

**LOUISIANA LTSS ACCESS CONTRACTOR
PROPOSAL SUBMISSION AND EVALUATION REQUIREMENTS
320 PUR-DHHRFP-ACCESS-FY16-OAAS OAAS**

PROPOSER NAME:

THE PROPOSER MUST COMPLETE THIS FORM AND SUBMIT IT WITH THE PROPOSAL.

In responding to this RFP, the Proposer should adhere to the specifications outlined in Section 9 of the RFP. The proposal should address all requirements listed in this appendix and should provide, in sequence, the information and documentation as required.

The Proposer should complete only the first column of this form to provide an index referencing the location of your response to each item listed (page and section number). This completed form should be included as Appendix A of your proposal. The DHH Proposal Review Team will review the proposer's response to the RFP as outlined in this evaluation tool. The review team will be comprised of state employees. The review, including but not limited to, an assessment of the compliance with specifications and provisions of the RFP, the quality, feasibility, and reasonableness of the proposal, will be the basis for the scoring of the proposal.

Any contract resulting from this RFP process shall incorporate by reference the respective proposal responses to all items as a part of said Contract (Refer to Section 12.12 of RFP).

NOTICE: The department reserves the right to conduct its own research and/or consult with contracted subject matter experts in order to verify and assess the information presented.

All Mandatory Requirements listed here must be included in the proposal. The DHH Division of Contracts and Procurement Support will review the proposal to determine if the Mandatory Requirement Items (below) are submitted and complete and mark each with included or not included.

Page # of Response in Proposal	<p style="text-align: center;">PART I</p> <p style="text-align: center;">MANDATORY REQUIREMENTS</p> <p style="text-align: center;">Any proposal submitted without all mandatory requirements will be disqualified from the evaluation process immediately.</p>	Included	Not Included	Score
	1. Provide the Proposal Certification Statement (Appendix A) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. The Proposer must sign the Proposal Certification Statement without exception or qualification.			NA
	2. Provide a statement signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract guaranteeing that there will be no conflict or violation of the Ethics Code if the Proposer is awarded a contract. Ethics issues are interpreted by the Louisiana Board of Ethics. (See Section 9.4 of the RFP.)			NA

POINT SYSTEM: Each question will be evaluated using a point system that rates each question from 0-3. The proposer must achieve a minimum threshold by which a reviewer can clearly determine that the proposer has met the requirements of the RFP to be scored above a zero. Then a determination is made as to how complete or successful the response (1 or 2 or 3) is.

The points awarded for each question will be multiplied by the weights indicated on the form to arrive at the score for the question.

When responding to questions regarding your experience and/or practices in other states or under other contracts, include supporting data when available. Failure to do so will be considered in scoring.

Page # of Response in Proposal		Page Limit	Weight	Weight X 3 = max possible score	Score
	PART II Corporate Experience				
	<p>3. Describe your experience in managing long term care access services. Include how long you have been performing services required by this RFP, the contract location(s), populations served, number of participants, and contract scope (e.g., call center operations, telephonic screening for eligibility, assessments for program eligibility, care plan development and monitoring, and appeals).</p>	3	2	6	
	<p>4. Provide a listing of all of your organization’s contracts for long term supports access services within the last five (5) years (including your parent organization, affiliates, and subsidiaries); or</p> <p>If your organization has not had any contracts for long term supports access services within the last five (5) years, identify the Proposer’s ten (10) largest (as measured by number of participants served) contracts for other populations within the last five (5) years.</p> <p>The listing of contracts should be complete in the table format provided in Appendix F. For each contract identified, provide each of the following items as a column in the table: the trade name, a brief description of the scope of work, (including whether the Proposer was responsible for the provision of long term support services, etc.), the duration of the contract, the contact name, email and phone number for the contract monitor, the number of participants and the population types, and the role of major subcontractors, if any.</p> <p>DHH/OAAS may contact references and monitors for additional information that will be used in evaluating this proposal.</p>	See Appendix F	2	6	

Page # of Response in Proposal	PART II (Continued from Previous Page) Corporate Experience	Page Limit	Weight	Weight X 3 = max possible score	Score
	<p>5. For any of your organization's contracts listed in response to Question 4, has the other contracting party notified the Proposer that it has found your organization to be non-compliant with and/or in breach of the terms of your contract? If yes: (1) provide a description of the events concerning the non-compliance and/or breach, specifically addressing the issue of whether or not it was due to factors beyond the Proposer's control. (2) Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed. (3) Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage) (4) was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation?</p> <p>Include your organization's parent organization, affiliates, and subsidiaries in this response.</p>	Unlimited	2	6	
	<p>6. Identify whether your organization has had any contract listed in response to Question 4 terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client; and</p> <p>If the contract was terminated/non-renewed, based on your organization's performance, describe any action taken to prevent any future occurrence of the problem leading to the termination/non-renewal.</p> <p>Include your organization's parent organization, affiliates, and subsidiaries in this response.</p>	Unlimited	3	9	

Page # of Response in Proposal	PART II (Continued from Previous Page) Corporate Experience	Page Limit	Weight	Weight X 3 = max possible score	Score
	<p>7. Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid contracts.</p> <p>Include your organization's parent organization, affiliates, and subsidiaries in your response to this question.</p>	Unlimited	3	9	
	<p>8. State whether or not your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses.</p>	45	3	9	
		Total Possible Score for Part II		45	Score

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Page # of Response in Proposal	PART III Organizational Structure	Page Limit	Weight	Weight X 3 = max possible score	Score
	9. Describe your organization’s number of employees and location of offices. Submit an organizational chart (marked as Chart A of your response) showing the structure and lines of responsibility and authority in your company. Include your organization’s parent organization, affiliates, and subsidiaries that will support this contract. Include the structure of your organization’s LTSS access operations, including how it relates to the broader organization.	5	2	6	
	10. Provide a narrative description of the proposed project team, its participants, and organizational structure along with an organization chart for this contract (marked as Chart B) including but not limited to positions in Sections 5.1 and 5.2 of the RFP and executive management positions. Indicate the FTE for each position / role dedicated to this contract. Indicate which positions will be located in Louisiana.	4			
	11. Provide resumes for any identified staff or if no one has been identified, outline qualifications for key personnel. Include resumes for any relevant subcontractor staff. Resumes should include experience with proposer; previous experience in projects of similar scope and size; and educational background, certifications, licenses, special skills, etc.	Unlimited	3	9	

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Page # of Response in Proposal	PART III (Continued from Previous Page) Organizational Structure	Page Limit	Weight	Weight X 3 = max possible score	Score
NA	12. Provide the following information:	NA			
	a. A description of the relationship between your corporate headquarters and your state level operations. Discuss how corporate involvement, resources and oversight will help to assure successful implementation and operation in Louisiana. Give examples from other contracts.	3			
	b. A statement of whether you intend to use major subcontractors (as defined in the RFP Glossary), and if so, provide the names and mailing addresses of the subcontractors and a description of the scope and portions of the work for each major subcontractor. Specify whether the subcontractor is currently providing services for you in other states and where the subcontractor is located.	Unlimited except that Scope of Work for Subcontractors is one (1) page each	3	9	
	c. Clear identification, if known, of subcontractor personnel. Provide the same information requested for the proposer's personnel.	Unlimited			
	d. A description how you intend to monitor and evaluate subcontractor's performance.	2			
	e. Identification of any legal or contractual compliance issues which may have occurred in other states related to any subcontractors your organization has used.	6			
		Total Possible Score for Part III		24	Score

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Page # of Response in Proposal	PART IV Call Center Operations	Page Limit	Weight	Weight X 3 = max possible score	Score
	13. Where will your call center be located?	1	2	6	
	14. Describe your organization's experience in operating call centers. Include a description of all services offered in each call center. Cite specific contracts under which these services were provided. Provide the annual call volume each call center handled. Describe how this experience will help form your work in Louisiana and state what you might do differently for this contract.	4	2	6	
	15. Describe in detail your experience in providing information and referral services and access to long term supports and services. What strategies would you use to formulate this work in Louisiana?	6	2	6	
	16. Describe your experience in fulfilling the requirements of the National Voter Registration Act.	2	1	3	
	17. Describe the measures you have used in other contracts to assure the quality of your call center operations. Include any lessons learned and how you would adapt those to operations of a call center in Louisiana.	4	2	6	
		Total Possible Score for Part IV		27	Score

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Page # of Response in Proposal	PART V Telephonic Screening for Functional Eligibility	Page Limit	Weight	Weight X 3 = max possible score	Score
	18. Describe your experience performing telephonic program screening. Specify if the screening was related to determining non-financial program eligibility. Cite specific contracts referenced for this answer. Indicate the annual volume of telephonic screening performed.	4	2	6	
	19. Describe your organization's experience in use of an eligibility tool for functional eligibility screening. Include a description of the tool(s) used and the criteria used for screening. Cite specific contracts under which these services were provided. Describe how this experience will help form your work in Louisiana and state what you might do differently for this contract.	4	3	9	
	20. Describe the measures you have used in other contracts to assure quality operations with telephonic screening of requestors of long term supports and services. Describe any sampling methods you used and the training you have provided to the staff performing telephonic screening. Include the training methods, the frequency training was conducted, and any other pertinent details.	3	3	9	
		Total Possible Score for Part V		24	Score

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Page # of Response in Proposal	PART VI Perform Face-to-Face Assessments for Program Eligibility and Service Planning	Page Limit	Weight	Weight X 3 = max possible score	Score
	21. Describe your organization's experience in conducting face to face assessments for the populations you served. Cite specific contracts under which these services were provided. Provide the annual volume of face to face assessments your organization performed. Describe how this experience will equip you for work in Louisiana and state what you might do differently for this contract.	5	3	9	
	22. Describe your approach in maintaining the timeliness of face to face assessments for those persons in special situations, such as those who are protective service clients and those who are in nursing facilities at the time the request for services is made. How successful were you in maintenance of timeliness for these assessments? Cite specific contracts in which these measures were used. How would you modify your processes for Louisiana?	4	2	6	
	23. Describe your experience in the use of the Minimum Data Set for Home Care, v.2 (MDS-HC). Include how you used the tool, and for what purpose(s). Cite specific contracts in which you used the MDS-HC v.2. How would you adapt your assessment processes to fulfill the requirements of this contract? If your company has no experience with the MDS-HC, state what tool(s) you used to determine program eligibility and service planning and describe your assessment process. How you would adapt those processes in Louisiana?	5	3	9	
	24. Describe your experience with determinations of functional eligibility for long term care programs. Specify under which contracts you performed these determinations. How will you adapt your functions to meet the requirements of this contract?	5	3	9	
	25. Describe the measures you have used in other contracts to assure quality operations with performance of face to face assessments and the determination of program eligibility. Describe any sampling methods you used and the training you provided to the staff performing face to face assessments. Include the training methods, the frequency training was conducted, and other pertinent details.	5	3	9	
		Total Possible Score for Part VI		42	Score

Page # of Response in Proposal	PART VII Perform care planning	Page Limit	Weight	Weight X 3 = max possible score	Score
(FFS ONLY)	26. Describe your organization's experience in development of plans of care for individuals using community-based long term supports and services. Cite specific contracts under which care planning was provided. Specify if this experience was with the elderly and/or individuals with adult onset disabilities. Describe how this experience will help form your work in Louisiana and state what you might do differently for this contract.	4	3	9	
(FFS ONLY)	27. Provide a detailed description of the structure of the care plans developed during other contracts. Include the focus of the care plans and the methods of information gathering which were used in addition to the assessment tool. Cite the specific contracts under which these methods were used.	4	2	6	
(FFS ONLY)	28. Describe the measures you have used in other contracts to assure quality operations with care planning for the populations you served. Indicate any sampling measures you used to audit your staff's performance with care planning. Also describe the training you provided to the staff performing this function. Include the training methods, the frequency training was conducted, and other pertinent details.	4	3	9	
		Total Possible Score for Part VII		24	Score

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Page # of Response in Proposal	<p align="center">PART VIII</p> <p align="center">Monitoring of Care Plan</p>	Page Limit	Weight	Weight X 3 = max possible score	Score
(FFS ONLY)	<p>29. Describe your organization’s experience in monitoring service delivery to individuals receiving long term supports and services. Include a description of the methods you used to complete this function and your success with it. Include the frequency which you contacted individuals receiving service and the specific information sought during these contacts. Cite specific contracts under which these services were provided. Describe how this experience will help form your work in Louisiana and state what you might do differently for this contract.</p>	4	3	9	
(FFS ONLY)	<p>30. What was your approach when it was determined that an individual was not receiving the services as required by the plan of care? Indicate the steps taken to remedy the situation. How would you adapt your processes to meet those required by this contract?</p>	3	2	6	
(FFS ONLY)	<p>31. Describe the measures you have used in other contracts to assure quality operations with participant and service monitoring for the populations you served. Indicate any sampling measures you used to audit your staff’s performance with participant and service monitoring. Also describe the training you provided to the staff performing this function. Include the training methods, the frequency training was conducted, and other pertinent details.</p>	4	3	9	
		Total Possible Score for Part VIII		24	Score

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Page # of Response in Proposal	PART IX Appeals	Page Limit	Weight	Weight X 3 = max possible score	Score
	32. Describe your organization's experience in preparing for and conducting appeals for participants who fail to meet program requirements. State the annual volume of appeals handles and the percentage of appeal decisions that were upheld. Include a description of the entire process from the receipt of notice of the appeal through the actual appeal hearing and issuance of any required notifications thereafter. Cite specific contracts under which these services were provided. Describe how you will adapt this experience to Louisiana.	4	3	9	
	33. What measures have you used in other contracts to assure quality operations in appeals functions? If sampling of cases was used, indicate the sampling methods you used in the audit process. Cite specific contracts under which these measures were used for appeals quality assurance.	3	3	9	
		Total Possible Score for Part IX		18	Score

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Page # of Response in Proposal	<p style="text-align: center;">PART X</p> <p style="text-align: center;">Integrated Software Systems</p>	Page Limit	Weight	Weight X 3 = max possible score	Score
	<p>34. Provide an overview of all integrated software systems used in the operations of a call center, telephonic screening of applicants, assessment and care planning for participants and for appeal processing. Include a description of the integrated functions related to the generation of required notices to participants.</p>	Unlimited	2	6	
		Total Possible Score for Part X		6	Score

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Page # of Response in Proposal	PART XI Example Scenarios	Page Limit	Weight	Weight X 3 = max possible score	Score
NA	<p>35. The following are examples describing potential or existing participants. Describe the processes you would implement for each participant. Use each scope of work as you address each of the elements listed here. That is, indicate your actions using a fee-for-service model, and also those for a managed care service delivery model.</p> <p>Address each of the following elements:</p> <ul style="list-style-type: none"> • referral to community resources; • required information to be disseminated during an initial call; • telephonic level of care screening; • comprehensive assessment; • evaluation of the quality and accuracy of the assessment; • development and maintenance of the plan of care; (FFS Only) • monitoring of the plan of care regarding accuracy, quality, and needed services; (FFS only) • maintenance of the participant’s demographic information in data systems; • resolution of conflict and crisis situations. 	NA	NA	NA	NA
	<p>35a. <u>Example 1</u></p> <p>Mike is a 50 year old substance user who is diagnosed with bi-polar disorder. He is Medicaid eligible. He lost his apartment several months ago and was living on the street. Six (6) months ago he was found unconscious by local police, taken to the emergency room and admitted to the hospital with pneumonia and delirium. He was discharged from the hospital to a nursing facility for post-hospital stay, but he remains in the nursing facility at this time. The nursing facility case manager phones the call center and requests assistance for this individual.</p>	3	2	6	
	<p>35b. <u>Example 2</u></p> <p>Joe is a 32 year old who was injured in a motor vehicle accident three (3) years ago. He lost the use of his legs and uses a wheelchair. He has become increasingly weak in the past 6 months and is now having difficulty with wheelchair mobility. He lives alone in his own home. He has no issues with cognition. He has no family in the area. Joe calls the call center and requests services to enable him to maintain independence in the community.</p>	3	2	6	

Page # of Response in Proposal	PART XI (Continued from Previous Page) Example Scenarios	Page Limit	Weight	Weight X 3 = max possible score	Score
	<p>35c. <u>Example 3</u></p> <p>Paula is a 77 year old with diabetes and heart problems. She was recently diagnosed with early stage dementia. She applied for HCBS waiver services and meets nursing facility level of care but is on the waiting list. She lives at home with her daughter, who works full-time outside the home, and two (2) teenage grandchildren in a small home that is in need of repairs. Paula's daughter calls the call center and requests assistance for her mother.</p>	3	2	6	
	<p>35d. <u>Example 4</u></p> <p>Susan is a 66 year old LTPCS participant who has been receiving LTPCS services for 6 months. She lives alone. Your staff participant phones her at the time designated for the monthly phone follow-up to ascertain if LTPCS services are being delivered on a regular basis. Susan tells your staff participant that her worker has not reported for work for the last three (3) days, and Susan suspects the worker of having stolen some cash from her wallet.</p>	3	2	6	
	<p>35e. <u>Example 5</u></p> <p>Mike is a 55 year old LTPCS participant who has been receiving LTPCS services for two (2) years. Mike calls the call center and reports that he is moving in with his son who lives in a neighboring town.</p>	3	2	6	
		Total Possible Score for Part XI		30	Score

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Page # of Response in Proposal	<p style="text-align: center;">PART XII</p> <p style="text-align: center;">Contract Transitions</p>	Page Limit	Weight	Weight X 3 = max possible score	Score
NA	As noted in questions 36 and 37, describe in detail transitions that you have participated in, as either incoming or outgoing contractor. Cite specific contracts and specify whether you were the incoming or outgoing contractor.	NA	NA		
	<p>36. <u>As an incoming contractor, include the following:</u></p> <ul style="list-style-type: none"> • Strategies used to absorb the workload which was handled by an outgoing contractor • How you handled training staff and preparing them with resources needed to fully operate under a new contract • Specify whether a call center was required in the transition process. Include detail on how you initiated the call center operations and whether it was fully functional at the begin date of the new contract. • How would you adapt these processes to Louisiana? 	5	3	9	
	<p>37. <u>As an outgoing contractor, include the following:</u></p> <ul style="list-style-type: none"> • Strategies used to allow the oncoming contractor access to workloads during transition • How you accomplished data transfer to the oncoming contractor • If you coordinated with the oncoming contractor's staff in training, state what methods were used and when the training process began relative to the go-live date of the oncoming contract. • How would you adapt the transition processes to Louisiana? 	5	2	6	
		Total Possible Score for Part XII		15	Score

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Page # of Response in Proposal	PART XIII Cost	Page Limit	Maximum Possible Score	
	<p>38. Using Appendix G, provide your cost for the provision of the services delineated in this RFP.</p> <p>All administrative costs shall be stated as monthly costs, including:</p> <ul style="list-style-type: none"> • Call center operations <ul style="list-style-type: none"> ○ Information and Referral ○ Level of Care Screening and Eligibility Determination • Appeals • Quality Management • General administrative expenses not included in the categories above <p>Costs for assessments, plans of care and participant case monitoring shall be stated as per unit costs.</p>	Unlimited	117 See RFP Section 9.19 for details of point calculation	
				Score

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Page # of Response in Proposal	<p style="text-align: center;">PART XIV</p> <p style="text-align: center;">Veteran and Hudson Initiatives</p>	Page Limit	Maximum Possible Score	
	<p>39. If applicable, provide documentation that the proposer (including parent organization, affiliates, and subsidiaries) and/or its subcontractor has been certified by the Louisiana Department of Economic Development as a:</p> <ul style="list-style-type: none"> • Veteran-Owned and, • Service- Connected Disabled Veteran-Owned small entrepreneurship (LaVet), or • Louisiana Initiative for Small Entrepreneurships (Hudson Initiative). <p>If a proposer is not a certified small entrepreneurship as described herein, but plans to use certified small entrepreneurship(s), proposer shall include in their proposal the names of their certified Veteran Initiative or Hudson Initiative small entrepreneurship subcontractor(s), a description of the work each will perform, and the dollar value of each subcontract.</p> <p>Scoring:</p> <ol style="list-style-type: none"> 1. If the proposer is itself a certified LaVet or Hudson Initiative small entrepreneurship, award 47 points. 2. If the proposer is not a certified small entrepreneurship, but has engaged one (1) or more certified small entrepreneurships to participate as subcontractors or distributors, award points based on the following criteria: <ul style="list-style-type: none"> • The number of certified small entrepreneurships to be utilized; • The experience and qualifications of the certified small entrepreneurship(s); and • The anticipated earnings to accrue to the certified small entrepreneurship(s). 3. If neither 1 nor 2 is applicable, award zero points. 	Unlimited	47	
				Score

Page # of Response in Proposal	PART XV Financial Requirements	Page Limit	Max possible score	
	<p>The organization's financial solvency will be evaluated. The proposer's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered.</p> <p>Proposal should include for each of the last three (3) years, copies of financial statements, preferably audited, including at least a balance sheet and profit and loss statement, or other appropriate documentation which would demonstrate to the Department the proposer's financial resources sufficient to conduct the project.</p>	Unlimited	25	
				Score

Total Score for Proposal (maximum is 468)	
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