(s) must, within two (2) months of the grant award date, create and submit for approval a record and report retention system. All or part of any record or report must be retrievable within five (5) business days of request.

The selected Offeror(s) must retain electronic copies of enrollment forms for six (6) years from date of receipt and hard copy enrollment forms for one (1) year from date of receipt in addition to the electronic copy.

The retention system must be outlined and organized by year and in such a way that it can be transferred to DHS or a subsequent grantee without the need to manually re-enter information.

Offeror Response

G. Fraud and Abuse. The selected Offeror(s) must establish and maintain written policies and procedures for the detection and prevention of fraud and abuse by the selected Offeror(s) or the selected Offeror(s)'s employees or subcontractors.

1. The selected Offeror(s) must create written compliance policies designed to educate employees, contractors and agents about false claims, false statements and whistleblower protections under applicable federal and state fraud laws.

2. The selected Offeror(s) must cooperate fully with oversight agencies responsible for fraud and abuse detection and prosecution activities, such as the Department's Bureau of Program Integrity, the Governor's Office of the Budget, the Office of the Attorney General, the Pennsylvania Office of Inspector General, the Centers for Medicare and Medicaid Services (CMS), the federal Office of Inspector General, and the United States Justice Department. Internal enforcement policies and procedures adopted by the selected Offeror(s) will be subject to Department review.

DRAFT

3. The selected Offeror(s) must refer information of suspected or confirmed fraud or abuse to relevant oversight agencies. DHS will issue standardized referral processes so that information can be expedited for appropriate disposition.

4. The selected Offeror(s) must require, as a written provision in all subcontracts that the subcontractor recognize that payments made to the subcontractor are derived from federal and state funds.

5. The selected Offeror(s) must require, as a written provision in all subcontracts for services rendered to MA Consumers, that the subcontractor may be held civilly or criminally liable for misrepresentations or fraud or abuse in connection with services provided under the grant.

6. The selected Offeror(s) must notify all subcontractors of the prohibition and sanctions for the submission of false claims and statements.

7. The Department may impose sanctions in cases where there is suspected fraud or abuse by the selected Offeror(s), including its corporate officers and employees or its subcontractors, which violate one or more of the terms of the RFP and Grant, or the requirements of state or federal regulations.

Offeror Response

H. Staff Clearances. All individuals with access to confidential or sensitive information must sign a confidentiality agreement. Personnel policies must address disciplinary procedures relevant to violation of the signed confidentiality agreement.

1. The selected Offeror(s) must, at its expense, arrange for a criminal background check for each of its employees, as well as the employees of any of its subcontractors, who will have access to Commonwealth data and IT facilities, either through on-site access or through remote access. Background checks must be conducted via the Request for Criminal Record Check form and procedure found at http://epatch.state.pa.us. If an employee has not been a resident of Pennsylvania for the last two (2) years, an FBI clearance check from the state of residence during the last (2) years, is required. The background check must be conducted prior to initial access, prior to the provision of intake and enrollment services by the individual, and thereafter on an annual basis.

2. The selected Offeror(s) must arrange, at its own expense, for a child abuse clearance for all personnel who will have contact with children (e.g., home visit with a potential program consumer who has children) at the time of hiring. Child abuse clearances are obtained from:

Office of Children, Youth & Families
Child Abuse Clearance Office
DGS Annex Complex Hillcrest Building #53
5 Magnolia Drive
Harrisburg, PA 17110

DRAFT

3. Before the Commonwealth will permit access to the selected Offeror(s), the selected Offeror(s) must provide written confirmation that the background checks have been conducted. If, at any time, it is discovered that an employee of the selected Offeror(s) or an employee of a subcontractor of the selected Offeror(s) has a criminal record that includes a felony or misdemeanor involving terroristic behavior, violence, use of a lethal weapon, or breach of trust/fiduciary responsibility or which raises concerns about building, system or personal security or is otherwise job-related, the selected Offeror(s) shall not assign that employee to any Commonwealth facilities, shall remove any access privileges already given to the employee and shall not permit that employee remote access unless the Commonwealth consents to the access, in writing, prior to the access. The Commonwealth may withhold its consent at its sole discretion. Failure of the selected Offeror(s) to comply with the terms of this Section on more than one occasion or selected Offeror(s)'s failure to appropriately address any single failure, to the satisfaction of the Commonwealth, may result in the selected Offeror(s) being deemed in default of its grant agreement.

4. The Commonwealth specifically reserves the right of the Commonwealth to conduct background checks over and above that described herein.

5. Access to certain Capitol Complex buildings and other state office buildings is controlled by means of card readers and secured visitors entrances. Commonwealth contracted personnel who have regular and routine business access in Commonwealth worksites may be issued a photo identification or access badge subject to the requirements of the contracting agency and DGS set forth in Enclosure 3 of Commonwealth Management Directive 625.10 Amended (January 30, 2008) Card Reader and Emergency Response Access to Certain Capitol Complex Buildings and Other State Office Buildings. The requirements, policy and procedures include a processing fee payable by the selected Offeror(s) for contracted personnel photo identification or access badges.

Offeror Response

III-15. Statement of the Project. State in succinct terms your understanding of the project presented or the service required by this RFP. The Offeror's response should demonstrate that the Offeror fully understands the scope of services to be provided, the Offeror's responsibilities, and how the Offeror will effectively manage the grant.

Offeror Response

III-16. Management Summary. Include a narrative description of the proposed effort and a list of the items to be delivered or services to be provided. The summary will condense and highlight the contents of the Offeror's Technical submittal in a manner that allows a broad understanding of the entire Technical submittal.

Offeror Response

III-17. Prior Experience. Include experience in operating as an IEB program, administering and facilitating community based or public programs, assisting individuals in the eligibility and enrollment process, or other similar experience. Experience shown should be work done by individuals who will be assigned to this project as well as that of your company. Studies or projects referred to must be identified and the name of the customer shown, including the name, address, and telephone number of the responsible official of the customer, company, or agency who may be contacted.

A. Corporate Background. The Offeror must describe the corporate history and relevant experience of the Offeror and any subcontractors. This section must detail information on the ownership of the company (names and percent of ownership), the date the company was established, the date the company began operations, the physical location of the company, and the current size of the company. The Offeror must provide a corporate organizational chart.

The Offeror must:

1. Describe its corporate identity, legal status and forms, including the name, address, telephone number, and email address for the legal entity that is submitting the proposal. In addition, provide the name of the Offeror's principal officers, a description of its major services, and any specific licenses and accreditations held by the Offeror. State whether the Offeror provides services in Pennsylvania as a health care provider, a managed care organization (MCO), a prepaid inpatient health plan (PIHP), a prepaid ambulatory health plan (PAHP), a primary care case manager (PCCM), or an MA or OLTL provider. List any specific licenses and accreditations held by the Offeror.

2. Provide the names and addresses of all of the Offeror's parents, subsidiaries and other related entities; and an explanation of the nature of each relationship, including whether or not these entities provide services in Pennsylvania as a health care provider, a MCO, a PIHP, PAHP, a PCCM, or an MA or OLTL provider.

3. Provide the name, address, telephone number, facsimile number, and email address of each subcontractor, including Small Diverse Businesses, and its parent company, subsidiaries and related entities; and an explanation of the nature of each such relationship, including whether or not these entities provide services in Pennsylvania as a health care provider, a MCO, a PIHP, PAHP, a PCCM or an MA or OLTL provider.

4. Identify for the Offeror and its subcontractors (including Small Diverse Businesses), and their owners, employees and consultants, the following information:

a. Any direct or indirect financial interest, including any contract with any managed care entity, health care provider, or MA provider that furnishes services in Pennsylvania.

b. Whether they have been excluded from participation in any federally funded health care program

DRAFT

c. Whether they have been debarred or suspended by any federal agency

d. Whether they have been subject to civil monetary penalties under the Social Security Act.

5. For any subcontractor, including a Small Diverse Business, that is not independent or conflict free, describe how and when it will become independent and conflict free by the Effective Date of the grant agreement.

Offeror Response

B. Corporate Experience.

1. The selected Offeror(s) and its subcontractors(s), including any Small Diverse Businesses, regardless whether the subcontractor(s) provide services in relation to the enrollment assistance services specified in **Part III**, must be:

a. Independent as defined in 42 C.F.R. § 438.810 (b)(1);

b. Free from conflict of interest as defined in 42 C.F.R. § 438.810 (b)(2); and

c. Free from any relationship from DHS's External Quality Review Organization (EQRO) or the EQRO's subcontractors.

2. The selected Offeror(s) must demonstrate the types of experience listed below or other similar types of experience. Experience shown should be within the last five (5) years of the application submission and include work done both by your company and the individuals who will be assigned to this Project.

a. Working with Medicaid managed care delivery systems.

b. Working with Medicaid LTSS Programs.

c. Enrolling eligible individuals in Medicaid or other federally-funded health care delivery systems (e.g., risk-based managed care).

d. Effectively managing enrollment services issues specific to Medicaid or other federally-funded health care delivery systems.

e. Providing choice counseling services or assisting eligible individuals make informed choices when selecting a MCO and primary care practitioner (PCP) in a Medicaid or other federally-funded health care program.

f. Developing targeted outreach materials.

g. Working with community organizations and designing, developing and operating programs that involve community stakeholders in determining program improvement initiatives and outreach efforts.

Offeror Response

DRAFT

C. References. The Offeror must provide a list of at least three (3) relevant contacts within the past three (3) years to serve as corporate references. The references must be outside clients (non-DHS). This list shall include the following for each reference:

1. Name of customer
2. Type of contract
3. Contract description, including type of service provided
4. Total contract value
5. Contracting officer's name and telephone number
6. Role of subcontractors (if any)
7. Time period in which service was provided.

The Offeror must submit **Appendix D, Corporate Reference Questionnaire,** directly to the contacts listed. The references should return the completed questionnaires in sealed envelopes to the Offeror. The Offeror must include these sealed references with its technical submittal under **Tab 12.**

The Offeror must disclose any contract or agreement cancellations, or terminations within five (5) years preceding the issuance of this RFP. If a contract or agreement was canceled or terminated for lack of performance, the Offeror must provide details on the customer's allegations, the Offeror's position relevant to the allegations, and the final resolution of the cancellation or the termination. The Offeror must also include each customer's Company or entity name, Address, Contact name, Phone number, and Email address.

The Department may disqualify an Offeror based on a failure to disclose such a cancelled or terminated contract or agreement. If the Department learns about such a failure to disclose after an agreement is awarded, the Department may terminate the agreement.

Offeror Response

III-18. Personnel.

A. Offeror Personnel: Provide a proposed staffing plan specifying the number of executive and professional personnel, including Enrollment Specialists, Enrollment Brokers, financial staff, analysts, researchers, or programmers, who will be engaged in Project. Identify where these personnel will be physically located. The staffing plan should include the following:

1. Key Personnel. For the key personnel listed below, include the individual's name, and, through a resume or similar document, his or her education and experience with an IEB Program, enrollment assistance, choice counseling or similar type of work. Indicate the responsibilities each individual will have for your IEB Program and how long each individual has been with your company.

a. Pennsylvania Program Manager. This person will be responsible for identifying and reinforcing grant requirements and will be responsible and accountable for all activities

related to the Offeror's IEB Program. This person must have demonstrated large project management and leadership skills, knowledge of health care and Medicaid, experience with low income populations, community-based organizations and special needs populations. In addition, this person should have a background in business and management in either the public or private sector, as well as with managed care programs. The Pennsylvania Program Manager must be available for scheduled and ad hoc meetings and consultation with the Department.

b. Pennsylvania Financial Analyst. This person must have financial management and accounting skills and must be able to support all aspects of financial management for a project of this magnitude. Experience managing day-to-day financial operations of a government-funded program is preferred.

c. Pennsylvania Systems Analyst and Designated Backup. This person must have demonstrated systems management skills. The analyst must be able to support a project of this size and complexity. The person must have the authority to make decisions necessary to resolve problems. This person must have a designated backup.

d. Operations Manager. This person will handle the day-to-day operations of the Offeror's IEB Program. This person will have responsibility to oversee the Offeror's process for providing enrollment assistance to CHC Participants and LTSS Applicants including the coordination with other programs and agencies involved in the delivery of services to these individuals, as needed. This person should have operations management and community relations skills. The Department will allow flexibility for the Offeror to designate how many individuals are necessary for this position.

e. Enrollment Center Manager. This person must have demonstrated the ability to manage a large volume enrollment call center providing choice counseling, preferably for a health care related or Medicaid program.

Except for the designated backup for the Pennsylvania System Analyst, the selected Offeror(s)'s key personnel must work full-time in Pennsylvania and be dedicated full-time to the Offeror's Pennsylvania IEB Program. Key personnel must be available to the Department in person or via conference call on an as needed basis, as determined by the Department.

Submitted resumes shall not include personal information that will, or will be likely to, require redaction prior to release of the proposal under the Right-to-Know Law, including but not limited to home addresses and phone numbers, Social Security Numbers, Drivers' License numbers or numbers from state identification cards issued in lieu of a Drivers' License, and financial account numbers. If the Commonwealth requires any of this information for security verification or other purposes, the information will be requested separately and as necessary.

A minimum of three (3) client references for each key staff person must be identified and must be outside clients (non-DHS) who can give information on the individual's experience

DRAFT

and competence to perform activities similar to those requested in this RFP. The Offeror must submit **Appendix E, Key Personnel Reference Questionnaire**, directly to the contacts listed. The references should return completed questionnaires in sealed envelopes to the Offeror. The Offeror must include these sealed references with its Technical Submittal under **Tab 13**.

Offeror Response

2. **Enrollment Specialists and Enrollment Brokers**: The selected Offeror(s) must employ a sufficient number of Enrollment Specialists and Enrollment Brokers to provide services consistent with the requirements of this RFP. Enrollment Specialists and Enrollment Brokers may be assigned to the selected Offeror(s)'s Enrollment Center or Field Offices, as determined by the selected Offeror(s)

   a. **Enrollment Specialist**. This individual will assist individuals with inquiries over the phone, online, mail or via email. This individual will be responsible to provide choice counseling to MA Consumers eligible to participate in the CHC Program to assist them in selecting their CHC-MCO and PCP, and in making plan transfers, and to provide information regarding physical health services and LTSS and service providers under the CHC Program. This individual will also provide choice counseling to LTSS Applicants about their available LTSS program options and LTSS providers and will refer LTSS Applicants to Enrollment Brokers for assistance with the LTSS application and eligibility process.

      An Enrollment Specialist must have a High School Diploma/GED and receive orientation and customer service training within the first two weeks of employment. An Enrollment Specialist may not take calls dealing with the public or provide choice counseling until the orientation training has taken place.

   b. **Enrollment Broker**. This individual provides assistance to an LTSS Applicant from the time the individual is referred by an Enrollment Specialist until the time the LTSS eligibility and enrollment process is complete. An Enrollment Broker must be able to travel to an LTSS Applicant's location and to make visits at a time convenient to the Applicant.

      An Enrollment Broker must meet one of the following qualifications: 1) Have a bachelor's degree including at least 12 college-level credit hours in sociology, social welfare, psychology, gerontology, rehabilitation services or other social science. OR 2) A combination of related work experience and training which adds up to 4 years of experience, and education which includes at least 12 semester hours of college-level courses in sociology, social work, social welfare, psychology, gerontology, rehabilitation services or other social science. Experience includes: coordinating assigned services as part of an individual's treatment plans; teaching individuals living skills; aiding in therapeutic activities; and providing socialization opportunities for individuals.

Offeror Response

DRAFT

3. **Organizational Chart.** Provide an organizational chart that shows positions and staffing that will be engaged in the Offeror's IEB Program. Include a rationale for the proposed reporting lines. Show the total number of staff proposed and indicate the Full Time Equivalency (FTEs) to account for any staff that are not assigned on a full-time basis. Provide similar information for any subcontractors that are proposed. The organizational chart must illustrate the lines of authority, designate the position(s) responsible and accountable for the completion of each component in the RFP, indicate the names or job title and number of personnel that will be assigned to each role, and the number of hours per week each person is projected to work on the project. The organizational chart must clearly indicate any functions that are subcontracted along with the name of the subcontracting entities and the services they will perform.

   Offeror Response

4. **Job Descriptions.** Provide job descriptions (this may be included as an attachment) for each job position on the organizational chart, including minimum education and training requirements and primary responsibilities.

   Offeror Response

5. **Implementation Team.** Identify the Implementation team, including corporate staff, who will be involved during the Readiness Review and Implementation Phase of the grant, including their roles and responsibilities. Refer to **Section III-8.A.1** for requirements relating to the Readiness Review and Implementation Phase.

   Offeror Response

6. **Staffing Plan.** Provide a timeline and strategy for hiring a sufficient number of qualified professional and technical staff to comply with the requirements of the RFP.

   Offeror Response

7. **Diversions, Replacement or Removal of Personnel.** Describe how you will meet the following requirements.

   a. **Diversion or Replacement of Key Personnel.** Once the selected Offeror(s) assigns key personnel to a position, the selected Offeror(s) may not divert or replace key personnel without promptly assigning a replacement acceptable to the Department. The selected Offeror(s) must provide notice of a proposed transfer or replacement to the Department at least thirty (30) calendar days in advance and provide the name, qualifications, and background check of the person who will replace the staff. The replacement's qualifications should equal or exceed those of the individual who previously held the position. The Department will notify the selected Offeror(s) within ten (10) calendar days of the transfer/replacement notice whether the proposed transfer/replacement is approved. The Department's approval will not be unreasonably withheld. Advance notification is not required for changes in personnel due to resignation, death, disability,

DRAFT

termination, or any other cause that is beyond the control of the selected Offeror(s). However, the selected Offeror(s) will have sixty (60) calendar days to fill the vacancy with a person subject to the Department's approval. The replacement's qualifications should equal or exceed those of the individual who previously held the position.

b. Replacement of Other Staff. In order to ensure that operations are not adversely affected, the selected Offeror(s) must maintain approved staffing levels. A replacement's qualifications should equal or exceed those of the individual vacating the position. Describe how you will meet this requirement

c. Removal of Staff. The Department may request that the selected Offeror(s) remove a person, including key personnel, from this Project at any time. In the event that a person is removed from the Project, the selected Offeror(s) will have sixty (60) days to fill the vacancy with a person acceptable in terms of experience and skills, subject to the Department's approval.

Offeror Response

B. Subcontractors: Provide a subcontracting plan for all subcontractors, including Small Diverse Business and small business subcontractors, who will be assigned to the Project. The selected Offeror(s) is prohibited from subcontracting or outsourcing any part of this Project without the express written approval from the Commonwealth. Upon award of an agreement resulting from this RFP, subcontractors included in the proposal submission are deemed approved. For each position included in your subcontracting plan provide:

1. Name of subcontractor;

2. Address of subcontractor;

3. Number of years worked with the subcontractor;

4. Number of employees by job category to work on this project;

5. Description of services to be performed;

6. What percentage of time the staff will be dedicated to this project;

7. Geographical location of staff; and

8. Resumes (if appropriate and available).

The Offeror's subcontractor information shall include (through a resume or a similar document) the employees' names, education and experience in the services outlined in this RFP. Information provided shall also indicate the responsibilities each individual will have in this Project and how long each has been with subcontractor's company.

DRAFT

Offeror Response

III-19. Training. Provide a proposed training plan to meeting the training requirements specified in **Section III-21.A.12.** Include the Offeror personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors. If appropriate, indicate recommended training of agency or provider personnel. Include the agency or provider personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors.

Offeror Response

III-20. Financial Capability. Describe your company's financial stability and economic capability to perform the grant requirements. If your company is a publicly traded company, please provide a link to your financial records on your company website in lieu of providing hardcopies.

Additionally, Offerors must provide;

A. For the proposing entity and for each entity that owns at least five percent (5%) of the proposing entity:

1. Audited financial statements for the three (3) most recent fiscal years for which statements are available. The statements must include a balance sheet, a statement of revenue and expense and a statement of cash flow. Statements must include the auditor's opinion, the notes to the financial statements and management letters submitted by the auditor to the Offeror. If audited financial statements are not available, explain why and submit unaudited financial statements.

2. Unaudited financial statements for the period between the last month covered by the audited statements and the month before the proposal is submitted.

3. Documentation about available lines of credit, including maximum credit amount and amount available thirty (30) business days prior to the submission of the proposal.

4. Dun & Bradstreet comprehensive report, if available.

If any information requested is not applicable or is not available, provide an explanation. Offerors may submit appropriate documentation to support information provided.

B. The full name and address of any proposed subcontractor in which the Offeror has five percent (5%) or more ownership interest. The Offeror must provide a copy of the proposed subcontractor's Financial and Accounting Policies and Procedures.

C. A list of any financial interests a proposed subcontractor may have in the Offeror's organization or any financial interest the Offeror's organization has in the proposed subcontractors.

D. Information about any significant pending litigation.

DRAFT

Offeror Response

III-21. Work Plan. The Department expects to implement Lot 2 - the SE Zone in CHC Phase 2, and Lot 3 - the L/C, NW and NE Zones in CHC Phase 3. Before CHC is implemented in these geographic regions, eligible MA Consumers will continue to enroll in and receive HCBS through the OLTL HCBS Waiver Programs and LIFE programs operating in these geographic regions. Once CHC is implemented, MA Consumers who are eligible to participate in CHC and do not require LTSS will be transitioned to CHC. MA Consumers who require LTSS because they need the level of care provided in a nursing facility will have the choice to transition to CHC or to an available LIFE program. Other MA Consumers with LTSS needs may be enrolled in the OBRA Waiver or the Act 150 Program. Approximately six months prior to the anticipated CHC Phase Start Date, the Department will engage in CHC transition activities for MA Consumer residing in these geographic regions who are eligible to participate in CHC.

The selected Offeror for Lot 2 will be required to (i) manage enrollments in the OLTL HCBS Waiver Program, the Act 150 Program and LIFE programs operating in the SE Zone prior to CHC implementation; (ii) perform tasks related to the Department's CHC transition activities for current MA Consumers in the SE Zone eligible to participate in CHC; (iii) manage ongoing enrollments of newly eligible MA Consumers in the SE Zone in CHC and LIFE after implementation of CHC; and (iv) assist LTSS Applicants with the LTSS eligibility process both before and after CHC implementation.

The selected Offeror for Lot 3 will be required to (i) manage enrollments in the OLTL HCBS Waiver Program, the Act 150 Program and LIFE programs operating in the L/C, NW and NE Zones prior to CHC implementation; (ii) perform tasks related to the Department's CHC transition activities for current MA Consumers in the these Zones eligible to participate in CHC; (iii) manage ongoing enrollments of newly eligible MA Consumers in the these Zones in CHC and LIFE after implementation of CHC; and (iv) assist LTSS Applicants with the LTSS eligibility process both before and after CHC implementation.

Additional detail regarding the responsibilities of the selected Offeror(s) for Lot 2 and Lot 3 is specified in **Section III-14 to III-26**. (When used in these Sections, the term, "selected Offeror's geographic region" means the geographic zones included in the selected Offeror's lot.)

Describe in narrative form your technical plan for accomplishing the work using the task descriptions below as your reference point. You should include a detailed Work Plan detailing the sequencing of events and the time required to fully implement the grant. Modifications of the task descriptions are permitted; however, reasons for changes should be fully explained. Indicate the number of person hours allocated to each task. Include a Program Evaluation and Review Technique (PERT) or similar type display, time related, showing each event. If more than one approach is apparent, comment on why you chose this approach.

A. General Tasks. The following General Tasks should be addressed by the Offeror in its Technical Submittal.

1. **Readiness Review and Implementation.** The selected Offeror(s) will be afforded up to a six (6) month period (Implementation Period) to develop and ramp-up services. Describe

DRAFT

your implementation plan to meet the following requirements. Include a PERT or similar display, time related, showing each event.

a. Readiness Review.

i. Immediately after a grant agreement becomes effective, the selected Offeror(s) will begin to participate in the Readiness Review process, which will be conducted by the Department. The purpose of the Readiness Review is to document the status of the selected Offeror(s) with respect to meeting the grant requirements. The selected Offeror(s) will not be permitted to serve Participants or LTSS Applicants if it does not show acceptable evidence of readiness relative to each grant requirement.

ii. The Department will review the selected Offeror(s)'s organizational policies and procedures to confirm that they comply with all applicable State and Federal laws and regulations, and the grant requirements.

iii. The selected Offeror(s) must acquire sufficient knowledge of the CHC Program, LIFE and the OLTL LTSS programs discussed in **Part I, Section I-2** to successfully carry out the grant requirements in an effective and timely manner.

iv. The selected Offeror(s) must describe in detail how it will coordinate and work with designated stakeholders, the incumbent vendor and third party vendors, if applicable during the Implementation Period to perform and manage all tasks.

v. The selected Offeror(s) must describe how it will ensure a smooth transition of the on-going business and operational enrollment activities currently being provided to Participants and LTSS Applicants in the selected Offeror(s)'s geographic region and how it will gain sufficient knowledge to understand the requirements necessary to perform all the tasks required in this RFP.

vi. The selected Offeror(s) must describe its detailed approach to knowledge transfer so that it occurs in such a manner to enable its staff to confidently assume ownership and independently manage the operational business functions and timely delivery of grant services to Participants and LTSS Applicants in the selected Offeror(s)'s geographic region without disruption.

Offeror Response

b. Implementation Work Plan. Offerors must submit a detailed Implementation Work Plan (not simply a statement pledging to comply) for review and approval by the Department. The Department may continue to develop the elements, program standards, and forms to be used for the Readiness Review process. The Implementation Work Plan should include but is not limited to the following readiness review elements:

i. **Staffing.** Provide a detailed staffing plan and proposed schedule for recruitment and hiring of all staff in accordance in with **Section III-18.** The staffing plan should include, at a minimum, staffing ratios, assumptions around call volumes, talk times, projected number of processed enrollments, methodology for staffing

DRAFT

projections, assumptions regarding in-home visit volumes, and a recruiting plan to get hire bilingual staff, staff with disabilities, veterans.

ii. **Training Schedule.** Provide the training schedule for all staff, including a timeline for completion of all staff training materials in accordance with **Section III-21.A.12.**

iii. **Enrollment Center Responsibilities.** Describe and include the tasks and timeframe to transition the Enrollment Center responsibilities for the selected Offeror(s)'s geographic region from the Department's incumbent vendor to the selected Offeror(s).

iv. **Enrollment Responsibilities.** Include tasks and timeframes for the selected Offeror(s) and the incumbent vendor to work cooperatively to process enrollments, disenrollments, plan transfers and PCP selection requests for the selected Offeror(s)'s geographic region. Detail steps to transfer the enrollment files from the incumbent vendor to the selected Offeror(s) that are pending as of effective date of the selected Offeror(s) grant.

v. **Materials Development and Production.** Provide a timeline of the expected schedule and tasks, which includes time for Departmental review and approval, for required materials. Include dates for concept development, solicitation of consumer and community comments if new materials are developed, first draft, final draft, printing and mailing.

vi. **Management Information System (MIS).** Include dates for purchase or lease, installation start and end, testing and operational readiness so that the selected Offeror(s)'s MIS is up and operating correctly. The Offeror should provide a detailed timeline for testing the system with the Department. Describe the process and timeline the Offeror will utilize so that the MIS is fully operational and tested.

vii. **Telephone Hardware Installation**. Include dates for purchase or lease, installation start and end, testing and operational readiness so that the selected Offeror(s)'s telephone system is up and operating correctly. The Offeror must provide a detailed timeline for testing the system with the Department. Describe the process and timeline the Offeror will utilize so that the telephone system will be fully operational and tested.

viii. **Enrollment Assistance Internet Website.** Include start and end dates for testing and operational readiness to ensure on-line capabilities and functionality to complete PCP selection, plan enrollments, and plan transfers. Describe the process the Offeror will utilize so that the website will be fully operational and tested.

ix. **Remote Phone Monitoring.** Establish tasks and timeframes for installation and timeframes for training Department staff on the remote phone monitoring system.

x. **Automated Provider Directory (APD)**. Include timeline for receipt of initial transfer of master APD from the incumbent. The Offeror must also provide a

DRAFT

detailed timeline to test: 1) the transfer of the APD from CHC-MCOs to the selected Offeror(s); and 2) the capability to upload the APD into the MIS and Enrollment Assistance Internet Website.

Offeror Response

c. Implementation Quality Management. Describe your approach to ensure quality management of the implementation phase, including processes, procedures, assessments and accountability controls and quality management reports to the Department.

Offeror Response

d. Implementation Progress. During the Implementation Period, the selected Offeror(s) must provide progress assessments and status updates. The selected Offeror(s) will have regular status meetings with the Department's Readiness Review Team. These meetings may be either face-to-face or via conference call. The selected Offeror(s) must coordinate with the Department regarding implementation tasks, prioritization issues or conflicting activities interfering with maintaining business operations.

Offeror Response

e. Implementation Results. The selected Offeror(s) must prepare and submit a Readiness Review and Implementation Results Report to the Department by a date designated by the Department. This report will document the completion of transition activities, and will provide the status of each high-level task and activity that took place during the Implementation Period. The report will highlight how each of the objectives stated in the Implementation Plan has been achieved and the resolution of issues identified and prioritized during the turnover process.

Offeror Response

2. Management Information System (MIS). The selected Offeror(s) must install and maintain an MIS that is compatible with the Department's MIS.

h. MIS Design. The selected Offeror(s) must establish and maintain an MIS that complies with all applicable information technology standards, as defined in the Department's Business and Technical Standards and SeGovernment Data Exchange Standards.

Provide a general systems description of your proposed MIS that includes:

i. A systems diagram that describes each component of the MIS and all other systems that interface with or support it;

ii. How each component will support the major functional areas including but not limited to: enrollments, dis-enrollments, plan and program selections and changes, PCP selections and changes;

DRAFT

iii. How each component interfaces and is compatible with the Department, , the CHC-MCOs and LIFE programs in the Offeror's geographic zones; and

iv. Include a description of the connectivity structure and transferring of files between each of the entities.

Offeror Response

i. MIS Required Functions. Describe how the Offeror's MIS will meet the requirements set forth below.

i. The MIS must have the capability to access the following DHS systems:

(I) The Department's Client Information System (CIS), the Department's MMIS, and CHC Website.

(II) The Home and Community-Based Services Information System (HCSIS), the information system used to maintain consumer records centrally for several key OLTL programs, including HCBS waiver programs;

(III) The Social Administration Management System (SAMS), the information system used to maintain consumer records centrally for the Aging Waiver;

ii. The MIS must have the capability to

(I) Accept and process the Department's MA eligibility files on a daily basis

(II) Use the Department's Dating Rules logic which must be embedded into the selected Offeror(s)'s system logic and consider Department processing dates to determine the effective dates for an CHC Participants' CHC-MCO enrollment and CHC-MCO change at the time of the request for enrollment and/or CHC - MCO change and the effective dates for an LTSS Applicant's enrollment in a LIFE program or CHC-LTSS. Refer to **Appendix G** for additional information about the Department's current Dating Rules logic. The Department may issue updates to its Dating Rules logic by operations memorandum. The selected Offeror(s) will be required to embed any updates in its system logic.

(III) Produce enrollment/disenrollment files in the format and layout as determined by the Department.

(IV) Support interactive functions and screens for selected Offeror(s) staff to use to assist in providing choice counseling to Participants and LTSS Applicants specific to the programs for which those individuals are eligible.

DRAFT

(V) Be modified to comply with changes the Department makes to its system.

Whenever possible, the Department will provide advance notice of at least sixty (60) calendar days prior to the implementation of any Department MIS changes. For more complex changes, every effort will be made to provide earlier notice. In addition, if the selected Offeror(s) makes changes to its system, the selected Offeror(s) must provide advance notice of at least sixty (60) calendar days and must test the new system changes with the Department prior to the implementation of any change.

(VI) Capture data sufficient for all reporting requirements, produce required reports, including returned mail reports and provide other management reports on an ad hoc basis.

iii. The selected Offeror(s) must:

(I) Provide the Department with the software and authorization necessary for inquiry access to all information systems used to support its IEB Program functions upon request.

(II) Provide electronic copies and two (2) hard copies of operations and training manuals to the Department.

(III) Provide training to Department staff about the selected Offeror(s)'s IEB Program databases and software and reporting capabilities.

Offeror Response

j. Data Files. The following files provide data necessary for the selected Offeror(s) to process CHC-MCO Enrollments, PCP Selections and Plan Transfers and to process enrollments into LIFE and the OLTL LTSS programs operating in the selected Offeror(s)'s geographic region. The selected Offeror(s) must accept and process the data files listed below in the format and layout specified by the Department. Describe your plan for generating, utilizing, transmitting, receiving, and processing the following data files:

i. Pre-CHC Transition File – Approximately 90 days prior to the CHC Start Date for CHC Phase 2 and 3, the selected Offeror(s) will receive a pre-CHC transition file from the Department. The file will include records for all MA Consumers eligible to participate in CHC in the selected Offeror's geographic region. The records will include demographic information and other contact information for the MA Consumers. The selected Offeror(s) will use the file to contact the MA Consumers receiving LTSS to provide them an opportunity to make an advance plan selection as specified in **Section III-21.B.3.c** below. The selected Offeror(s) will store any plans selections made by MA Consumers included in this file and

submit the advance plan selections to DHS in a file format and within the time frame specified by DHS.

ii. **Daily Eligibility File.** The selected Offeror(s) will receive a daily eligibility file from the Department which includes records for all newly eligible Participants and changes for current Participants in the selected Offeror(s) geographic region. For CHC-NFI Dual Participants, the selected Offeror will use the auto assignment indicator from the daily eligibility file to determine outreach, plan selections, and the mailing of appropriate notices and packets. For all other Participants, the selected Offeror will use the daily file to confirm the Participant's plan or program enrollment and to update the selected Offeror's system with any Participant demographic changes and disenrollments.

The selected Offeror(s) must reconcile any Participant plan selections in the daily eligibility file that differ from the Participants' advanced plan selections. When a CHC Participant is determined financially eligible, CIS auto assigns the CHC Participant a CHC-MCO and reports that plan assignment to the selected Offeror. If the CHC Participant selects a different CHC-MCO after the auto-assignment, the selected Offeror(s) must notify the Participant that he or she has been auto assigned into a plan, and may continue with his or her advanced plan selection, which will be implemented as a plan transfer according to the dating rules, or remain with the plan to which they have been auto assigned. CHC Participants may change their plan at any time following the dating rules for enrollment.

In addition to the foregoing tasks, the selected Offeror(s) will use the daily eligibility file for such other purposes as may be specified by the Department.

iii. **Weekly Enrollment/Disenrollment File.** Each week, the selected Offeror(s) must submit an enrollment/disenrollment file to the Department that contains records with the Participants' CHC-MCO and LIFE selections and transfers, alerts, and PCP selections. In addition, the weekly file must contain the following information that is not shown on CIS: newborns, pregnancies, deceased individuals, and returned mail. The selected Offeror(s) must submit the enrollment/disenrollment file on a weekly basis; however, the Department may require selected Offeror(s) to submit the file on a more frequent basis. The selected Offeror(s) must submit the weekly enrollment/disenrollment file with accurate enrollment records/disenrollment records/alerts using valid reason codes.

iv. **Weekly Enrollment/Disenrollment Reconciliation File.** The selected Offeror(s) will receive and must process an enrollment/disenrollment reconciliation file provided by the Department indicating the disposition of each record (accepted, rejected, or other) based on pre-determined edits. CHC-MCO and LIFE selections and transfers will be indicated by an auto assignment indicator "B" on each record in the enrollment/disenrollment reconciliation file.

DRAFT

v. **COMPASS Referral File.** The selected Offeror(s) will receive a daily XML COMPASS Referral File from the Department containing all LTSS Applications filed through the Department's COMPASS system by LTSS Applicants residing in the selected Offeror's geographic region. The XML file will include LTSS Applications which the selected Offeror directly entered into COMPASS. The selected Offeror(s) must identify new LTSS Applications contained in the file (i.e., those Applications not entered by the selected Offeror), and initiate the enrollment process for those Applications within one business day of receipt of the COMPASS referral file.

vi. **1768 File**. The selected Offeror(s) must submit a daily file to the Department that contains records identifying the status of LTSS Applicants' eligibility for LTSS.

vii. **162 Commit File**. The selected Offeror(s) must receive and process a daily 162 Commit file provided by the Department indicating the financial eligibility of LTSS Applicants.

viii. **Automated Provider Directory (APD).** The selected Offeror(s) will receive APDs from CHC-MCOs at least on a weekly basis. The file will be a complete snapshot of the current provider directory for each zone in which the CHC-MCO program operates, including any updated and new information. The selected Offeror must use this directory and the APD file layout set forth on the CHC RFP website to establish, and update weekly, one master electronic Provider Directory.

The selected Offeror(s) must be able to capture the National Provider Index (NPI) on its APD and to consolidate and format information in the files that are sent to it by the CHC-MCOs. In addition, the selected Offeror(s) must ensure that the lists of providers are accurately consolidated so that information for each unique provider is inclusive of all provider data.

The selected Offeror(s) must update its master electronic APD file layout, as necessary, when the Department modifies the APD File Layout. The selected Offeror(s) must upload the APD into the MIS and publish it on the IEB website to allow search capabilities consistent with the manner in which Enrollment Specialists and Enrollment Brokers use this data to assist Participants and LTSS Applicants. The selected Offeror(s) must provide an updated electronic APD to the Department upon request.

Describe your approach and methodology to coordinate with the CHC-MCOs to collect and transmit the APD data between all parties. Describe how you will utilize the information to fulfill enrollment activities. Describe the steps you will take to verify the provider information received is complete and accurate, and that PCPs participating across multiple health plans are documented correctly in

DRAFT

the APD. Describe how you will develop and implement a user-friendly web-based provider directory on the IEB website.

ix. **Response to the Automated Provider Directory.** After processing the APD, the selected Offeror(s) must return a response file to DHS.

Offeror Response

k. **Data Warehouse.** The selected Offeror(s) must have a data file storage area designated to house all required data files. The selected Offeror(s) must extract and provide all data associated with eligibility and enrollment services weekly to the Department Bureau of Information Services personnel who will move this data into the Department Data Warehouse. This includes any and all data that is associated with the application process and information which will allow the Department analytical personnel to validate the following items:

v. All reports identified in the reporting requirements in **Section III-24**.

vi. All metrics associated with meeting the Service Level Agreements specified in **Section III-23.**

vii. All metrics associated with the fulfilment of the Requirements set forth in this Grant.

viii. All metrics associated with the execution and completion of the scope set forth in this amendment.

Offeror Response

l. **Testing Environment.** The selected Offeror(s) must have a testing environment designated for the Department to use in the development and support of its IEB Program.

Offeror Response

m. **Use Effective Security Measures.** The selected Offeror(s) must have a system that has security measures in place to prevent the unauthorized use of, or access to, data. The selected Offeror(s) must maintain the confidentiality of all information and will only use information available to it to fulfill its obligations under the Grant.

Describe your system and security measures to ensure the confidentiality of all information, and to prevent the unauthorized use of or access to data. Include how you will comply with all applicable confidentiality requirements, including HIPAA and requirements relating to safeguarding information relating to applicants and recipients of public assistance.

Offeror Response

DRAFT

n. **Resolution of MIS Problems.** The selected Offeror(s) must have a MIS that is operational when required and shall resolve systems problems when they occur. The selected Offeror(s) must have a designated contact person and a designated backup person who is on call to the Department, able to respond to the Department within one (1) hour of a telephone call to the selected Offeror's contact, and has the authority to make necessary decisions to resolve problems.

Describe your process for resolving MIS problems.

Offeror Response

3. **Enrollment Center Operations.** The selected Offeror(s) must establish and maintain an Enrollment Center. Describe your proposed strategy to operate your Enrollment Center in accordance with the requirements set forth below. Identify the resources the Offeror has readily available and what it will need to acquire to meet these requirements.

a. **Location.** The selected Offeror(s) must establish and maintain an Enrollment Center located within a 15 mile radius of the City of Harrisburg, Pennsylvania.

b. **Department Monitoring**

i. The selected Offeror(s) must provide dedicated workspace for Department use with the following minimum equipment: one (1) desk and one (1) chair; one (1) working speaker phone; and one (1) personal computer with access to a printer, the Internet and applicable data and software, including sufficient hardware and software to monitor Enrollment Center staff, Enrollment Specialists and Enrollment Brokers.

ii. In addition to the workspace and equipment specified above, at the request of the Department, the selected Offeror(s) must provide a furnished conference room or private office space with a lockable door sufficient to accommodate up to five Department staff. The space must have a working speaker phone, access to a printer and the Internet.

c. **Contact Information.** The selected Offeror(s) must maintain a toll-free number and post office box address to receive contacts and inquiries from Participants, LTSS Applicants, MA Consumers and other individuals.

d. **Functions.** The selected Offeror(s) must staff, organize and manage the Enrollment Center so that it is capable of performing the following functions in accordance with the requirements of this RFP:

i. Enrollment Specialists will provide choice counseling to CHC Participants to enable them to make an informed, unbiased decision in selecting a CHC-MCO and a PCP, and in completing plan transfers.

DRAFT

ii. Enrollment Specialists will track and contact each CHC-LTSS Applicant who has not made a CHC-MCO selection to provide the Applicant the opportunity to apply to enroll in a LIFE program (if available) or to make an advanced plan selection – i.e., to voluntarily select a CHC-MCO before being assigned to a plan as follows:

(I) Enrollment Specialists will make at least three (3) attempts (two (2) by telephone on different days and one (1) by letter after the telephone calls) to contact the Applicant to make the advanced plan selection.

(II) For a newly eligible or transferring CHC-LTSS Applicant, the three attempts must be made by the Enrollment Specialists within ten (10) business days of the LTSS Application Date.

(III) For MA Consumers who are receiving LTSS and transitioning to CHC at the time CHC is implement in a geographic zone, the three attempts must be made by the Enrollment Specialists within thirty (30) calendar days of receiving the CHC pre-transition file from the Department, which includes the MA Consumers.

(IV) Enrollment Specialists will refer the CHC-LTSS Applicant to an Enrollment Broker for assistance with the LTSS eligibility and enrollment process.

iii. Enrollment Specialists will provide choice counseling to LTSS Applicants residing in an LTSS-FFS County to enable those Applicants to make an informed, unbiased decision on choosing LIFE (if available), enrolling in an OLTL HCBS Waiver, or receiving services in a nursing facility and will refer LTSS Applicants to Enrollment Brokers for assistance with the LTSS eligibility and enrollment process.

iv. Enrollment Brokers will assist LTSS Applicants with the eligibility and enrollment process for CHC-LTSS, LIFE (if available), the OLTL HCBS Waiver programs and the Act 150 Program.

v. Enrollment Center staff will be familiar with the BH-MCOs in order to provide CHC Participants and LTSS Applicants with a telephone number for referrals for these services.

vi. Enrollment Center staff will maintain an effective working relationship with MA Consumers, Participants, LTSS Applicants, CHC-MCOs, LIFE providers, stakeholders, and Department staff.

vii. Enrollment Center staff will understand the importance of scripts, and will use scripts developed or approved by the Department to provide Participants and Applicants with information and education.

DRAFT

viii. Enrollment Center staff will be able to exercise sound judgment in differing circumstances.

ix. Enrollment Center staff will communicate clearly and act in a responsible and professional manner.

x. Enrollment Center staff will understand the importance of Participants and other LTSS Applicants exercising their right to choose.

e. Communications Requirements

i. The selected Offeror(s) must have a sufficient number of Enrollment Specialists and Enrollment Brokers who are bilingual in English and Spanish.

ii. The selected Offeror(s) must meet Limited English Proficiency (LEP) requirements by ensuring that Participants and LTSS Applicants who identify as speaking a language other than English as their first language are provided, at no cost to the individual, oral interpretation services. Interpretation services must be available in every language to meet the needs of all Participants and LTSS Applicants.

iii. The selected Offeror(s) must provide alternate methods of communication for Participants and LTSS Applicants who are cognitively, visually or hearing impaired and must include appropriate instructions on all materials on how to access, or receive assistance with accessing desired material in an alternate format.

f. Enrollment Procedures. The selected Offeror(s) must develop and implement enrollment procedures for Enrollment Center staff to use. These procedures must receive advance written approval by the Department prior to being used by staff.

g. Contingency Staffing Plan. The selected Offeror(s) must develop a contingency plan for hiring Enrollment Center staff to address overflow calls and for handling sudden and unexpected increases in enrollment and plan transfers, increased call volumes, program changes and PCP selections that will ensure performance standards are met. The plan should also address coverage during times when additional staff training may be needed or when situations arise such as staff illnesses and vacations. If the Department changes its current MA Program or implements new MA programs, the selected Offeror(s) must analyze staffing needs, and modify the number of required staff, as needed. Include in your contingency plan a description of how the plan will be implemented and coordinated with the Department. The selected Offeror(s) must review its contingency plan each grant renewal term, or as directed by the Department, and submit modifications to the Department for approval prior to use.

Provide your proposed contingency staffing plan.

DRAFT

h. Hours of Operation. The selected Offeror(s)'s Enrollment Center must be operational Monday through Friday from at least 8:00 a.m. to 6:00 p.m. EST, except on holidays recognized by the Commonwealth, and except for official state-employee work cancellations in the Harrisburg area for inclement weather, natural disasters, or other Commonwealth-declared emergencies. The Department may require expanded week day hours and Saturday operating hours if the Department determines a need due to increased demand. The selected Offeror(s) may not use electronic call answering methods as a substitute for staff persons to perform services during operational hours.

i. Telephone System and Requirements.

i. The selected Offeror(s) must have a telephone system with the telecommunication capabilities specified in **Section III-21.A.5** as part of its operation of the Enrollment Center. The selected Offeror(s)'s telephone system must have the capability to record all incoming and outgoing calls, and the staff or automated message will state to callers that calls may be recorded.

ii. The selected Offeror(s) must store all recorded incoming and outgoing calls for a minimum of thirty (30) calendar days from the date of the call for the Department's retrieval. All calls must be archived for a maximum of five (5) years from the date of the call. The selected Offeror(s) must provide the Department with any recorded call that is requested by the Department within three (3) business days of the request.

iii. The selected Offeror(s) must collect, document and store detailed information on all calls from MA Consumers, Participants and LTSS Applicants, including whether the caller has LEP, other consumer communication needs, immediate service needs or unmet needs. Describe the system the Offeror will use to store this information, including LEP and needs status.

iv. The selected Offeror(s) must provide electronic call answering methods for the toll- free phone line for messages during hours when the Enrollment Center is not staffed. The selected Offeror(s)'s staff must return all after-hours calls within the next Business Day in the caller's choice of language, and provide oral interpretation services, or alternative formats as requested.

v. The selected Offeror(s) must use electronic call answering methods that provide electronic messages in prevalent languages, as determined by the Department, and that refer callers to the IEB website. A call answering recording must be first in English, and must provide general information about Enrollment Specialists and the CHC Program, LIFE and the OLTL LTSS programs, and give the caller the options to hear the message repeated in a prevalent language as defined by the Department.

vi. During operational hours, the selected Offeror(s)'s Enrollment Center must meet or exceed the following call standards as measured on a monthly average basis:

DRAFT

- Abandoned call rate must not exceed 5%.
- Blocked call rate (busy signal) must be less than 1%.
- Calls must be answered within sixty (60) seconds.
- Call hold time must not exceed two (2) minutes.

j. Warm Transfers. The selected Offeror(s)'s Enrollment Center must have the ability to complete warm transfers to other entities, including MCOs, and service providers, as specified by the Department.

k. Remote Phone Monitoring. The selected Offeror(s) must set up remote telephone monitoring system for at least ten (10) Department staff and provide training on that monitoring system. The system must enable the Department to use a personal computer to monitor Enrollment Center calls in real time and to identify the number of Enrollment Specialists and Enrollment Brokers answering calls and the Enrollment Specialists' and Enrollment Brokers' identifying information. The selected Offeror(s) must facilitate bi-annual calibration sessions with the Department. The purpose of the calibration sessions is to ensure monitoring findings of the Department and the selected Offeror(s) are consistent.

l. Consumer Input and Feedback. The selected Offeror(s) must solicit input and feedback from Participants and LTSS Applicants and other stakeholders about its IEB Program, the CHC Program, LIFE and the OLTL LTSS programs. As part of Enrollment Center activities, the selected Offeror(s) must solicit consumer participation in an individual satisfaction survey approved by the Department. The selected Offeror(s) must report the results from this survey to the Department on a quarterly basis. The Department must approve any sampling methodology used to report the results, including, but not limited to, the frequency and sample size.

Provide a sample of the survey the Offeror will use to obtain consumer input and feedback. Explain how the Offeror will encourage and use consumer comments and input to adopt quality improvements to its IEB Program.

Offeror Response

4. Field Offices and Operations. The selected Offeror(s) must establish at least one field office in each geographic zone included in the selected Offeror(s)'s geographic region. For each field office, the selected Offeror(s) must supply meeting rooms and normal office space for personnel, including equipment, software, network connectivity, supplies, clerical assistance, and administrative support needed to perform the functions required by this RFP. The selected Offeror(s)'s field offices must be accessible and meet ADA standards. The physical site of the selected Offeror(s)'s administrative functions, all satellite offices, and any worksites used by the Enrollment Specialists and Enrollment Brokers cannot be co-located with any existing MA or OLTL provider. The selected Offeror(s) must assign sufficient staff to its Field Offices to meet timeliness and quality requirements for enrollment assistance activities, including face-to-face meetings and in-home visits.

DRAFT

Describe your plan to utilize field staff and field offices to assure access your IEB Program and to perform the duties of this grant agreement.

Offeror Response

5. **Telecommunications Capabilities**. The selected Offeror(s) must establish and maintain sufficient telecommunications capabilities to meet the following requirements:

   a. The selected Offeror(s)'s telecommunication capabilities must include:

      i. All telephone services.

      ii. Telephone equipment and telephone lines, including direct lines to the Offeror's Enrollment Center from each CAO and CAO District Office in the selected Offeror(s)'s geographic region.

      iii. Grantee automated data files.

      iv. An Interactive Voice Response (IVR) system. Provide a schematic of the proposed IVR system.

      v. An automatic call distribution (ACD) system. Provide a schematic of the proposed ACD the Offeror will use.

      vi. Text Telephone Typewriter (TTY) and/or Pennsylvania Telecommunication Relay Service for communication with individuals who are deaf or hearing impaired.

   b. The selected Offeror(s) must immediately report all interruptions in any telecommunication services to the Department.

Offeror Response

6. **Participant and LTSS Applicant Enrollment Education and Assistance**. The selected Offeror(s) must provide Department-approved educational information to Participants and LTSS Applicants through the use of scripts, and other materials to enable them to understand the enrollment and eligibility process and to make informed decisions about their service options. During the enrollment process, the selected Offeror(s)'s Enrollment Specialists and Enrollment Brokers will identify and assist Participants and LTSS Applicants with LEP or special communication needs, including individuals who visually, cognitively or hearing impaired. Upon request of these individuals, the selected Offeror(s) will provide, at no cost, oral interpretation services or other alternate forms of communication to meet the needs of these individuals.

   Describe your process for meeting these requirements. Provide copies of the scripts and other materials you will use.

DRAFT

Offeror Response

7. **Outreach and Coordination.** The selected Offeror(s) must perform the following outreach and coordination activities:

   a. **CAOs**. The selected Offeror(s) must establish and maintain working relationships with all CAOs and CAO District Offices that process applications for the selected Offeror(s)'s geographic region. As requested by the Department, the selected Offeror(s) will make presentations at CAOs and District Offices to address enrollment issues and provide education to MA Consumers and to address the training needs of the CAO staff for enrollment issues. In addition, the selected Offeror(s) will coordinate with the CAOs to integrate enrollment capability into the established set up at each CAO and CAO District Office of a CAO processing applications for the selected Offeror(s)'s geographic region. A listing of CAOs and District Offices can be viewed at the following link on the Department's website: http://opsweb/Operations/CAOlist.htm.

      Describe your approach to develop and maintain working relationships with CAO and District Offices in your proposed zone(s), including coordination of enrollment activities.

   b. **IAE**. The selected Offeror(s) must establish and maintain a working relationship with the Department's IAE. The IAE is responsible for completion of every LTSS Applicant's LCD. The selected Offeror(s) must ensure an effective interface between the IAE and must have written policies and procedures for coordination with the IAE, which, at a minimum, include the following:

      iv. A process for submitting LCD requests to the IAE

      v. A process to follow-up with the IAE for LCDs not completed and received by the IEB within the require timeframes.

      vi. A process for timely retrieval and processing of completed LCDs to ensure timeliness and efficiency with the enrollment process.

   c. **Area Agencies on Aging (AAAs)**. The selected Offeror(s) must meet with AAAs in its geographic region to obtain information about the AAAs, their networks, and to provide an overview of the IEB Program. AAAs are community based organizations which serve as the aging network under the Pennsylvania Department of Aging, and that provide Older American Act Services and Pennsylvania Lottery Funded home and community based services and advocacy to older adults and their families. AAAs are the primary referral source for older adults seeking LTSS. The selected Offeror(s) must coordinate and cooperate with the AAAs on transfers of Participants between AAA-administered service programs, including OPTIONS, and OLTL-administered programs in the SW Zone. The selected Offeror(s) must attend and participate in ad hoc meetings with AAAs upon the Department's request. The selected Offeror(s) must coordinate all meetings

DRAFT

with the AAAs through the Department and must keep the Department apprised of all issues and outcomes of the meetings.

d. Community-Based Outreach and Education. The selected Offeror(s) must assign staff to conduct presentations and accept enrollments at various locations in its geographic region and designate staff to serve as links between the selected Offeror(s) and MA Consumers, Participants and LTSS Applicants and, various community based organizations and other groups in the geographic region including, but are not limited to, the following:

i. Mental health and drug and alcohol agencies.

ii. Centers for Independent Living

iii. AAAs

iv. Nursing Facilities.

v. Hospitals.

vi. Women's shelters.

vii. Homeless shelters.

viii. Senior centers.

ix. Social Security offices.

x. Churches.

xi. Housing projects.

xii. Other community-based organizations.

xiii. Local ethnic/second language community centers.

xiv. Personal care homes.

In order to target the CHC and LTSS populations, the selected Offeror(s), as part of its development of its field operations and outreach activities, must be aware of the MA Consumer and advocacy community in its geographic region and their expectations for the IEB Program. The selected Offeror(s) must be proactive and establish partnerships with the leaders of community-based organizations, and advocacy, disability and service groups.

e. CHC-MCOs. The selected Offeror(s) must meet with CHC-MCOs operating in its geographic region to obtain information about the MCO and its networks, and to provide the MCO an overview of its IEB Program. The selected Offeror(s) must attend and

DRAFT

participate in ad hoc meetings with CHC-MCOs upon the Department's request. The selected Offeror(s) must coordinate all meetings with CHC-MCOs through the Department. The selected Offeror(s) must keep the Department apprised of all issues and outcomes of the meetings.

The selected Offeror(s) must have written policies and procedures to ensure an effective means of communication and coordination with CHC-MCOs. These policies and procedures must, at a minimum, include the following:

i. A process for handling MIS issues, including updates to systems procedures.

ii. A process for coordinating CHC Participant eligibility with the CHC-MCOs.

iii. A process for coordinating PCP selections.

iv. A process for how the CHC-MCOs' provider directory will be transmitted and accepted.

v. Resolution of concerns as identified by MLTSS Advisory Committee, BH-MCOs monitoring and quality assurance committees, and advisory groups.

f. LIFE Programs. The selected Offeror(s) must meet with LIFE programs operating in its geographic region to obtain information about the program and its networks, and to provide an overview of its IEB Program. The selected Offeror(s) must attend and participate in ad hoc meetings with LIFE programs upon the Department's request. The selected Offeror(s) must coordinate all meetings with LIFE programs through the Department. The selected Offeror(s) must keep the Department apprised of all issues and outcomes of the meetings.

The selected Offeror(s) must have written policies and procedures to ensure an effective means of communication and coordination with LIFE programs. These policies and procedures must, at a minimum, include the following:

i. A process for handling MIS issues, including updates to systems procedures.

ii. A process for coordinating LTSS Applicant eligibility with the LIFE programs.

iii. A process for how the LIFE programs' provider directory will be transmitted and accepted.

iv. Resolution of concerns as identified by CHC Advisory Committee, BH- MCOs monitoring and quality assurance committees, and advisory groups.

g. Other IEB Programs. The Department may enter into agreements with multiple Offerors to provide IEB Programs in different geographic regions. In addition, during a CHC transition period, the selected Offeror(s) and an incumbent vendor may be operating an IEB Program in the same geographic zone but responsible for handling different populations. The selected Offeror(s) must coordinate and cooperate with other

IEB Programs providing enrollment assistance to Participants and LTSS Applicants in other geographic regions or the same region as the selected Offeror(s). The selected Offeror(s) must have a process to refer contacts, calls, and inquiries, including web inquiries, from Participants, LTSS Applicants and other individuals to the responsible IEB within three (3) business days, and to facilitate inter-county transfers between zones with the responsible IEB.

Describe how you will meet these requirements, including how you will handle comments, questions, complaints or enrollment information submitted to your IEB website, which should be handled by the Department's incumbent IEB or other IEB Program.

Offeror Response

8. **Communication and Coordination with the Department.** The selected Offeror(s) must hold status meetings with Department staff at least bi-weekly or as directed by the Department, to discuss issues such as program policies, updates on ongoing projects, consideration of new projects, resolutions of challenges and the progress on work plans and action plans. The selected Offeror(s) must develop the agenda and provide the agenda to the Department at least two (2) business days prior to each meeting. The agenda is subject to Departmental review and approval.

   The selected Offeror(s) must provide the Department with email addresses, phone numbers and locations for its management staff and such other staff may be requested by the Department.

   The selected Offeror(s) must partner with the Department as necessary to conduct training to community organizations and other agencies.

   Offeror Response

9. **IEB Enrollment Assistance Website.** The selected Offeror(s) must host, maintain and update an IEB enrollment assistance website (IEB website) that complies with all of the following:

   a. The IEB website must meet all Department requirements for information systems and webpage development. The IEB website must meet the Commonwealth of PA Office of Administration and Information Technology policy standards. The correct reference for website compatibility for accessibility software is under ITP ACC001- Accessibility Policy. These requirements can be found at http://www.portal.state.pa.us/portal/server.pt/community/policies_and_procedures/416/information_technology_policies/210791. These requirements provide comprehensive web accessibility standards designed to help expose and repair barriers to accessibility and encourage compliance with existing accessibility guidelines.

DRAFT

b. All materials posted to the website must be submitted to the Department for prior review and be approved by the Department.

c. Participant and LTSS Applicant web pages and posted brochures must be available in English and Spanish, easily understood and written at no higher than a sixth grade reading level, whenever possible.

d. The selected Offeror(s) must review the website and provide recommended changes to the website to the Department for prior approval on a quarterly basis. The selected Offeror(s) must make changes to the website due to information changes for CHC, LIFE or the OLTL LTSS programs.

e. At a minimum, the IEB website must include:

i. A Provider directory that includes and identifies Providers participating in the CHC Program and that is updated at least weekly. The Provider directory must have search capability.

ii. "What's New" items.

iii. Frequently asked questions and answers.

iv. Links to MLTSS Advisory Committee meeting information including but not limited to, dates and times.

v. Information and graphics to encourage CHC-MCO enrollment and PCP selection.

vi. List and map of counties of CHC-MCOs participating in CHC by zone.

vii. Comparison chart of participating CHC-MCOs.

viii. List and map of counties where CHC-MCO participating hospitals operate by zone.

ix. Link to the Department's website.

x. Links to participating CHC-MCO websites.

xi. Information on each of the available OLTL HCBS programs operating in the selected Offeror(s)'s geographic region, including services available, models of service and eligibility criteria

xii. Capability to provide travel directions from user input of address to any Provider listed in the Provider directory.

xiii. Capability for individuals to submit comments and questions. The selected Offeror(s) will respond to all questions and comments related to the IEB and refer

DRAFT

other questions to the Department or other entities as appropriate within one (1) business day of receipt.

xiv. Capability for CHC Participants to securely select a PCP, enroll into a CHC-MCO, as well as transfer from one CHC-MCO to another.

xv. Instructions in prevalent languages, as determined by the Department, about how to obtain the materials on the website in these languages.

xvi. Interactive functionality that facilitates consumer's ability to: submit secure CHC-MCO and PCP changes; query for information, including provider directory, and programs for which consumer is eligible.

xvii. Information about the LIFE program, including a description of the application process, a list and map of counties where LIFE programs are available and links to LIFE program websites.

xviii. Capability to provide travel directions from user input of address to eligible LIFE program.

f. Provide a mock layout for your IEB website, which includes:

ix. The type of approved web accessibility software used (i.e. Bobby approved or comparable);

x. Any other information that will be available on the website in addition to the Department mandated information;

xi. Languages that will be supported on the website;

xii. The sequence, availability, and types of hyperlinks to additional information and web pages;

xiii. Frequency of regular updates to the website;

xiv. The search capabilities available;

xv. User-friendly provider directories;

xvi. The interactive functionality specified in subsection 3.p. above.

g. Describe any other proposed online services that will be available to CHC Participants and LTSS Applicants on your IEB website.

h. Describe your process for following up with CHC Participants and LTSS Applicants who submit incomplete enrollments or transfers via the website.

DRAFT

Describe how you will host, maintain and update the website consistent with these requirements.

Offeror Response

10. **Materials Development, Production, Mailings.** The selected Offeror(s) must produce, print, maintain and disseminate materials in a form and context required by the Department.

    a. At the Department's request, the selected Offeror(s) must maintain, develop and produce specific materials for mailings to Participants and LTSS Applicants. The Department encourages the Offeror to be creative in keeping the mailings simple, informative and comprehensive. The selected Offeror(s) may suggest new and revised mailing materials; however, any mailing must receive advanced written Department approval prior to its use. In developing and disseminating its materials and mailings, the selected Offeror(s) must comply with the following requirements:

    b. The selected Offeror(s) must maintain current written, audio and visual materials, and must develop new or modify such existing materials to meet the objectives of the IEB Program. All materials must be accurate and not mislead, confuse or defraud Participants, LTSS Applicants or the Department.

    c. Unless otherwise specified, the selected Offeror(s) must design, develop, print and distribute the materials specified in this Section, including any revisions to those materials as described below.

        i. Prepare and submit draft materials to the Department for advance written approval and revise the draft materials as necessary to respond to the Department's comments within five (5) business days.

        ii. Review and provide recommendations for updates to the Department and make any approved updates to materials each grant renewal term, or as directed by the Department.

        iii. Include appropriate instructions on all materials on how to access, or receive assistance with accessing, desired materials in an alternative format, including instructions for Participants and LTSS Applicants with LEP. For example, materials written in English must include appropriate language lines for prevalent languages, as determined by the Department.

        iv. Use qualified professionals to translate materials into prevalent languages, as determined by the Department.

        v. Use materials that are culturally sensitive, easily understood and written with a text no higher than a sixth grade reading level, whenever possible.

        vi. Supply reading level statistics with all materials and revisions submitted for Department approval, and provide an explanation in the event that the materials

DRAFT

do not meet the sixth grade reading level requirements. The Department will either approve or disapprove the submitted materials within a reasonable time.

d. All developed materials must meet the following requirements:

i. Comply with the ADA, which requires the availability of appropriate alternative methods of communication for individuals who are visually or hearing impaired.

ii. Use offset lithography or an equivalent method to reproduce materials.

iii. Not be photocopied unless photocopying is prior approved by the Department. The reproduction must be clear and easily readable.

iv. Use graphics and/or limited color when developing any materials, as requested by the Department.

v. Be free of errors, and have the look of the finished document when submitted to the Department.

Describe the materials you plan to use for Participants and LTSS Applicants and how the materials will comply with all requirements in this section. Provide samples of consumer materials you have used for similar projects, if available.

Offeror Response

11. Complaint Process. The selected Offeror(s) must handle and relay complaints to the Department on its complaint report in accordance with the requirements set forth below.

a. The selected Offeror(s)'s staff must document and track complaints received by the selected Offeror(s). The selected Offeror(s) must submit complaint information to the Department in a weekly report.

b. If a Participant, LTSS Applicant or other individual complains about an IEB-related issue, the Enrollment Center staff must ask the individual if he or she is satisfied with the information given. If the individual is not satisfied, the staff will first try to resolve the individual's concerns. If the staff are unable to resolve the individual's concerns, the staff will refer the individual to a manager or lead staff for follow-up and resolution. The selected Offeror(s)'s staff must make every effort to address the individual's concerns within the same business day.

c. The selected Offeror(s) must develop, implement and maintain a complaint tracking system to record all complaints, including those not specific to IEB Complaints (e.g., MA Program Complaints, specific MCO Complaints). The tracking system will include:

i. A description of the Complaint.

DRAFT

ii. Documentation of any referrals to managers and the outcome of the resolution process for IEB-related Complaints.

iii. Documentation of where the staff transferred non-IEB related Complaints.

Offeror Response

12. Training.

a. Offeror Personnel Training. The selected Offeror(s) must ensure that all personnel working on its IEB Program, including Enrollment Center staff, Enrollment Specialists and Enrollment Brokers, receive appropriate training.

The selected Offeror(s) must develop and maintain Department-approved procedures and training manuals. The selected Offeror(s) must review its procedures and training manuals at least annually for accuracy and update them as needed. All updates must be forwarded for Department review and approval before dissemination. The selected Offeror(s) must provide the Department with both a hardcopy and an electronic copy of the manuals. The manuals will be used for the initial training of the selected Offeror(s)'s staff. Department staff must be permitted to monitor all Offeror training sessions.

Training topics must include, but are not limited to:

i. Cultural Sensitivity;

ii. Crisis management;

iii. Customer service and communication skills, including communicating effectively and conveying information in a manner that is easily understood by diverse audiences, including persons with LEP, those who have low or no literacy skills and individuals with disabilities.

iv. Overview of the OLTL managed care and HCBS programs operating in the selected Offeror(s)'s geographic region, including the unique aspects of OLTL's consumer groups and the service needs associated with various types of disabilities and which waivers or programs provide services targeted to each specific type of disability or age group.

v. CHC Program topics, including educating MA Consumers on CHC, knowing the available CHC-MCO options, educating and assisting the CHC Participant in selecting a PCP and the CHC- MCO that best meets their needs, referring special populations and CHC Participants with the need for immediate services or unmet needs to the CHC-MCO, effective enrollment processing.

DRAFT

vi. Explaining behavioral health services and how to access care through the BH-MCOs. Referring emergency behavioral health situations to the appropriate BH-MCO.

vii. Informing MA Consumers of the availability of the MATP for transportation to medical services.

viii. CHC and LTSS enrollment and eligibility process including plan transfer and dating rules;

ix. Person-centered service planning;

x. Interaction and collaboration with internal/external stakeholder groups involved in the enrollment process and service delivery including, but not necessarily limited to: ADRCs, PCCs, AAAs, Service Coordinators (SCs), CAOs, NHT Coordinators, and regional LINK entities;

xi. Understanding the role of the mandated reporter, as required by the Commonwealth's Older Adult Protective Services Act and Adult Protective Services Act.

xii. Medicare and Medicaid Programs

xiii. The role of the APPRISE Program as a resource in assisting recipients with Medicare plan selection

xiv. The Person-Centered Counseling (PCC) associated with the Aging and Disability Resource Centers (ADRC).

Describe your proposed training program and provide sample training materials you propose to use for your IEB Program.

b. Training by the Department. The Department will provide training sessions for IEB Programs on topics determined by the Department. The Department will specify whether certain staff are required to attend a training session. The selected Offeror(s) will require that staff attend required Department training sessions.

Describe your process for meeting these education and assistance requirements.

Offeror Response

13. Quality Assurance and Assessment. The selected Offeror(s) must continually monitor and assess the quality of the performance of its IEB Program and the work performed by its Enrollment Center staff to ensure that enrollment assistance services are delivered consistent with the requirements of the Grant. The selected Offeror(s) must provide the Department with reports of its QMS monitoring and assessment activities as specified in **Section III-24.L**.

DRAFT

Describe the processes you will follow and the management controls you will use to assess and ensure the quality of your work as well as your ability to meet all performance standards. Develop and demonstrate a Quality Management Strategy (QMS) solution in your proposal. Your QMS must assure the accessibility, availability, and quality of the services to be provided under the grant agreement. It should also address your approach to internally monitor and evaluate your effectiveness in meeting the RFP requirements throughout the course of the grant agreement.

Offeror Response

B. Tasks Specific to CHC. The following identified Tasks specific to CHC should be addressed by the Offeror in its Technical Submittal:

1. **CHC Enrollment Materials**. The selected Offeror(s) must develop and use materials and mailings in providing enrollment services to Participants and LTSS Applicants.

   a. **Pre-enrollment Packets.** The Enrollment Center must mail pre-enrollment packets to newly eligible CHC-LTSS Participants within one (1) business day of receiving the daily eligibility file including those Participants. The pre-enrollment packets must include at a minimum:

      i. A pre-enrollment brochure that includes at least the following information:

         - An explanation of the CHC Program, the decisions the CHC Participant needs to make, the timeframe for making the decision, and the consequences of not making decisions.
         - General information on the differences between the CHC-MCOs in the zone in which the CHC Participant resides.
         - Factors the CHC Participant should consider when making an enrollment decision.
         - An explanation of the role of a CHC-MCO's Participant Services Department.
         - LTSS information, including the LTSS available through CHC and how the IEB Program will assist the CHC Participant to apply for LTSS.
         - Information on the Behavioral Health component of the program and how to get more information on the services provided as well as the BH-MCOs available and how to access these services.
         - The role of the PCP.
         - Information on Medical Assistance Transportation Program (MATP) in the county where the CHC Participant resides and non-medical transportation.
         - Information on the use of the Department's ACCESS/EBT card.

DRAFT

- How to resolve a problem with the CHC-MCO, including information on the CHC Participant's right to file a complaint, grievance and request a DHS Fair Hearing.
- How to contact the IEB and website.
- Information on how to view and obtain a list of participating acute care HCBS, nursing facilities, and hospitals by zone.

ii. A comparison chart which includes specific information on each CHC-MCO participating in CHC by zone

iii. A standardized enrollment form.

iv. A CHC Participant Guide developed by the Department.

v. Promotional information about MLTSS Advisory Committee meetings.

vi. Co-pay charts.

vii. A postage paid return envelope.

b. Post-enrollment Packets. The Enrollment Center must mail post-enrollment packets to each CHC NFI Dual Participants and CHC LTSS Participants who were processed successfully through the weekly batch enrollment within one (1) business day of receiving an enrollment/disenrollment reconciliation file from the Department including those Participants.

The post- enrollment packets must include at a minimum:

i. A post enrollment brochure that includes at least the following information.

- Information on the Participant's selected CHC-MCO Participant Services Department and its hotline numbers.
- How to access the Enrollment Hotline and website.
- Information on emergency care
- The role of the CHC-MCO.
- The role of the PCP.
- LTSS information, including the LTSS available through CHC and how the IEB Program will assist the CHC Participant to apply for LTSS.
- How to resolve a problem with the CHC-MCO, including information on the CHC Participant's right to file a complaint, grievance and request a DHS Fair Hearing.

DRAFT

- Information on the behavioral health services provided through the BH-MCOs and how to access these services. This should include the BH-MCO's member services hotline numbers.
- Information on the MLTSS Advisory Committees.

ii. A confirmation notice that contains the following information:

- The name of the CHC-MCO in which the CHC Participant is enrolled.
- The CHC-MCO's Participant Services hotline number.
- The PCP's name and telephone number if one was selected at the time of enrollment.
- The effective date of enrollment.
- That the Participant may change his or her CHC-MCO at any time.

c. Additional CHC Notices. The Enrollment Center must mail the following notices to CHC Participants, as applicable:

i. A reminder notice to all MA Consumers in the selected Offeror's geographic region who are eligible to transition to CHC and who have not made an advanced plan selection prior to transition. The selected Offeror must sent the reminder notice within 30 calendar days of receiving the CHC pre-transition file from the Department.

ii. A re-enrollment notice to CHC Participants who lose eligibility and regain it within six (6) months of ineligibility within five (5) business days of receipt of the daily eligibility file including those Participants.

iii. A reminder notice to CHC-LTSS Applicants who have not selected a CHC-MCO and PCP within ten (10) business days from the LTSS Application Date.

iv. A reminder notice to CHC NFI Dual Participants who have not selected a CHC-MCO and PCP within ten (10) business days of receipt of the daily eligibility file including those Participants

v. A notice to CHC Participants whose advance plan selection could not be processed due to the Department's Dating Rules logic to inform them that their plan selection will be processed as a plan transfer. The Enrollment Center must mail such notices within one (1) business day of the receipt of the enrollment/disenrollment reconciliation file.

vi. A written notice sent at least annually to all CHC Participants informing them of their right to choose an alternate CHC-MCO or LIFE program at any time.

DRAFT

Describe the materials you plan to develop and use for Participants and LTSS Applicants, including mailings and how you will ensure all materials are culturally sensitive, easy to understand, ADA and LEP compliant and written with a text no higher than a sixth grade reading level, whenever possible. Provide samples of materials that you have used for similar programs and recommend using for this program. Describe the challenges you anticipate in identifying current addresses for all Participants and LTSS Applicants for whom you receive returned mail and strategies you will use to attempt to secure appropriate addresses for these individuals.

Offeror Response

2. **CHC Scripts.** The selected Offeror(s) must maintain, develop and revise appropriate scripts specific to the CHC Program for use by Enrollment Center staff, including Enrollment Specialists and Enrollment Brokers, when communicating with CHC Participants.

   The selected Offeror(s) must identify and submit for prior Department approval, a list of elements to include in scripts, and must incorporate elements required by the Department. Enrollment Center call scripts must include language to inform callers that their calls may be monitored. The selected Offeror(s) must also develop special scripts for emergency and unusual situations, as required by the Department.

   Scripts must be clear and easily understood. The selected Offeror(s) must submit initial and modified scripts for written Department approval prior to their use. The selected Offeror(s) must review the scripts at least annually, or as directed by the Department, to determine any necessary revisions and submit to the Department any subsequent script modifications prior to their use. Whenever possible, the selected Offeror(s) must use consumer input in the development and revisions of scripts.

   a. The types of scripts that must be developed include but are not limited to:

      i. Phone scripts

      ii. Field scripts

      iii. Community Presentations

   b. The scripts must cover, at a minimum, the following:

      i. Explanation of the CHC Program.

      ii. Explanation of the HealthChoices Behavioral Health Program.

      iii. Collection and confirmation of consumer identifying information, including a confidentiality statement.

      iv. Explanation of the service options available in the selected Offeror(s)'s geographic region.

DRAFT

v. Importance of selection, and consequences of not selecting a CHC-MCO and PCP.

vi. Factors to consider when choosing a CHC-MCO and PCP.

vii. Explanation of the role of the PCP.

viii. General information about the differences between the CHC-MCOs operating in the selected Offeror(s)'s geographic region (i.e., each CHC-MCO may have available different doctors/providers in plans, additional services offered, etc.).

ix. Instructions to guide the Enrollment Specialist to help CHC Participants determine which plan(s) their current doctor(s) and other providers are affiliated with, including use of the APD.

x. Language to elicit the CHC Participants' CHC-MCO and PCP choices using intelligent assignment logic as specified in **Section III-21.B.3.c**.

xi. Information about self-referred services.

xii. LTSS information, including the LTSS available through CHC and how the IEB Program will assist the CHC Participant to apply for LTSS.

xiii. Explanation of the CHC-MCOs' Participant Services department.

xiv. Language to obtain pregnancy information.

xv. Information about the EPSDT program.

xvi. Explanation of how to access the BH-MCO's Member Services department based on the MA Consumer's county of residence.

xvii. Information about MATP.

xviii. Information regarding complaints, grievances, and DHS Fair Hearings process.

xix. Instructions on how to change CHC-MCOs.

Describe the proposed contents of the required interactive scripts, and provide examples of scripts the Offeror uses or has used, if available. Describe how the Offeror will validate that staff members are properly using scripts.

Offeror Response

3. CHC Participant Enrollments, PCP Selections and Plan Transfers. The selected Offeror(s) must process enrollments for the CHC program as outlined below.

a. CHC NFI Dual Participant Enrollments and Plan Selections.

DRAFT

i. CHC **Transition Phase.** Prior to a CHC Zone Start Date, the Department will engage in activities necessary to transition MA Consumers residing in Zone(s) included in the Phase, who are eligible to participate in CHC, from their existing FFS programs to CHC. Among other things, the Department will send a letter to these MA Consumers notifying them that CHC is being implemented in their Zone and that they may select a CHC-MCO and PCP.

During the transition phase for CHC Phase 2 and Phase 3, the selected Offeror(s) for Lots 2 and 3 will be responsible to respond to, and assist NFI-Dual Participants, if requested, with questions relating to the upcoming CHC transition and to store any advance plan selections made by those Participants and transmit them to DHS, as specified in **Section III-21.A.2.c** above. Prior to the CHC Phase Start Date, the Department will send the selected Offeror(s) the initial daily eligibility file for the selected Offeror(s)'s geographic region, which will include all transitioned NFI Dual Participants and their plan assignments. The selected Offeror(s) must send a post enrollment packet to each NFI Dual Participant included in the initial daily file as specified in **Section III-21.B.1.b.**

ii. **Ongoing Enrollment Process.** After the CHC Zone Start Date, the Department's on-line computer process will automatically enroll newly eligible CHC NFI Dual Participant residing in the Zone into a CHC-MCO, with a future begin date, at the time the Participant is found eligible for MA. An algorithm will be used to automatically assign a CHC-MCO for the CHC NFI Dual Participant when the CAO worker completes an on-line eligibility determination. If the CHC NFI Dual Participant selects a different CHC-MCO, the Participant will be transferred into his or her selected CHC-MCO. The transfer will be effective as specified in the plan transfer Dating Rules. Refer to **Appendix G** for the current Dating Rules.

iii. Beginning on or around the CHC Zone Start Date, the Department will provide the selected Offeror(s) a daily eligibility file which will include an auto-assignment indicator for any newly eligible CHC NFI Dual Participants in the selected Offeror's geographic region who enroll in CHC on or after the CHC Zone Start Date and have not yet made a CHC-MCO selection. The selected Offeror(s) must send post-enrollment packets to these Participants as specified in **Section III-21.B.1.b** above. The selected Offeror(s) must cross-reference its daily enrollments to this file to eliminate sending enrollment packages to individuals who have already selected a CHC-MCO but whose selection has not been processed through the weekly enrollment/disenrollment file which the selected Offeror(s) submits to the Department.

iv. The selected Offeror(s) must respond to, and assist NFI-Dual Participants, if requested, with questions relating to CHC, store any advance plan selections made by those Participants and transmit them to DHS, as specified in **Section III-21.A.2.c** above. The selected Offeror(s) will use the Department's Dating Rules to determine the date that a newly eligible CHC NFI Dual Participant will

DRAFT

be enrolled in the CHC- MCO based upon when the CHC Participant contacts the selected Offeror(s), and the date that the weekly enrollment/disenrollment file is submitted to the Department. Refer to **Appendix G** for the current Dating Rules.

Describe how you will incorporate the Department's online auto assign and batch plan transfer dating rules into your enrollment/disenrollment and PCP selection and changes processes.

b. CHC LTSS Participants Enrollment and Plan Selection.

i. **CHC Transition Phase**. Prior to a CHC Zone Start Date, the Department will engage in activities necessary to transition LTSS Participants residing in the Zone, who are eligible to participate in CHC, from their existing FFS LTSS programs to either CHC or an available LIFE program. Among other things, the Department will send a letter to the LTSS Participants notifying them that CHC is being implemented in their Zone and that they may select a CHC-MCO and PCP or apply to enroll in an available LIFE program. During the transition phase for CHC Phase 2 and Phase 3, the selected Offeror(s) will be responsible to provide information about the upcoming CHC transition activities to LTSS Participants and to assist them to make an advanced plan selection as described subsection c below or to apply to enroll in an available LIFE program.

ii. **Ongoing Enrollment Process**. Beginning on the CHC Zone Start Date, the selected Offeror(s) will be responsible to assist CHC-LTSS Applicants residing in the selected Offeror(s)'s geographic region, who are either referred to the IEB or file an LTSS Application on or after the CHC Zone Start Date, with the LTSS eligibility process and with enrollment into CHC-LTSS or an available LIFE program. Refer to **Section III-21.C** for requirements relating to the LTSS eligibility process.

c. Advanced Plan Selection. The selected Offeror(s) must provide all CHC-LTSS Applicants the opportunity to make an advanced plan selection.

i. The selected Offeror(s) will explain the available CHC-MCO and LIFE options and provide and any additional information required for a CHC-LTSS Applicant to make an informed choice of a CHC-MCO plan or an available LIFE program prior to the CHC LTSS Applicant's auto-assignment to a CHC-MCO. The selected Offeror(s) will use the intelligent assignment hierarchy specified in this subsection to assist individuals in making a plan selection.

ii. The selected Offeror(s) will store the CHC-LTSS Applicants' advanced plan selections and transmit them electronically to DHS in a DHS defined format.

iii. If a CHC-LTSS Applicant does not select a CHC-MCO prior to the Applicant's financial eligibility determination, the selected Offeror will assign the Applicant to a CHC-MCO plan based on the following intelligent assignment hierarchy:

DRAFT

- First, Nursing Facility Enrollment and corresponding CHC-MCO plan (i.e., if an Applicant is residing in a nursing facility at the time of enrollment, the Applicant will be assigned to a plan in which his or her nursing facility is a Network Provider);
- Second, D-SNP and corresponding CHC-MCO plan (i.e., CHC-MCO plans must have an affiliated D-SNP. If an Applicant is enrolled in a D-SNP, the Applicant will be assigned to a CHC-MCO aligned with his or her D-SNP);
- Third, HC-MCO and corresponding CHC-MCO plan (i.e., if the Applicant is transferring from Health Choices, and the HC-MCO is also contracted as CHC-MCO, and the Applicant has not made a CHC-MCO selection, the Applicant will be enrolled in the affiliated CHC-MCO); and
- Last, HCBS provider (i.e., if an Applicant is receiving HCBS and their HCBS provider is contracted with a CHC plan, the Participant will be enrolled in that plan).

iv. If none of the hierarchy criteria apply to an LTSS Applicant, the selected Offeror will not assign a CHC-MCO. Instead, the LTSS Applicant will be auto-assigned to a CHC-MCO through CIS.

v. The advanced plan selection on file with DHS will be assigned to the LTSS Applicant as of the date that eligibility is processed. If an LTSS Applicant's advanced plan selection is received by DHS after eligibility has been processed, the selected Offeror(s) will receive an error message on the confirmation file informing that a CHC-MCO has been auto assigned to the Applicant. The selected Offeror(s) will contact the Applicant and inform him or her of the current CHC-MCO enrollment and that the Applicant's plan selection will be managed as a plan transfer according to standard dating rules.

d. Referrals for CHC LTSS

i. CHC to CHC-LTSS. The CHC-MCO will refer CHC Participants with identified LTSS needs to the selected Offeror(s) to facilitate the enrollment process into CHC-LTSS or an available LIFE program. The referred Participants will remain in CHC until the Participants' clinical and financial eligibility for LTSS have been determined.

ii. HealthChoices to CHC-LTSS. HealthChoices members who are eligible for LTSS may be enrolled in CHC-LTSS. The HC MCO will refer the member to the selected Offeror(s) to facilitate the enrollment process. Participants will remain in Health Choices until clinical and financial eligibility are determined.

Offeror Response

DRAFT

4. **Plan Transfers.** A CHC Participant may change his or her CHC-MCO plan or, in the case of a CHC-LTSS Participant, also transfer to an available LIFE program at any time. The decision to transfer may be communicated through the selected Offeror(s)'s website, email, fax, mail or by telephone call. All plan transfers must be implemented according to the Department's Dating Rules. Refer to **Appendix G** for the Department's current Dating Rules. The selected Offeror(s)'s Enrollment Specialists must assist CHC Participants who wish to change their CHC-MCO or to enroll in LIFE if available. The selected Offeror(s)'s Enrollment Specialist will discuss with the CHC Participant the reason for transfer, and the possibility of selecting a new PCP, rather than transferring. If the CHC Participant still wishes to transfer, the Enrollment Specialist must:

   a. Assist the CHC Participant with transferring from one CHC-MCO to another CHC-MCO in the zone in which the CHC Participant resides or, in the case of a CHC-LTCC Participate, transfer to an available LIFE program.

   b. Assist the Participant with selecting a participating PCP for the new CHC- MCO or LIFE program.

   c. Document the reasons for the CHC Participant's transfer with the applicable reason code on the weekly file.

   d. Inform the CHC Participant of the effective date of enrollment in the new CHC- MCO or LIFE program, based on the Department's dating rules.

   Offeror Response

5. **Automatic Reassignment Following Resumption of Eligibility**. The Department will automatically re-enroll a CHC Participant who loses MA eligibility and regains it within six (6) months into the MA program in which the individual was previously enrolled, with his or her previous CHC-MCO, if applicable, and with his or her previous PCP, as long as the CHC Participant's eligibility status or geographical residence is still valid for participation in that program. The selected Offeror(s) will not complete a Plan selection or PCP selection for those CHC Participants who lose and regain MA eligibility within six (6) months.

   The selected Offeror(s)'s Enrollment Center will send a notice to CHC Participants who lose MA eligibility and regain it within six (6) months. The notice will inform the CHC Participants that the Department has automatically reenrolled them with their previous CHC-MCO and that they have the opportunity to initiate a CHC-MCO change.

   When a CHC Participant contacts the selected Offeror(s)'s Enrollment Center, the Enrollment Specialist will inform the individual that he or she has been automatically re-enrolled in his or her previous PH-MCO. If the CHC Participant requests a CHC-MCO transfer or a different PCP, the Enrollment Specialist will assist the CHC Participant with the plan transfer.

   Offeror Response

DRAFT

C. Tasks Specific to LTSS Applicants. The following identified Tasks specific to LTSS Applicants and Participants should be addressed by the Offeror in its Technical Submittal.

1. General Requirements.

a. LTSS Application Processing Deadline. An LTSS Applicant must receive a final eligibility determination (clinical, program (if required), and financial) for LTSS within 90 calendar days of his or her LTSS Application Date. The selected Offeror(s) must monitor and manage the status of LTSS Applications through the enrollment process to ensure each LTSS Applicant's Application is adjudicated within a maximum of 90 calendar days from the Application Date. The selected Offeror(s) must use all systems, required by OLTL (i.e., HCSIS, SAMS, COMPASS, and CIS), to input and track LTSS Applicant information.

c. LTSS Applicant. An LTSS Applicant is: (i) an individual who signs or, on whose behalf the individual's representative signs a PA 600L or submits a PA 600L through the DHS COMPASS website; or (ii) an MA Consumer, including a CHC Participant, who, or, on whose behalf, his or her representative makes a request to apply for LTSS.

d. An LTSS Applicant may apply for all LTSS programs (CHC, CHC-LTSS, HCBS, LIFE and Nursing Facility services) via the DHS COMPASS website or by submitting a signed hard copy LTSS Application to the selected Offeror(s).

e. The selected Offeror(s) may not take or complete a LTSS financial application by telephone. The selected Offeror(s) must refer LTSS Applicants who wish to file telephone applications to DHS' Customer Service Center which is authorized to perform this function.

Offeror Response

15. Initial Contacts and Referrals of potential LTSS Applicants.

a. LTSS Hotline. The selected Offeror(s)'s Enrollment Center must have the capacity and be staffed sufficiently to accept telephone calls from individuals and their representatives who are inquiring about LTSS or who express a desire to receive LTSS and to accept referrals of potential LTSS Applicants.

b. Referrals. The selected Offeror(s)'s Enrollment Center must have the capacity and be staffed sufficiently to accept referrals of potential LTSS Applicants. Referrals may be made by telephone, letter, or through the selected Offeror(s)'s IEB website.

i. CHC-MCOs may refer CHC Participants to the selected Offeror(s) to initiate the LTSS application process. The CHC-MCO will provide the physician certification and a Long Term Care Admission and Discharge Transmittal (MA103) (if the potential LTSS Applicant is seeking admission to a nursing facility) to the selected Offeror(s) for each referred CHC Participant within three (3) business days of the referral.

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ii. The selected Offeror(s) may receive referrals of potential LTSS Applicants, including CHC Participants, from sources other than CHC-MCOs, including AAAs, hospital or nursing facility social workers, and family members.

iii. If the Enrollment Center receives a referral of a potential LTSS Applicant from any source, an Enrollment Specialist must:

(I) Make at least three attempts to contact the potential LTSS Applicant by telephone to determine if he or she wants to apply for LTSS. The first attempt must be made within two (2) business days of receipt of the referral. If the Enrollment Specialist is unable to reach the potential LTSS Applicant on the first attempt, the Enrollment Specialist must contact the referral source to confirm the contact information for the potential LTSS Applicant. In addition, the Enrollment Specialist must make two additional attempts on different days to contact the potential LTSS Applicant by telephone. The selected Offeror(s) must complete the three attempts within five (5) business days of the receipt of the referral.

(II) If the Enrollment Specialist is unsuccessful in reaching the potential Applicant after three attempts by telephone, within one (1) business day of the third unsuccessful telephone attempt, the selected Offeror(s) must send a follow up letter by first-class mail informing the potential LTSS Applicant that he or she must contact the selected Offeror(s) to initiate the LTSS Application process. If the potential LTSS Applicant does not contact the selected Offeror within five (5) business of the date of the letter, the selected Offeror may close the referral case.

iv. If Enrollment Specialist reaches the potential LTSS Applicant, the Enrollment Specialist will proceed with the initial contact and intake process in subsection 2.d below.

c. COMPASS Applications. The selected Offeror's Enrollment Center must have the capacity and be staffed sufficiently to accept and process LTSS Applications submitted through the Department's COMPASS Application system.

i. COMPASS applications will be sent to the selected Offeror on a daily basis via the COMPASS referral file. Refer to Section III-21.A.2.c.v.

ii. The selected Offeror(s) must enter any hard copy LTSS Applications which it receives directly into COMPASS to initiate the financial eligibility application. The selected Offeror(s) will be enrolled as a Community Partner to utilize COMPASS to enter and track applications on behalf of LTSS Applicants.

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iii. Upon receipt of a COMPASS application, an Enrollment Specialist will contact the LTSS Applicant to schedule an intake visit with an Enrollment Broker as specified in subsection 3 below.

d. Initial contact and intake process.

i. A potential LTSS Applicant, or his or her representative may contact the selected Offeror(s)'s Enrollment Center directly to inquire about or start the process to apply for LTSS. During the initial contact, the Enrollment Specialist will follow a script, approved by the Department to inform the individual about the LTSS application process and determine whether the individual is making an inquiry or a request to apply for LTSS.

A contact is an inquiry if the individual only requests general information regarding LTSS or in-home services, but does not express any desire to receive or apply for LTSS. If any question exists as to whether a contact is an inquiry or a "request to apply," the contact should be treated as a request to apply.

Provide a sample initial intake script with your proposal.

ii. If, after hearing the script, the individual only requests general information regarding LTSS or decides not to proceed with the LTSS application process, the Enrollment Specialist will note that decision in the Enrollment Center's records, the contact will be considered an inquiry, and the case will be closed.

The selected Offeror must keep a record of the name, address and telephone number of each person making an inquiry and the date of the inquiry, and the reason the case was closed.

iii. Except as provided in subsection v. below, an Enrollment Special must schedule an intake visit with an Enrollment Broker if:

(I) During an initial contact with a potential LTSS Applicant, the potential LTSS Applicant or his or her representative informs the Enrollment Specialist that the potential Applicant wants to continue with the application process.

The intake visit must be scheduled to occur within seven (7) calendar days of the initial contact unless the potential LTSS Applicant requests that the visit take place at a later date or there are other circumstances beyond the control of the IEB.

If the Intake Visit does not occur within seven (7) calendar days of the Initial Contact, the selected Offeror must document the reason for the delay in its records.

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(II) The Enrollment Center receives a COMPASS application for an LTSS Applicant unless, as of the date of receipt of the COMPASS application, an intake visit is or will be scheduled with the Applicant under subsection (I) above; or an intake visit has already been conducted in accordance in subsection C.3 below.

The Enrollment Specialist must attempt to contact the LTSS Applicant by telephone within two (2) business days of receiving the COMPASS application to schedule the intake visit. If the Enrollment Specialist is unable to reach the LTSS Applicant on the initial telephone contact, the Enrollment Specialist must make two additional attempts on different days to contact the LTSS Applicant by telephone. The selected Offeror must complete the three attempts within five (5) business days of receipt of the COMPASS Application.

If the Enrollment Specialist is unsuccessful in reaching the LTSS Applicant after three attempts by telephone, within one (1) business day of the third unsuccessful telephone attempt, the selected Offeror(s) must send a follow up letter by first-class mail informing the LTSS Applicant that he or she must contact the selected Offeror(s) within five (5) business days of the date of the letter to continue with the LTSS Application process.

If the LTSS Applicant does not contact the selected Offeror(s) within five (5) business days of the date of the letter, the selected Offeror(s) will notify the LTSS Applicant that his or her LTSS Application is denied. The selected Offeror(s) will send a 1768 Denial to the CAO.

The intake visit must be scheduled to occur within seven (7) calendar days of the receipt of the COMPASS application, unless the LTSS Applicant requests that the visit take place at a later date or there are other circumstances beyond the control of the IEB.

If the Intake Visit does not occur within seven (7) calendar days, the IEB will document the reason for the delay in its records.

iv. Before the Intake Visit, the selected Offeror must check the Department's Client Information System (CIS) to determine whether the LTSS Applicant is a current MA Consumer, is enrolled in an OLTL LTSS Program, LIFE, or an ODP Waiver program, or has an MRx code. If the LTSS Applicant is enrolled in one of these Program, the Enrollment Broker must coordinate with the Applicant's existing program.

v. **Additional intake requirement in LTSS FFS Zones.** During an initial contact with an LTSS applicant in an LTSS FFS Zone, the Enrollment Specialist will ask whether the LTSS Applicant is seeking admission to a nursing facility or

ICF/ORC. If the Applicant is seeking admission to a nursing facility or ICF/ORC, the Enrollment Specialist will not schedule an intake visit with the LTSS Applicant. The Enrollment Specialist will provide the LTSS Applicant information on how to seek assistance with the LTSS eligibility process from the local AAA or ADRC. The contact will be considered and documented in the selected Offeror(s) records as an inquiry for purposes of subsection i. above. If Applicant is unsure whether he or she wants to apply for HCBS or receive services in a nursing facility or ICF/ORC, the Enrollment Specialist must schedule the intake visit as specified in subsection iii. above.

Describe how you will track and handle initial intake of potential LTSS Applicants

Offeror Response

2. Intake Visit.

a. In-home. An Enrollment Broker must conduct the intake visit at the LTSS Applicant's current residence or the residence in which he or she will be receiving services. If an LTSS Applicant is currently hospitalized or resides in a nursing facility, the in-home visit may take place at that setting.

b. Application Packet. During the intake visit, the Enrollment must provide the LTSS Applicant with an Application Packet which includes the following:

i. A cover letter that explains the forms included in the Application Packet and identifies the forms that must be completed, signed and returned to the selected Offeror(s) to start the LTSS Application process.

ii. Application for Benefits (PA 600L) (not required if the LTSS Applicant is an MA Consumer on the LTSS Application Date).

iii. Authorization of Release of Information (PA4).

iv. Information about the Estate Recovery Program.

v. Citizenship Form.

vi. Notice of Privacy Practices, includes Acknowledgement Form.

vii. Notice informing the Applicant of assistance available to complete the Application, including information on the PCC role associated with the ADRC.

viii. A flow chart entitled "PA IEB Application Process for LTSS";

ix. Notice of Right to Timely Eligibility Determination; and

x. Any other informational material required by the Department.

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c. Intake Visit Tasks. In addition to providing the Application packet, the Enrollment Broker must complete the following tasks during the intake visit:

i. With an LTSS Applicant who is applying for the OBRA waiver or the Act 150 Program, complete a Needs Assessment on a form specified by the Department.

ii. With the LTSS Applicant, compile a list of the Applicant's chosen service providers and assist the Applicant to complete the Freedom of Choice form.

iii. With the LTSS Applicant, assist the Applicant to complete all required forms and documentation for the waiver or program to which he or she is applying.

iv. Notify the LTSS Applicant of his or her rights and responsibilities during the eligibility determination process and as an LTSS Participant, should he or she be determined eligible.

v. Notify the LTSS Applicant of his or her right to an appeal and provide written instructions on how to appeal.

vi. Provide the LTSS Applicant consent forms and related information about the Money Follows the Person initiative and procedures if the Applicant is transitioning from a nursing facility setting.

Offeror Response

3. LTSS Application Date.

a. If the potential LTSS Applicant is an MA Consumer, the date of the intake visit is the LTSS Application Date.

b. If the potential LTSS Applicant is not an MA Consumer, the Enrollment Broker will explain to the individual or his or her representative that, in order to begin the LTSS Application process, the individual or his or her representative must sign an LTSS Application form (PA 600L) and submit it to the IEB Program or submit an LTSS Application through the DHS COMPASS website.

i. If the individual or his or her representative signs the LTSS Application (PA 600L) during the intake visit, the individual is an LTSS Applicant and the LTSS Application Date is the date of the intake visit.

ii. If the individual or his or her representative does not sign the LTSS Application (PA 600L) during the intake visit, the Enrollment Broker must explain that the LTSS Application process will not start until the Application is signed and returned to the IEB Program or an LTSS Application is submitted through the DHS COMPASS website.

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iii. The LTSS Application Date will be the date that the selected Offeror(s) receives a signed LTSS Application (PA 600 L) from the LTSS Applicant or the date of the LTSS Applicant's COMPASS application, whichever date is earlier.

iv. If the potential LTSS Applicant does not return a signed PA 600L to the IEB Program or file an COMPASS application within thirty (30) days of the intake visit, the selected Offeror(s) must send a letter within three (3) business days to the potential LTSS Applicant informing the Applicant that unless a signed LTSS Application (PA 600L) is returned to the selected Offeror(s) or an LTSS Application is filed through the DHS COMPASS system, the Applicant's case will be closed. The letter should also inform the potential LTSS Applicant about the PCC available through an ADRC.

Offeror Response

4. **Coordination with Office of Developmental Programs (ODP).** If an LTSS Applicant is enrolled in an ODP-administered Waiver program or is identified in CIS with an MRx code, the selected Offeror must contact the ODP Service Coordinator within 3 business days of the LTSS Application Date to confirm the LTSS Applicant's interest in receiving LTSS through an OLTL-administered program operating in the selected Offeror's geographic region and must coordinate a transition date from the ODP waiver program to LTSS services to ensure no gap in services.

Offeror Response

5. **LTSS Eligibility Determination**.

a. Clinical Eligibility Determination.

i. **Physician Certification**. For each LTSS Applicant, the selected Offeror(s) will send a Physician Certification form to the LTSS Applicant's physician within one (1) business day of the LTSS Application Date, unless the LTSS Applicant decides to request the physician certification him/herself. The selected Offeror(s) will request that the physician complete and return a physician certification to the selected Offeror(s) with seven (7) business days. A completed copy of the physician certification must be obtained to complete the enrollment.

Describe your process to request Physician Certifications and to ensure they are tracked and received by the selected Offeror(s) in a timely manner and your process for managing incomplete and inaccurate Physician Certifications.

ii. **Level of Care Determination (LCD) Referral**. For each LTSS Applicant, the selected Offeror(s) must forward a referral to the IAE within one (1) business day of the Application Date requesting an LCD for the LTSS Applicant. The IAE will conduct the LCD within 10 days of receipt of the referral and submit

the results to the selected Offeror(s) within 2 business days of completion. The IAE will determine if the individual is NFCE, NFI or requires the level of care provided in an ICF/ORC. If the selected Offeror(s) does not receive the LCD within 15 calendar days of the referral date, on the tenth business day, the selected Offeror(s) must follow-up with the IAE to determine why the LCD is delayed. If the delay is the not the result of the Applicant's unavailability, the selected Offeror(s) must notify OLTL within one (1) business day.

Describe your process to ensure that LCDs are tracked and received by the selected Offeror(s) in a timely manner and your process for managing delays in receipt of the LCDs.

iii. Clinically Eligible.

(I) If the LTSS Applicant is determined NFCE and resides in a CHC Zone, the selected Offeror(s) will generate and transmit the 1768 Approval electronically to the CAO within one business day of receipt of the LCD so that the CAO can complete the financial eligibility process. The selected Offeror(s) will also confirm whether the LTSS Applicant has chosen to apply to enroll in a LIFE program or has made an advanced CHC-MCO plan selection. If the Applicant has not made a choice, the selected Offeror(s) will contact the Applicant or his or her representative within one business day of receipt of the LCD to provide choice counseling as specified in **Section III-21.A.3.d**.

(II) If the LTSS Applicant is determined NFCE and resides in a LTSS-FFS Zone, the selected Offeror(s) must review the Applicant for program eligibility as specified in subsection b. below, unless the Applicant has informed the selected Offeror(s) that he or she intends to enroll in a LIFE program. Refer to **Section III-21.C.7** for addition requirements relating to enrollment in LIFE.

(III) If the LTSS Applicant is determined to need the level of care provided in an ICF/ORC, the selected Offeror(s) will complete the OBRA Waiver enrollment process and transmit the 1768 Approval electronically to the CAO within one business day of receipt of the LCD so that the CAO can complete the financial eligibility process.

iv. Clinically Ineligible.

(I) If the LTSS Applicant is determined NFI and does not require ICF/ORC level of care, the selected Offeror(s) will send the LTSS Applicant a written Notice of Decision informing him or her that he or she is not clinically eligible for LTSS. The selected Offeror(s) will also transmit a 1768 Ineligible form electronically to the CAO. The Notice and the 1786 form must be sent within one (1) business day of the date the selected Offeror(s) receives the completed LCD.

DRAFT

(II) If there is a discrepancy between the results of an LTSS Applicant's LCD and his or her physician certification, the selected Offeror(s) will refer the case to OLTL for a determination of clinical eligibility by OLTL's Medical Director within one (1) business day of the date the selected Offeror(s) receives the completed LCD or the Physician Certification, whichever comes last.

(III) The selected Offeror(s) will contact an LTSS Applicant who is determined clinically ineligible within one (1) business day of the date the selected Offeror(s) receives the LCD to provide referral information on alternate service delivery systems designated by DHS. If Applicant agrees, the selected Offeror(s) will make a direct referral for any alternate services identified by either the Department or the Applicant. This referral may be communicated via email, fax or other electronic means. The selected Offeror(s) must have the capability to track and report on referrals that were made for the Applicant, including provider and date of referral.

Offeror Response

b. Program Eligibility – A CHC Participant who has been determined clinically and financially eligible for LTSS is not required to meet any additional program eligibility criteria to receive CHC LTSS. An LTSS Applicant must meet program eligibility criteria to receive services under LIFE, an OLTL HCBS Waiver program or the Act 150 Program. Refer to **Part I, Section I-2** for a link to the program eligibility criteria for these programs and to subsection 7 below for additional information relating to LIFE enrollments.

i. The selected Offeror(s) does not determine program eligibility for LIFE or MA nursing facility services in a LTSS FFS Zone or CHC-LTSS or LIFE in a CHC Zone.

ii. The selected Offeror(s) will review an LTSS Applicant's program eligibility for the OLTL HCBS Waiver programs and the Act 150 Program and make a recommendation to OLTL as to whether the LTSS Applicant meets program eligibility requirements for these programs. The selected Offeror(s) must transmit its recommendation to OLTL within three (3) business days of the date of the Applicant's completed LCD, or the date the selected Offeror(s) receives the Applicant's Physician Certification, whichever date comes last. After considering the selected Offeror(s)'s recommendation, OLTL will determine the LTSS Applicant's program eligibility.

(I) If OLTL determines that the LTSS Applicant meets program eligibility criteria, OLTL will send a written notification to the LTSS Applicant and inform the selected Offeror(s) to submit a completed Eligibility notification form (PA 1768 Approval) to the CAO within one (1) business day to complete the LTSS Applicant's financial eligibility

determination.

(II) If OLTL agrees that that the LTSS Applicant fails to meet program eligibility criteria, OLTL will send a written notice of to the LTSS Applicant that he or she does not meet program eligibility for LTSS and inform the selected Offeror(s) to submit a 1768 Ineligible form to the CAO and close the case.

Offeror Response

c. Additional Enrollment Activities for Nursing Facility Residents. The selected Offeror(s) must coordinate and cooperate with nursing facilities in providing enrollment assistance to nursing facility residents in connection with the LTSS eligibility process. At a minimum, the selected Offeror(s) must work with the nursing facilities in scheduling the in-home visit and facilitating level of care and financial eligibility determinations for their residents.

Offeror Response

d. Financial Eligibility Determination.

i. The selected Offeror(s) must forward a PA1768 Pending form to the CAO for every LTSS Applicant who is an MA Consumer no later than the 40th day from the LTSS Application date whether or not an LCD or Physician Certification has been received for the LTSS Applicant.

ii. The selected Offeror(s) must generate and submit the 1768 Approval or 1768 Ineligible form for LTSS Applicants to the CAO electronically on a daily basis.

iii. For 1768 Approvals, the CAO will complete a financial eligibility review to determine financial eligibility for MA LTSS. For 1768 Ineligibles, the CAO will complete a financial eligibility review to determine financial eligibility for MA. Notice of financial eligibility will be provided to the selected Offeror(s) through a daily PA 162 Commit file generated by DHS.

Offeror Response

e. Act 150 Program. If an LTSS Applicant is clinically eligible for LTSS but is financially ineligible for MA LTSS, the selected Offeror(s) will offer the Applicant the opportunity to apply for the Act 150 Program. If the Applicant applies for the Act 150 Program, the selected Offeror(s) will review and make a recommendation to OLTL on whether the Applicant meets program eligibility for the Act 150 Program. If OLTL determines that the Applicant is eligible for the Act 150 Program, OLTL will notify the selected Offeror(s) to complete the Applicant's enrollment in that Program.

Offeror Response

DRAFT

f. Ineligible Applicants. If an LTSS Applicant is determined ineligible for LTSS, the selected Offeror(s) will contact the LTSS Applicant within one (1) business day of the date the selected Offeror(s) is notified that the Applicant is ineligible to provide referral information on alternate service delivery systems designated by DHS. If the Applicant is ineligible because he or she is NFI or financially ineligible for MA LTSS, the selected Offeror(s) must refer the Applicant to the local AAA. If Applicant agrees, the selected Offeror(s) will make a direct referral to the AAA or for any alternate services identified by either the Department or the Applicant. This referral may be communicated via email, fax or other electronic means. The selected Offeror(s) must have the capability to track and report on referrals that were made for the Applicant, including provider and date of referral.

Offeror Response

6. Enrollment. After clinical, program and financial eligibility are determined, the selected Offeror(s) will complete the enrollment process for CHC LTSS and LTSS Participants, other than LIFE enrollees, as follows:

a. For CHC LTSS Participants, the selected Offeror(s) will follow the process specified in **Section III-21.B.3.b.**

b. For OLTL HCBS Waiver program and Act 150 Program Participants, the selected Offeror(s) will notify the Participant or his or her representative in writing of his or her enrollment into the program, the effective date of enrollment, and the name and telephone number of the Service Coordination Entity (SCE), the Participant Helpline number, and information on the MLTSS advisory committee. The selected Offeror(s) must enter all required enrollment information data into the appropriate DHS service planning information systems (HCSIS and SAMS). In addition the selected Offeror(s) must complete the following additional tasks to close out the enrollment process

i. The selected Offeror(s) must notify the SCE chosen by the Participant, in writing, via email if available, or regular mail.

ii. The selected Offeror(s) must transfer the Participant's file and all necessary documentation to the Participant's chosen SCE. A tracking cover sheet must be included with each transfer to SCE. When the electronic transfer to the SCE is complete, the hand off to the SCE will close out enrollment tasks for the selected Offeror(s). This action completes the enrollment.

Offeror Response

7. LIFE Program Enrollment.

a. The selected Offeror(s) must manage the enrollment process for the LIFE program in its geographic region. Referrals for LIFE enrollment may be obtained through the LIFE programs, AAAs, COMPASS, or as selections during choice counseling provided by the selected Offeror(s) during the LTSS Application process.

DRAFT

b. The selected Offeror(s) will be responsible for facilitating clinical and financial eligibility determinations, communicating with the LIFE programs for their in-home program eligibility determination and coordinating enrollment and disenrollment dates with the CAO to ensure compliance with LIFE Dating Rules.

c. The selected Offeror(s) is not required to conduct in-home visits to determine program eligibility for the LIFE program. The LIFE program conducts in-home visits to determine if the LIFE Applicants can be safely served in the community and notifies the selected Offeror(s) of its determination of the Applicants' program eligibility.

d. The selected Offeror(s) will coordinate plan transfers to and from the LIFE program into CHC-LTSS or HCBS waiver programs as determined by the placement county for the LTSS Participant.

e. If a Participant or LTSS Applicant applies to the selected Offeror(s) to enroll in a LIFE program, but the LIFE program is served by a different IEB Program, the selected Offeror(s) must transfer the Application to the responsible IEB within one (1) business day to complete the LIFE enrollment.

f. The selected Offeror(s) will report the following LIFE enrollment processing issues to OLTL, as determined from the daily eligibility file: an application for enrollment in a LIFE Program served by multiple IEB Programs; inaccurate disenrollments not initiated by selected Offeror(s).

g. The selected Offeror(s) will follow-up with the CAO on any LIFE enrollment that has not been processed by the CAO at least 5 business days prior to the end of the month. Follow-up should begin 5 business days before the end of the month and occur daily until financial eligibility is processed.

Offeror Response

8. Application Monitor Control.

a. The selected Offeror(s) must monitor and actively manage the status of applications through the eligibility and enrollment process to ensure each LTSS Application is adjudicated within the 90-day required timeframe.

Describe the approach you will use to manage the application process to ensure timely adjudications of applications and to identify applications that are delayed in the process and how delays will be address systematically to move the application forward in the process.

b. The 90-day application timeframe does not apply to LTSS Applications submitted by or on behalf of:

i. Individuals waiting for discharge from a facility, who will transition in less than 6 months;

DRAFT

ii. Individuals waiting for housing; and,

iii. Individuals aging out of children's services with six (6) months - (21st birthday).

If an LTSS application filed by an individual in any of the above circumstances cannot move forward in the process for over 180 calendar days, the selected Offeror(s) will notify the LTSS Applicant that his or application is closed.

Offeror Response

9. **Communication Touch Points**. At various points throughout the eligibility determination and enrollment process, the selected Offeror(s) will be responsible for 'touch points' with LTSS Applicants. The selected Offeror(s) must develop a strategy for communications with LTSS Applicants, and for tracking, disseminating and reporting of such communications, (i.e., electronic or automated notifications). At a minimum, the Offeror's communications strategy must be designed to achieve the following:

   a. Ensure that the Applicant is aware of his or her current application status;

   b. Provide the Applicant an opportunity to update information that is pertinent to the application process (i.e. changes in address, phone number or nursing facility admissions);

   c. Identify changes to the Applicant's desire or need of services.

   For Applicants transitioning from a nursing facility to a home or community setting, the selected Offeror(s) must communicate with the Applicant's Nursing Home Transition Coordinator at least every 30 calendar days from the date the Applicant is determined program eligible for Nursing Home Transition. If the Applicant does not have an assigned Nursing Home Transition Coordinator, the selected Offeror must communicate with the Applicant or his or her representative at least every 30 days beginning on the date the selected Offeror is notified of the Applicant's discharge plan.

   Describe your strategy to comply with these requirements.

   Offeror Response

10. **Special Needs Unit (SNU).**

    a. Establishment and maintenance of SNU. The selected Offeror(s) must develop, train, and maintain a SNU within its organizational structure to deal with issues relating to LTSS Applicants with Special Needs. The purpose of the SNU is to ensure that LTSS Applicants with special needs are able to receive all necessary enrollment assistance services and support with the LTSS eligibility process so that their LTSS Application is processed in a timely manner. The SNU must assist each LTSS Applicant with a special need with access to services and information relevant to his or her special condition or circumstance. The SNU must proactively identify and outreach

DRAFT

to LTSS Applicants with special needs to provide the services and information needed by the LTSS Applicants with special needs to address their condition or circumstance. The selected Offeror(s) must employ or execute agreements with experts in the treatment of Special Needs to provide consultation to the SNU staff as needed.

b. SNU Hotline. The selected Offeror(s) must establish and maintain a dedicated toll free direct dial access SNU hotline staffed by SNU staff members during normal business hours, Monday through Friday and in sufficient numbers that calls are answered in a timely manner, with no longer than a one minute wait time, or provision made to call the LTSS Applicant back within one hour following the initial call.

c. Identification of LTSS Applicants with Special Needs. An LTSS Applicant with Special Needs is based upon a non-categorical or generic definition of Special Needs. This definition includes but is not limited to key attributes of ongoing physical, developmental, emotional or behavioral conditions or life circumstance which may serve as a barrier to individual's access to care or services. Examples of LTSS Applicants with Special Needs include but are not limited to: individuals with LEP, or special communication needs due to sensory deficits; those with Physical and/or Intellectual/Developmental Disabilities, those with HIV/AIDS, those with significant behavioral challenges, or those requiring transportation assistance.

Factors considered in the determination of an LTSS Applicants with Special Need(s) include but are not limited to the following:

- Requires expedited processing of the application due to the involvement of APS or OAPSA Services
- Requires coordination of care and/or services between EPSDT and LTSS services.
- Require coordination of care and/or services between an acute inpatient setting and other facilities and HCBS providers;
- Require assistance in discharge planning from an inpatient or long term care setting to ensure the LTSS Applicant will receive services in the least restrictive environment possible.

d. Identifying and Addressing Immediate Need. At times, an LTSS Applicant may have an immediate need for services to address his or her own health and welfare or to prevent a future crisis which could result in admission to a hospital or nursing facility. For example, neglect or potential abuse in the home (an Adult or Older Adult Protective Services situation) may create an immediate need or place an Applicant at risk of a future crisis. The selected Offeror(s) must develop procedures for its staff to identify and refer individuals with immediate needs to the SNU and for the SNU to expedite the enrollment process for LTSS Applicants with immediate needs, in coordination with Protective Services and OLTL.

Describe your strategy to comply with these requirements.

Offeror Response

DRAFT

11. **Coordinate Nursing Home Transition/ Money Follows the Person**. The selected Offeror(s) will provide nursing facility residents interested in transitioning from their nursing facility placement to HCBS with information regarding the Money Follows the Person (MFP) initiative and what is required by CMS in order to qualify for MFP. The selected Offeror(s) will work with the residents' existing NHT Coordinator, if identified. If no Transition Coordinator is identified, the selected Offeror(s) will refer the residents to OLTL for assignment of a Transition Coordinator. The selected Offeror(s) will coordinate with the Transition Coordinator throughout the process, until the resident transitions into the community or until the transition plan is terminated.

    Offeror Response

12. **Waiting List.** The selected Offeror(s) must develop a strategy to track and contact LTSS Applicants placed on a potential waiting list for OLTL HCBS Waiver programs or the Act 150 Program. For OLTL's Waiting List Policy see the Statewide Waiting List Guidelines for Office of Long-Term Living Medicaid Waivers and the Act 150 Program Bulletin. In addition to tracking Applicants, the selected Offeror(s) must contact each Applicant on the waiting list every 90 calendar days to:

    a. Ensure Applicant contact information is current;

    b. Capture changes to Applicant status;

    c. Capture change in need for services;

    d. Confirm interest in service;

    e. Track and maintain current Applicant information; and,

    f. Coordinate completion of LCD Annually.

    Offeror Response

13. **Hearings and Appeals**. The selected Offeror(s) is responsible for developing a strategy to track appeals filed by LTSS Applicants and immediately notify OLTL of all appeals.

    For any appeal of the selected Offeror(s)'s program eligibility determination, the selected Offeror(s) shall prepare for and attend the hearing on behalf of the Department and provide any evidence deemed necessary to defend the appeal and support the selected Offeror(s)'s decision. The selected Offeror(s) shall inform the Department of any scheduled hearings and provide the Department with any requested information concerning the appeal, including the status of appeal determinations.

    For all other appeals, the selected Offeror(s) shall provide assistance during the appeals process if requested by the Department which may include, but might not be necessarily limited to preparing for and attending hearings, and providing any requested information to the Department.

DRAFT

Offeror Response

III-22. Grant Turnover. Turnover is defined as those activities that the selected Offeror(s) must perform at the end of the Grant or notification of termination, to transition grant service delivery to a successor Grantee or to Commonwealth resources. During the turnover period, the selected Offeror(s) will work cooperatively with any successor and the Department.

A. Turnover Requirements. The selected Offeror(s) must plan and manage the turnover in an orderly fashion to ensure that no disruption of services occurs. The selected Offeror(s) must:

1. Provide a Turnover Plan six (6) months prior to the end of the grant term or within thirty (30) calendar days after notification of termination.

2. Implement the approved Turnover Plan three (3) months prior to the end of the grant term or the date specified by the Department after notification of termination.

3. Maintain service delivery staffing levels during the turnover period with no reduction in staffing.

4. Not restrict or prevent the selected Offeror(s)'s staff from accepting employment or positions with the Department or with any successor. The Department will work with the selected Offeror(s) on the timing of any transition of its staff.

5. Provide to the Department or any successor, within 15 business days of the request, all updated scripts and other documentation and records required by the Department.

6. Respond in a reasonable time to all Department requests regarding turnover information.

7. Work closely with the Department to ensure that this turnover of responsibilities and the necessary knowledge transfer are completed by the end of the grant period.

8. Execute the approved Turnover Plan in cooperation with the successor's Implementation Plan, if any.

B. Turnover Plan. The turnover plan must include, at a minimum:

1. A description of staffing resources including skill sets and experience required to support a successful turnover. Identify a manager to manage and coordinate all turnover activities outlined in the Turnover Plan.

2. A turnover organizational chart.

3. An outline of key points and considerations, turnover success criteria, and the major tasks and subtasks the selected Offeror(s) believes are pertinent to ensuring a successful turnover with minimal impact to operations.

4. A plan and implementation schedule for sharing/transitioning responsibilities and operational support information to the Department or a successor. Prior to the end of the

DRAFT

turnover period, the responsibility for the Enrollment Center will be shared by the selected Offeror(s) staff and the successor staff during regular hours. The selected Offeror(s) will, in good faith, negotiate with a successor to coordinate the responsibilities or will provide space at the selected Offeror(s)'s current business address, including access to necessary equipment, records, and information.

5. An explanation of how the selected Offeror(s) will manage the turnover plan, accurately assess progress, and mitigate variances for a successful turnover.

6. Description of how the selected Offeror(s) will transfer all relevant data, materials, documentation, or other pertinent information to the Department or its designee in accordance with **Subsection** C below.

7. Provide for the transfer of correspondence, documentation of outstanding issues, and other service delivery support documentation.

8. Provide for the transfer of the IEB Toll-Free Telephone Number; URLs; PO Box.

C. Turnover Receivables. Turnover receivables will include instructions on total IEB Program processes, all finished and unfinished documents, data, software, studies, reports, or other materials prepared under the Grant that the selected Offeror(s) is required to turnover to the Department. Receivables will be packaged and will be labeled by content and divided into history which includes materials more than six (6) months old or less, and work in process. Receivables will be sent to the Department or a designated third party as specified by the Department in writing after the turnover period begins. The turnover receivables include, but are not limited to:

1. Communication/Outreach.

a. Outline of accomplishments in the communication area.

b. Comprehensive file of enrollment efforts including news releases, packets, MA Consumer brochures in English and other languages, time tables, mailings, mailing lists, original artwork and keys.

c. Comprehensive files of all recruitment and official communications sent to groups and mailings.

d. Literature developed over the course of the Grant and work in progress showing timetables and mailings for both. This includes but is not limited to:

i. Previously issued and in progress newsletter, artworks and keys.

ii. CHC Participant Consumer brochures.

iii. Enrollment packets

DRAFT

e. Outstanding projects and logistical information.

2. Administration.

a. Files of inquiries, complaints and resolutions.

b. List of all contractors, subcontractors or vendors utilized in the program by name, address, telephone number, and description how utilized.

c. All stored literature including background information.

d. Copies of completed financial audits.

3. The selected Offeror(s) will train Department staff and/or other designated third parties on current processes, program status, and problem areas. This includes, but is not limited to:

a. Enrollment/Disenrollment/Plan Transfer policies and procedures. Telephone systems use and how it works and pros and cons of this particular system.

b. Information systems including:

i. Databases and how they relate.

ii. How reports are generated.

iii. Creation of data.

iv. Transfer of all data files used in the IEB, in a readable format.

D. Turnover Results Reports. Following turnover of service delivery, the selected Offeror(s) must provide the Department with a Turnover Results Report documenting the completion and outcomes of each step of the Turnover Plan previously approved by the Department. Turnover will not be considered complete and final payment will not be made until the Turnover Results Report is received and approved by the Department.

E. Financial Responsibility during Turnover. The selected Offeror(s) will be financially responsible for maintaining operations and systems during Turnover. All costs relating to the transfer of materials and responsibilities will be paid by the selected Offeror(s). The Department or successor grantee will be financially responsible for the cost of modifying any existing operations or systems. Disputes between the selected Offeror(s) and the successor grantee regarding service authorizations will be resolved by the Department.

Offeror Response

III-23. Service Level Agreements. The Department has developed a set of minimum Service Level Agreements ("SLA"), defined below, which the selected Offeror(s) must meet, or exceed. Describe your ability to meet or exceed these minimum SLAs.

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A. Performance Measures SLA Assessments. The selected Offeror(s) will be required to submit reports to the Department which validates the performance measures specified in the tables below. Failure to meet the performance measures may result in an assessment by the Department. The Department may waive an assessment in its discretion**.**

B. Assessments. The Commonwealth, at its option, may deduct assessments from any money payable to the selected Offeror(s) or may bill the selected Offeror(s) as a separate item. The Commonwealth shall notify the selected Offeror(s) in writing of any assessments before the date the Commonwealth deducts such sums from money payable to the selected Offeror(s).

ENROLLMENT CENTER					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
All calls are answered by an enrollment specialist within 60 seconds.	100%	95%	Number of calls answered within 60 seconds/Total calls	2% of overall monthly invoice if any call answered over 60 seconds	Monthly
Blocked call rate (busy signal) is less than 1%	100%	99%	Number of blocked calls/Total call	1% of overall monthly invoice for every 1% of calls blocked.	
Calls are not abandoned before being answered by an enrollment specialist	100%	95%	Number of calls abandoned/Total calls	1% of overall monthly invoice for every 5% of calls abandoned. Corrective Action Plan also required if less than 95%	Monthly
Calls placed on hold are re-engaged in less than 2 minutes	100%	95%	Number of calls on hold more than 2 minutes/Total calls	1% of overall monthly invoice for every 5% of calls on hold beyond 2 minutes	Monthly
All referrals are responded to promptly and at least three attempts are made to contact each referral before closing the referral.	90%	80%	Number of referrals in which initial attempted contact is within two (2) business day/Total referrals received.	1% of overall monthly invoice if the initial attempt to contact referrals in two(2) business days occurs for less than 80% of all referrals. An additional 1% of overall monthly invoice for every 5% of referrals if the initial attempt to contact referrals does	Monthly

DRAFT

ENROLLMENT CENTER					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
				not occur in three (3) business days	
	100%	95%	Number of referrals in which three attempted contact made within five (5) business day/Total referrals received.	1% of overall monthly invoice for every 5% of referrals in which the three attempts to contact referrals does not occur in five (5) business days.	Monthly
	100%	100%	Number of referrals closed with less than 3 attempts made within five (5) business days.	$500 for each referral where 3 attempts to contact were not made before case closed.	Monthly

APPLICATION PROCESSING					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
If LTSS applicant has MA, PC and LCD requests are issued within one business day of Application Date.	100%	95%	Number of MA applicants for whom PC and LCD requests requested in one business day/Total number of applicants with MA	$500 for each referral where LCD & PC not requested within 1 business day	Monthly

DRAFT

ADVANCED PLAN SELECTION					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
All applicants select their CHC-MCO plan prior to enrollment.	90%	80%	Number enrolled/number enrolled with APS	3% of monthly invoice	Monthly

CORRECTIVE ACTION PLAN					
PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Corrective Action Plans are to be submitted within 10 days of the request by OLTL.	100%		Number of business days beyond the due date for submission of corrective action plan.	For each Corrective Action Plan, up to $500 per business day after due date.	Daily

QUALITY ASSURANCE					
Timeliness, completeness, and accuracy are measured by a statistically valid random sample review of referrals each quarter with requirements contained within the RFP. Information provided by the IEB is compared to HCSIS, SAMS, CIS, other documentation provided by the selected Offeror to confirm results.					
TIMELINESS PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Percentage of the sample that includes a delay in processing according to RFP requirements			Less than 1%	None	
			1.0 – 1.4 percent	$5,000	
			1.5 – 2.0 percent	$10,000	
			2.1 – 3.0 percent	$20,000	
			3.1 – 4.0 percent	$30,000	
			4.1 – 5.0 percent	$40,000	
			5.1 – 6.0 percent	$50,000	
			6.1 – 7.0 percent	$60,000	

DRAFT

QUALITY ASSURANCE					
Timeliness, completeness, and accuracy are measured by a statistically valid random sample review of referrals each quarter with requirements contained within the RFP. Information provided by the IEB is compared to HCSIS, SAMS, CIS, other documentation provided by the selected Offeror to confirm results.					
			7.1 – 8.0 percent	$70,000	
			8.1 – 9.0 percent	$80,000	
			9.1 – 10.0 percent	$90,000	
			10.1 percent and higher	$100,000	
COMPLETENESS PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Percentage of the sample that includes incomplete information according to RFP requirements			Less than 1%	None	
			1.0 – 1.4 percent	$5,000	
			1.5 – 2.0 percent	$10,000	
			2.1 – 3.0 percent	$20,000	
			3.1 – 4.0 percent	$30,000	
			4.1 – 5.0 percent	$40,000	
			5.1 – 6.0 percent	$50,000	
			6.1 – 7.0 percent	$60,000	
			7.1 – 8.0 percent	$70,000	
			8.1 – 9.0 percent	$80,000	
			9.1 – 10.0 percent	$90,000	
			10.1 percent and higher	$100,000	
			10.1 percent and higher	$100,000	

DRAFT

QUALITY ASSURANCE					
Timeliness, completeness, and accuracy are measured by a statistically valid random sample review of referrals each quarter with requirements contained within the RFP. Information provided by the IEB is compared to HCSIS, SAMS, CIS, other documentation provided by the selected Offeror to confirm results.					
ACCURACY PERFORMANCE STANDARD	**TARGET**	**MINIMUM ACCEPTABLE**	**MEASURE & VALIDATION METHOD**	**NONCOMPLIANT REMEDIAL ACTION**	**REPORTING FREQUENCY**
Percentage of the sample that includes an error			Less than 1%	None	
			1.0 – 1.4 percent	$5,000	
			1.5 – 2.0 percent	$10,000	
			2.1 – 3.0 percent	$20,000	
			3.1 – 4.0 percent	$30,000	
			4.1 – 5.0 percent	$40,000	
			5.1 – 6.0 percent	$50,000	
			6.1 – 7.0 percent	$60,000	
			7.1 – 8.0 percent	$70,000	
			8.1 – 9.0 percent	$80,000	
			9.1 – 10.0 percent	$90,000	
			10.1 percent and higher	$100,000	

III-24. Reports and Project Control. The selected Offeror(s) must establish and maintain a process to compile and submit Pennsylvania-specific operational, financial and systematic reports, samples, and documentation as specified in this Section. The reporting system must include, but not be limited to: enrollments, disenrollments, auto assignments, plan selections, plan transfers, call statistics, demographics, category/program status code groupings, and trends over time. The reporting system must be flexible enough to allow for ad hoc reporting.

Provide sample reports or report templates the Offeror recommends.

A. General Program Reporting Requirements. The selected Offeror(s) must submit reports electronically on a monthly, quarterly and ad hoc basis. The selected Offeror(s) must submit a final report at the end of the grant. The Department may require the selected Offeror(s) to submit

DRAFT

reports on a more frequent basis or as needed to address or clarify any standards not met or to provide data on any unforeseen obstacles that might be occurring.

B. Pennsylvania Specific Financial Reporting Requirements. The selected Offeror(s) must submit quarterly financial reports and financial statements that are specific to the Pennsylvania IEB in an electronic format approved by the Department, to be received by the Department no later than thirty (30) calendar days after the end of the quarter. Quarterly financial statements shall include Grantee Balance Sheet, Statement of Income and Expenses, and Cash Flow Statement. Upon request, the selected Offeror(s) must provide supporting documentation, related to information included in these reports.

Describe the Pennsylvania specific financial reports the Offeror will develop to assist in managing the enrollment process. These reports should include but not limited to a Balance Sheet, Statement of Income and Expenses and a Cash Flow Statement. Please include a description of policies and procedures which will be used to provide reliance on the PA specific statements, i.e. certified by CFO, audits, peer reviews or internal controls. Provide sample financial reports or report templates the Offeror recommends.

C. CHC Enrollment Summary Report. The selected Offeror(s) must submit a monthly enrollment report containing CHC data sorted by zone, county, CHC- MCO, gender, age and method of enrollment, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

D. CHC PCP Selection Summary Report. The selected Offeror(s) must submit a monthly PCP selection report containing HealthChoices data regarding PCP selection sorted by zone, county, CHC-MCO, gender, age and method of enrollment, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

E. Plan and Program Transfers. The selected Offeror(s) must submit a monthly plan and program transfer report containing data regarding transfers of CHC plans, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

F. Transfers by Reason. The selected Offeror(s) must submit a monthly reason code report containing data regarding transfer reasons in CHC, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

G. Contact Reason Report. The selected Offeror(s) must submit a monthly reason code report containing data regarding the most frequent reasons for consumer contact, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

H. LTSS Applicant Report. The selected Offeror(s) must submit a monthly enrollment report containing data regarding the total number of LTSS Applicants for whom enrollment was requested by category code, county, gender, and age, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

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I. Call Statistics Report. The selected Offeror(s) must submit a monthly statistical report containing data collected by ACD and IVR including calls received, answered, abandoned, outbound, blocked and transferred to the language line, as well average talk time, hold time, speed of answer, and voicemail messages, to be received by the Department no later than five (5) calendar days after the end of the month. This report will be used to measure the call centers performance indicators specified in **Section III-10, Service Level Agreements**.

J. Staffing Report. The selected Offeror(s) must provide any changes to staffing or contact information as they occur and as requested by the Department.

K. Outreach Report. The selected Offeror(s) must submit a monthly enrollment report containing data regarding public presentations and types of activities, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

L. Quality Assurance Reports. The selected Offeror(s) must submit the following Quality Assurance Reports:

1. A monthly report containing data regarding monitoring and training, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

2. A quarterly report, or a report for such other reporting period as may be specified by the Department, which includes documentation for a 1% statistically valid random sample of all LTSS applications and referrals of potential LTSS Applicants received by the selected Offeror(s) during the reporting period. The report must be received by the Department no later than fifteen (15) calendar days after the end of the reporting period. (For example, if the Department specifies that the selected Offeror(s) must provide a monthly report, the report must be received no later than 15 days from the last day of the month.) This documentation will include electronic copies of the initial application, MA51, Clinical Eligibility Determination, 1768 or Denial Notice, and/or 162, as well as all records of all communications with the LTSS Applicant. For HCBS applications, electronic copies of the CMI and Provider Choice forms will also be required. DHS must approve the selected Offeror(s)'s sampling methodology.

3. A quarterly report, or a report for such other reporting period as may be specified by the Department, which, the selected Offeror(s) must provide a 1% statistically valid random sample of all NFI Duals Participants assigned to the selected Offeror(s) during the reporting period. The report must be received by the Department no later than fifteen (15) calendar days after the end of the reporting period. This documentation will include electronic copies including the date of enrollment, the date of post-enrollment packet mailing, plan assignment, and communication records for Participants in the identified sample. DHS must approve the selected Offeror(s)'s sampling methodology.

4. On a quarterly basis, or within such other timeframe as may be specified by the Department, the selected Offeror(s) must select a random sample of recorded Enrollment Center calls, audit the calls, and provide DHS with a report of the audit results and the recorded calls.

DRAFT

M. Key Performance Indicators Report. The selected Offeror(s) must submit a monthly performance report containing data regarding project's key performance indicators for voluntary choice rate and voluntary PCP selection rate, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

N. Monthly Dashboard. The selected Offeror(s) must submit a monthly dashboard report containing monthly and annual data of call statistics, performance indicators, enrollment and transfer transactions by method and Managed Care Organization, to be received by the Department no later than fifteen (15) calendar days after the end of the month.

O. Complaint Report. The selected Offeror(s) must submit a weekly complaint report containing data regarding complaints submitted by consumers, to be received by the Department by Wednesday of the following week.

P. Fraud and Abuse Report. The selected Offeror(s) must submit a quarterly statistical and narrative report to the Department which relate to its fraud and abuse detection and sanctioning activities, as well as an annual update in the aggregate.

Q. Ad-Hoc Reports. The selected Offeror(s) must provide Ad-hoc Reports as requested by the Department. An ad-hoc report must be submitted within ten (10) business days or within such time period as specified by the Department.

R. Daily Case Report. The selected Offeror(s) must submit a daily report each business day of all cases in process from referral through the determination and enrollment process. The following data elements are required on this report: COMPASS Case ID, First Name, Last Name, Date of Birth, SSN, Address, Resident County, Case Number, Application Status, Application Status Date, Enrollment Status, Enrollment Status Date, Aging in Current Status, Medicaid Enrolled Indicator, MA ID, PA600 Received Date, Application Start Date, PC Eligibility, PC Length Care, LCD Eligibility. LCD Length Care, Aging in Days, Delayed Enrollment, Program.

S. Monthly Case Report. The selected Offeror(s) must submit a monthly report within 5 business days from the last day of the month of all cases in process during that month identifying status of cases, number of cases closed within 60 and 90 days, and explanations of any cases not closed within 90 days. The following data elements are required on this report: COMPASS Case ID, First Name, Last Name, Case Number, SSN, County, Medicaid Enrolled Indicator, MA ID, PA600 Received Date, Application Start Date, Disposition, Last Updated Status Date, Enrollment Status, Enrollment Status Date, PC Length Care, PC Eligibility, PC Date Received, LCD Eligibility, LCD Date Received, Program, Delayed Enrollment, Notice of Determination Date, Aging Days, Aging Days Since Enrollment Status, In Home Visit First Contact, In Home Visit Date, In Home Visit Status, Reason for Delay in In Home Visit, Reason for Delay in Application Processing.

T. CMS Performance Measure Reporting. The selected Offeror(s) must generate a monthly report for CMS Performance Measures with following measures:

DRAFT

1. Average Speed of Call Answer
2. Total Enrollment Specialist and Enrollment Brokers in place during enrollment period
3. Number of Referrals contacted within 1 business day
4. Number of Referrals
5. Percentage of Referrals contacted within 1 business day
6. Number of applicants with NFCE/Long term needs identified that were provided an intake visit within 30 days from the application start date.
7. Number of LTSS Applicants eligible for an in home visit who requested an exception to the 7-day timeframe identified in **Section III-21.C.5.b.ii**.
8. Number of LTSS Applicants who completed an in home visit during the reporting period.
9. Percentage of LTSS Applicants eligible for In-Home Visit that were completed in the reporting period
10. Number of LTSS Applicants Documentation transferred to the SC/SCE within 2 days
11. Number of LTSS Applicants Documentation transferred to the SC/SCE within 3 days
12. Total Number of LTSS Applicants documentation transferred
13. Percentage of LTSS Applicant documentation transferred within 2 days
14. Percentage of LTSS Applicant documentation transferred within 3 days
15. Number of surveys completed during reporting period
16. The percent of affirmative responses to the following questions:
    a. Did (name of staff member) give you a document that explains your right and responsibilities?
    b. Did (name of staff member) offer you a choice of supports coordination agencies?
    c. Did (name of staff member) provide information about waiver program eligibility and enrollment?
    d. Did (name of staff member) provide you with a copy of your signed document at the end of the home visit?
    e. Average percentage of affirmative answers to the above questions.

Offeror Response

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III-25. Monitoring Grant Performance.

A. General. The Department will monitor the selected Offeror(s)'s performance to determine if the selected Offeror(s) consistently and uniformly meets the requirements of the Grant. The selected Offeror(s) must cooperate with the Department's monitoring of the selected Offeror(s)'s performance.

B. Monitoring Methods. The Department will use various methods to monitor performance on an ongoing basis through various methods including, but not limited to:

1. Review and approval of all deliverables;
2. Review of activities to ensure application of the protocols;
3. Review of all reports required by the Agreement;
4. Review of the selected Offeror(s)'s compliance with CHC waiver and Grant commitments;
5. Evaluations by authorized state, federal, and private agencies, and follow-up to ensure corrective action;
6. Follow-up on MA Consumer, Participant and LTSS Applicant complaints.

C. Monitoring Capabilities. The selected Offeror(s) must provide for monitoring capabilities by OLTL in OLTL's office and on-site at the selected Offeror(s)'s Enrollment Center and field offices. The Department must be able to monitor the Enrollment Center calls using automated call distribution (ACD) software capabilities. In addition to being able to monitor calls in real time and by recording at the selector offer's location and remotely at the Department's offices, using a computer monitor, the Department must be able to track Enrollment Specialists logged onto the CHC Hotline, the number of calls in queue, how long calls have been waiting, abandonment times, and other real-time information. The Department should also have the ability to access historical ACD reporting including but not limited to number of Enrollment Specialists logged into the CHC Hotline, average speed of answer, percent of calls answered in 60 seconds, average wait time, abandonment times, percent of calls on hold and not re-engaged within two minutes, and busy rates. If possible, the Department should be able to track all this information using PCs and have ACD report printing capabilities.

D. Corrective Action Plan.

1. Submission. The selected Offeror(s) will prepare and submit a corrective action plan for any observation or finding contained in a notice of deficiency issued by the Department, to be received by the Department within ten (10) business days of notification of the deficiency.
2. Content. The corrective action plan must include, but is not limited to:
3. Brief description of the findings.
4. Specific steps the selected Offeror(s) will take to correct the situation or reasons why it believes corrective action is not necessary.

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5. Name(s) and title(s) of responsible staff person(s).

6. Timetable for performance of the corrective action steps.

7. Monitoring that will be performed to ensure that corrective action steps were implemented.

8. Signature of the Pennsylvania Program Manager or a senior executive.

E. Implementation. The selected Offeror(s) must implement the corrective action plan within the timeframe agreed to by the parties for that particular corrective action plan. Failure to implement a corrective action plan, in the manner agreed to, may result in further action by the Department. In the event the Department determines the deficiency to be a serious non-compliance with the selected Offeror(s)'s obligations under the grant, the Department may find the selected Offeror(s) in default.

F. Self-Monitoring. The selected Offeror(s) will monitor staff members' and subcontractors' levels of performance on an ongoing basis and report results to the Department at least quarterly.

Offeror Response

III-26. Objections and Additions to Standard Contract Terms and Conditions. The Offeror will identify which, if any, of the terms and conditions (contained in **Part VI**) it would like to negotiate and what additional terms and conditions the Offeror would like to add to the standard grant terms and conditions. The Offeror's failure to make a submission under this paragraph will result in its waiving its right to do so later, but DHS may consider late objections and requests for additions if to do so, in DHS's sole discretion, would be in the best interest of the Commonwealth. DHS may, in its sole discretion, accept or reject any requested changes to the standard grant terms and conditions. The Offeror shall not request changes to the other provisions of the RFP, nor shall the Offeror request to completely substitute its own terms and conditions for **Part VI**. All terms and conditions must appear in one integrated grant. DHS will not accept references to the Offeror's, or any other, online guides or online terms and conditions contained in any proposal.

Regardless of any objections set out in its proposal, the Offeror must submit its proposal, including the cost proposal, on the basis of the terms and conditions set out in **Part VI**. DHS will reject any proposal that is conditioned on the negotiation of the terms and conditions set out in **Part VI or to other provisions of the RFP as specifically identified above**.

Offeror Response

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