

RFP# 305PUR-DHHRFP-WACS-MVA
DATA COLLECTION, MAINTENANCE, AND MODIFICATION AND OTHER RELATED SERVICES
NECESSARY FOR THE OPERATION OF MEDICAID HOME AND COMMUNITY BASED SERVICES AND
SERVICES FOR TARGET POPULATIONS
WAIVER ASSISTANCE AND COMPLIANCE SECTION
BUREAU OF HEALTH SERVICES FINANCING
DEPARTMENT OF HEALTH AND HOSPITALS
PROPOSAL DUE DATE/TIME: February 6, 2012 4:00 PM CST
QUESTIONS AND ANSWERS

1. Transition Plan, Page 31 - Will Transition Costs be reimbursed separately or included within the proposal?

The proposer must include all anticipated costs of successful implementation of all deliverables outlined in the RFP. A cost template was provided as Attachment V. The cost template has been revised and is posted as an addendum to this RFP on the LaPAC website (<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/pubmain.asp>) and DHH website (<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>).

2. Project Consultation, Page 28 - Can contractor personnel attend required meetings through teleconference?

It is possible the contractor can attend some meetings via teleconference; however, face-to-face meetings shall be necessary throughout the implementation and duration of this project. The Contractor shall seek and obtain prior DHH approval for participation by teleconference.

3. Onsite Technical Support, Page 28 - The RFP states that onsite technical support will be limited. Can the agency elaborate if approved on-site technical support will be reimbursed separately?

Onsite technical support costs should be included in the "technical support" column in the cost template, Attachment V.

4. 11.a, Page 45 - Implementation Costs are not clearly defined as reimbursed costs. Please specify if implementation is to be reimbursed and if so, specify the format for including the costs in the Cost and Pricing Analysis section.

Please see the response to question 1.

5. 11.a, Page 45 - The RFP requests an item by item breakdown of costs but the breakdown contents is not specified. Can a specific list of requested cost elements be provided along with a presentation format for the Cost and Pricing Analysis section?

Please see the response to question 1.

6. Attachment V, Page 58 - Training is outlined in detail but the Cost Template does not include a section for the costs incurred in completing the function. Can the agency provide guidance and a presentation format for the submission of Training costs?

Please see response to question 1.

7. Request a three week extension. There is insufficient data provided in the RFP to fully understand the scope and size of the project.

The DHH intends to continue with the current schedule of events and will notify proposers if the deadline for receipt of written proposals is extended. Any changes to the RFP or schedule of events will be posted on the LaPAC and DHH websites.

8. Who is currently providing the services outlined in the RFP (utilization management, care plan oversight, provider monitoring, etc).

Statistical Resources, Inc. serves as the current contractor for this contract.

9. Who is the new MMIS vendor?

CNSI, Inc. has received the notice of intent to award the MMIS contract from the Office of State Purchasing.

10. Page 11 - What is the current number of individuals on the waiver waiting list? When is the last time each recipient was evaluated? What is the current methodology used to triage and set priorities for those awaiting waiver services? What is the average wait time on the list? Is it the states intent that the vendor assess individuals prior to placing them on the waiting list? If so, what method is preferred (face-to-face assessment or paper review)?

There are approximately 36,000 individuals currently on the waiver waiting list for various programs. The registry dates as of 12/23/11 are as follows:

NOW – 8/18/2004

Children's Choice – 1/31/2005

Supports Waiver – 10/31/2011

ADHC – 5/15/11

Community Choices -3/10/08

There is reserved capacity/priority groups established for each waiver programs. The successful proposer will not evaluate or assess individuals prior to placing them on the waiting list, as this function is currently performed by a point of entry contractor or regional office, depending on the program.

11. Page 12 - Please provide number of recipients in each waiver. Number of recipients on the waiver that have NOT utilized services in > 6 months.

As of 12/23/11, the number of recipients in each waiver is as follows:

NOW – 8,129

Children's Choice – 1,315

Supports Waiver – 1,760

ROW – 27

ADHC – 714

Community Choices 4,405

The number of recipients on the waiver that have not utilized services in more than 6 months is not readily available and not relevant to the scope of this RFP.

12. Client Linkage, Page 13 - "When the contractor links an individual to a support coordination agency..." Please define "links".

Links is defined as the contractor providing a prior authorization to the support coordination agency for a recipient who chooses to receive services from said agency.

13. Client Linkage, Page 13 - Please provide a list of all services offered on each of the waivers and the span of approval time allowed (1 year, 6 months, once??). Please provide volumes associated with the prior authorization, care plan approval, and all other specific tasks.

Volumes for prior authorizations are included in Attachment 2. Care plan approval is not a function of this contract and therefore data is not readily available. Please see the response to question 10 and 11 for recipient data.

The waiver fact sheets, which contain information regarding the specific service package for each waiver, may be accessed through the following links:

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2267>

<http://new.dhh.louisiana.gov/index.cfm/page/121/n/127>

Participants' plans of care are typically approved for a plan of care year, with prior authorizations issued for the entire plan year in weekly, quarterly, or annual increments depending on this service.

14. Page 14 - What information is available now regarding each recipient's history of use, claims, etc? Will the vendor be required to enter in historical information on each recipient? If so, exactly what information will need to be entered?

Utilization data is not readily available. The contractor will not be required to enter historical information on each recipient.

15. Page 15 - "To be responsive to emergency requests for prior authorization in extenuation circumstances". What is the annual volume of emergency requests? What is the criteria used to determine if a request meets the "emergency" circumstances.

On average, there are 7-8 emergency requests per week for immediate issuance of prior authorization. Emergency requests for prior authorizations are determined by the DHH on an individual basis.

16. Page 16 - are the support coordinators required to use a standard care plan format? If so, please provide a copy of this form.

Plans of care vary across waivers. The NOW and Children's Choice Waiver plan of care can be found at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1564>. The Community Choices and ADHC Waiver plan of care can be found at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2267>.

17. Page 17 - "...and applicable scoring,..." What is the current scoring system and which recipients would be utilizing a "scoring system"?

The scoring system refers to the assessment score which identifies participants' level of service need. Currently, NOW and Community Choices Waiver recipients are assessed by support coordinators. The score is denoted on the approved plan of care, which is forwarded to the contractor. The contractor ensures the waiver cap/service limits are not exceeded for recipients based on the score indicated in the plan.

18. Page 19 - Is it the State's expectation that the vendor will encourage support coordination? If a recipient does not utilize a support coordinator, how do they access services?

The contractor is not expected to encourage support coordination. All waiver participants utilize support coordination services.

19. Page 11 - What is the current compliment of IT staff (FTE) supporting the separate inter-related systems?

There are currently two FTE IT staff.

20. Paragraph 2-7, Page 11 - Are the routines to match data against other databases and for identifying duplicate records already operational or must they be written by the successful bidder?

Yes, these routines are operational; however, the successful proposer must have the ability to continue the same type of data matches that are currently performed.

21. Page 14 - The section describing the C-LINK system describes its current functions. There is a paragraph at the bottom of page 14 that starts "This system must be able to interface with the Online Tracking Incident System (OTIS) and with OAAS' Online Participant Tracking System (OPTS)". Does this statement imply that the application does not currently interface with the referenced systems? If not, is the successful bidder responsible for those interface development tasks?

This application currently interfaces with the referenced systems; however the successful proposer must have the ability to continue the same type of interfaces that are currently active or required by the Department.

22. Page 15 - Language in the CMIS section also contains language that may imply desired functionality is not currently available. ("This system must also contain reports, based on information provided by the contractor and support coordinator, ") Does the functionality exist or will the successful bidder be required to develop and implement it?

Yes, these reports currently exist; however, the successful proposer must have the ability to continue providing this information.

23. Paragraph 1, Page 23 -What types of reports will be allowed to be permanently incorporated into the LAWRRIS system as required by this section? SQL Queries? Others?

It is unclear what this question refers to.

24. Page 27 - What is the current monthly call volume (#) being processed by the Technical Support Helpdesk?

Annualized call volume (based on actual counts from the last 3 months) includes 4,600 incoming user calls for user software support. Annualized call volume (based on actual counts from the last 3 months) includes 25,500 incoming calls regarding PAs, RFSR, and CPOCs.

25. Page 10 - Will the contractor need to use only the systems and applications currently in use by the various departments?

It is anticipated that the contractor will only need to use the systems/applications that are currently in use.

26. Page 10 - Will the contractor need to provide and price for new hardware. Software, web servers etc? or only provide maintenance to the systems currently in use?

The current contractor owns the web servers and has a SAS, Visual FoxPro, SQL, and VB.NET license. The successful proposer must obtain servers and software necessary for the completion of duties specified in this RFP.

27. Page 10 - The contractor is required to: Track individuals offered the My Place Louisiana (Money Follows the Person) program and notify the fiscal intermediary of individuals entering the Children's Choice Waiver, NOW, ROW, Community Choices Waiver, and other programs as determined by the Department. Will these services require prior authorization by the contractor? And if not, how will the contractor be notified of individuals participating in these programs?

The contractor will be notified by the respective program office via email. All approved services require prior authorization.

28. Page 11 - What role will the chosen vendor play in the June 2012 Verification System roll-out?

The successful proposer will integrate current systems with the Visit Verification System.

29. Page 11 - Will the chosen vendor be the primary resource for ensuring system inter-operability with the new MMIS vendor?

Yes, the successful proposer will be the primary resource for ensuring inter-operability with the MMIS.

30. Page 11 - It's understood that the chosen vendor will be required to enter relevant registry and prior authorization information directly into MMIS. Will the vendor also be able to document data in their own systems as long as that information is available to the appropriate parties?

Yes, the successful proposer will be able to also document data in its own systems.

31. Page 11 - Other than reducing the number of specified data bases, do you envision that the new MMIs will impact processes described in this RFP?

No, DHH does not envision such an impact at this time.

32. Page 12 - A critical component is to track Chisholm members. Will the chosen vendor be required to administer all requirements to members in this program – such as the satisfaction surveys?

All requirements specified in the RFP are expected to be performed by the contractor. The RFP has been revised, however, to remove the requirement for the contractor to conduct a satisfaction survey. This revision has been posted as an addendum to this RFP on the LaPAC website (<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/pubmain.asp>) and DHH website (<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>).

33. Page 14 - This section identifies many system requirements; will the chosen vendor have the "freedom" to modify systems as required (with prior approval) if enhancements are identified that will increase data integrity and efficiencies?

Yes, DHH may allow some modification upon request under such circumstances.

34. Page 13-17 - Does all stated functionality currently exist in the various systems or will some programming by the selected vendor be required?

All stated functionality currently exists; however, some programming may be required for program updates.

35. Page 13 - Who is responsible for submitting the plan of care? And how is that submitted?

The support coordinator and/or regional office, depending on the waiver program, are expected to submit the plan of care to the contractor via email, fax, or mail.

36. Page 14 - Is there specific criteria to be used to approve the plan of care?

The contractor will not approve the plan of care.

37. Page 19 - How do providers submit their requests? Is it a paper/fax process or electronic?

Please see response to question 35.

38. Page 19 - Are providers notified of prior authorization determinations electronically or in hard copy written notifications? Are the notifications auto-generated by the existing systems when the determination is entered into the system?

Support coordinators are notified of prior authorizations via electronic notice through the CMIS system, mailed hard copy, and scanned email (for OAAS support coordinators only at this time). Service providers who use the LAST system receive electronic notice through said system. Other service providers (such as environmental modification providers) who do not use the LAST system receive prior authorizations via mail.

39. Page 19 - Is there specific criteria to be used for approvals?

The contractor prior authorizes services if the waiver caps and service limits are not exceeded. The contractor ensures the provider and participant identification numbers and service units are correct.

40. Page 19 - Do the existing systems currently allow for all functionality identified in this section or will the chosen vendor be required to track/report some of the data from their own systems?

Yes, all existing systems currently allow this functionality; however, the successful proposer will be required to ensure functionality is maintained.

41. Page 19 - Are there any reconsideration or appeal rights associated with denials?

The contractor does not deny services; rather the contractor may reject a plan of care for missing or incomplete information (missing/incorrect recipient or provider number, incorrect service units requested).

42. Page 20 - What system and what is the process for immediately voiding payments?

The CMIS or LAST system is used to void prior authorizations. If the prior authorization has not started, then it is voided. If the prior authorization has started, then it is ended on the date indicated by DHH.

43. Page 21 - Is there specific criteria in which to approve or deny the plan of care?

The contractor will not deny the plans of care; however a plan of care may be returned to the support coordination agency for correction (missing/incorrect recipient or provider number, incorrect service units requested).

44. Page 21 - The chosen vendor is required conduct an ongoing review of requirements, reports, complaint resolution and plans of corrective action. Does a data base currently exist to track these areas?

Yes, if the plan of care is not accepted, then the contractor will denote the reason in the LCSIS system. This section has been revised in the RFP and posted as an addendum to this RFP on the LaPAC website (<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/pubmain.asp>) and DHH website (<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>).

45. Page 23 - What are the applications and systems available for statistical analysis?

All systems are available for statistical analysis.

46. Page 26 - The chosen vendor must: Make available quarterly training for up to two (2) participants per support coordination and service provider agency and/or DHH state or regional staff to ensure agencies have access to training as staff changes occur and as new agencies are enrolled to provide services. At least one (1) participant per provider/agency must have hands-on access to a computer. Can you estimate the number of potential participants per training?

It is estimated that the successful proposer will provide onsite training as new support coordination agencies enroll (average of 4 per year), training via conference call for specific issues with support coordination agencies (average of 5 per year), and a onsite training class for providers every 3 weeks which is limited to 12 individuals (2 per agency) per class. This section of the RFP has been revised to remove the word "quarterly."

47. Page 28 - The contractor is required to maintain a user manual for each application; will the contractor have access to existing manuals?

Yes, the user manuals will be made available to the successful proposer upon notification of contract award.

48. Page 32 - This states the "contractor's systems", does this refer to the all the (5) systems listed previously in this solicitation?

Yes, it refers to all systems listed in the RFP.

49. Page 58-59 - Will the state provide proposers five years of historical activity volumes for each of the services identified in the cost template matrix?

All readily available historical activity data is included in Attachment 1 and 2.

50. Page 11-17 - How long has each system - RFSR/Waiting List, C-Link, CMIS, LAST and LAWRISS – been in production? In what form is source code available for each system and how current is the available source code relative to builds in production?

Initial Production release dates are as follows:

CLINK initially released Jan '99

CMIS initially released March '99

LAST initially released Feb '01

RFSR initially released Nov '00

LAWRRIS initially released May '03

LSCIS initially released July '07

The source code is currently available electronically for all systems in whatever programming language it was developed.

51. Page 11 -17 - Is the incumbent required and held accountable to provide all server and administrator passwords for existing systems as well as all user file-level passwords to the new vendor?

Yes

52. Page 10 -17, Where are the servers for each of the five systems and databases physically presently housed? Will the vendor physically maintain these servers or is the vendor expected to provide new equipment to which all databases and systems will be migrated?

All systems and databases are physically housed at the current contractor's office in Baton Rouge. The servers are owned by the current contractor; therefore the successful proposer will be responsible for new equipment to which all databases and systems will be migrated.

53. Page 10 - Aside from (a) maintenance of the code base for each of the five systems and (b) MS Windows and Office, what other software is the vendor expected to provide and what are the target implementation dates for any such vendor-supplied software?

Please see response to question 26. The successful proposer will be expected to provide any necessary software needed for the successful implementation of this project within 30 days of notification of contract award.

54. Page 11 - What is the anticipated go-live date for the "new MMIS replacement system"?

This system is expected to go-live in 2015.

55. Page 10 - Is the scope of this contract materially different from the scope of the incumbent's contract, except as to the new MMIS replacement system?
- No. However, proposals and the resulting contract will relate only to this RFP and not the current contract with SRI.
56. Page 23-26 -Which of the reports listed on these pages are currently in existence and which must the vendor develop?
- All reports are currently in existence. The successful proposer will be responsible for the continued creation of these reports.
57. Page 28-29 - Do all required system manuals and user manuals currently exist in editable electronic formats?
- Yes
58. Who is the incumbent vendor for the contract?
- Please see response to question 8.
59. Was is estimated value of this contract? If there is an incumbent contract, was is its value?
- The value of the contract awarded from this RFP will be determined by the proposals received. The maximum contract amount of the incumbent's contract is \$764,368 for the time period 9/1/11 – 2/29/12.
60. Section II.B.2.a.v, Page 18 - Currently, all participants in the NFP program are referred to NFP Support Coordination Agencies. Will the new contractor serve as the point of entry for referrals?
- No, the contractor will not serve as the point of entry for referrals; participants will continue to be referred to NFP support coordinators.
61. Section II.B.2.a.e, Page 18 - Must RFSR requestors currently served in another targeted case management population or waiver be contacted by the contractor?
- Yes, the contractor should attempt to contact requestors on the ADHC registry for whom returned mail has been received using the same process described for the Community Choices Waiver.
62. Section II.B.2.3.k, Page 20 -Will the contractor be held accountable for any authorization if the state office or regional program office approved a plan of care that exceeds the waiver or service limit?
- Yes, the contractor will be held accountable for any authorization that exceeds the waiver cap or service limit, unless an appropriate override has been granted by the state office.
63. Section II.B.3.p, Page 21 - FOR EPSDT what follow up is required? Will agencies be sanctioned if they fail to respond to the contractor's requests?

The contractor will follow up with support coordination agencies via email regarding plans of care that contain missing or incorrect information. The Health Standards Section will determine if agencies will be sanctioned after the survey process. The contractor will inform the DHH Legal and Health Standards Section of any known patterns of deficiencies.

64. Section II.B.4.a, Page 21 - How are the Plans of Care and assessment information submitted to the contractor? What is the assessment information that is to be reviewed? (Currently, formal information documents are received for all initial CPOCs and randomly sampled on annual CPOCs selected for monitoring.) Will the assessment information be required with all CPOCs? Are service logs and quarterly reviews to be reviewed to determine if all needs are addressed?

Plan of care and assessment information is submitted to the contractor electronically via LSCIS. The assessment information to be reviewed includes formal documents (such as Individual Education Plans) for all initial recipients and 10% of non-initial recipients. The assessment information should be included for all CPOCs. In addition, the service logs and quarterly reviews must be reviewed by the contractor to determine if the plan of care addresses the recipient's needs.

65. Section II.B.4.c, Page 22 - What will the review of additional documents entail? Which documents will be reviewed?

This section of the RFP has been revised to remove this requirement and has been posted as an addendum to this RFP on the LaPAC website (<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/pubmain.asp>) and DHH website (<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>).

66. Section II.B.4.d, Page 22 - What is the contractor's timeline if an agency does not submit a report by the 5th day of the month following the end of the quarter?

The contractor must incorporate data received after the timeline within 5 business days of receipt of said data. This section of the RFP has been revised to add this timeline and has been posted as an addendum to this RFP on the LaPAC website (<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/pubmain.asp>) and DHH website (<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>).

67. Section II.B.4.e, Page 22 - What is the source of the complaints and plans of corrective action? How are they generated or obtained? Will the contractor be responsible for following up on corrective action plans submitted by agencies to the Health Standards Section?

Any complaints received by the contractor must be forwarded to the Health Standards Section for investigation and resolution. The contractor will not be responsible for following up on corrective action plan submitted by agencies to the Health Standards Section.

68. Section II.B.4.i, Page 22 - Does this require a review of the records available to the contractor only or will the agencies need to be contacted to request additional documentation? Will this include any follow up on HSS monitoring?

Yes, this requires a review of the records available to the contractor only. This does not include follow-up on HSS monitoring.

69. Section II.B.4.m, Page 22 - EPSDT program

Currently Support Coordination agencies design, distribute and compile client satisfaction surveys and HSS follows up during monitoring. Will the contractor now be responsible for these tasks?

No, this requirement has been removed from the RFP.

70. Section II.B.4.o, Page 22 - EPSDT program

What are the sanctions to be imposed? Who will develop these? Will HSS continue to sanction Support Coordination Agencies?

HSS will continue to impose and develop sanctions for Support Coordination Agencies. The contractor will not impose sanctions.

71. Section II.B.6.d, Page 26 - Training

Is the Old's programming training to be included in the NFP programmatic training? What is to be covered in the NFP training? Will the NFP agencies be required to attend?

The contractor is not expected to provide programmatic training to NFP agencies. This requirement has been removed from the RFP.

72. Section II.B.16, Page 29 - File Storage

How long must closed files be maintained prior to destruction of the files?

Closed files must be maintained for 5 years, unless involved in litigation, in which case they must be maintained pending resolution of the litigation.

73. Attachment V Cost Template

On the lines for HIV case management, the bidder cannot quote a monthly amount for prior authorization.

The cost template has been revised for this purpose and has been posted as an addendum to this RFP on the LaPAC website

(<http://wwwprd.doa.louisiana.gov/OSP/LaPAC/pubmain.asp>) and DHH website (<http://new.dhh.louisiana.gov/index.cfm/newsroom/category/47>).

74. Louisiana Support Coordination System for EPSDT (LSCIS)

Will the contractor be expected to maintain the current LSCIS system for EPSDT support coordination?

Yes

75. Acceptance of Community Choices Waiver and ADHC Waiver Plans of Care

Currently, OAAS regional offices do not review Community Choices and ADHC Waiver Plans of Care. Will this practice continue? If so, will other Offices / target populations move to this model?

Yes, this practice will continue. It is anticipated that this practice will be implemented in the NOW, Children's Choice, ROW, and Supports Waiver. It is anticipated that it could be implemented in the Children's Choice Waiver as early as 4/1/12 and the other named populations as early as 7/1/12.

WAIVER REGISTRY COUNTS							
		ADHC	EDA	EDA replaced values 01/11/11	NOW	NOW UNDER 19	SUPPORTS
DATE							
12/31/2002		198	4,096		11,802		N/A
12/31/2003		298	7,560		12,724		N/A
12/31/2004		392	9,287		13,789		N/A
12/31/2005		522	10,793		14,768		N/A
6/30/2006					15,919	6,341	N/A
8/11/2006		783	7,419				
12/31/2006		758	7,847		16,007		1,497
4/27/2007		503	8,706				
6/30/2007					13,361	5,311	1,114
9/29/2007			8,517				
12/31/2007		350	7,019	7,534	11,932		468
3/25/2008		692	8,638		11,400		173
6/30/2008					11,041	4,938	73
6/30/2008					9,816		
6/30/2008		88	10,001				
9/25/2008					9,618		
9/30/2008		473	8,537		9,671		31
10/31/2008		275	8,158				
11/30/2008		551	9,287		9,228	4,360	45
12/31/2008		701	9,677	13,716	9,453	4,446	101
3/31/2009					9,478	4,712	315
4/13/2009					9,550	4,728	
4/20/2009		437	11,192				
6/30/2009		559	12,858		9,287	4,761	474
6/30/2009		853	16,984				
8/20/2009					9,322	4,780	351
9/30/2009		1,199	11,997		9,263	4,775	96
10/31/2009		1,148	12,333		9,483	4,849	178
12/31/2009		1,258	12,905	17,099	9,440	4,941	14
2/24/2010		1,458	17,114		9,456	5,001	94
2/28/2010		1,440	17,033		9,357	4,967	96
3/31/2010		1,595	17,170		9,372	5,024	164
4/30/2010		1,590	17,597		9,389	5,063	221
5/31/2010		1,504	18,357		9,272	4,992	267
6/30/2010		1,439	18,718		9,453	5,104	223
7/31/2010		1,591	19,039		9,608	5,174	109
8/31/2010		1,479	19,471		9,669	5,208	20
9/30/2010		1,115	19,537		9,838	5,264	86
10/31/2010		1,170	19,499		9,979	5,309	81
11/12/2010		1,046	19,358		9,916	5,310	123
11/30/2010		877	19,038		9,837	5,267	30
12/31/2010		725	19,309		10,011	5,343	69
1/11/2011		666	19,156				

SERVICE PROVIDER PAs

TARGET POPULATION		Last year		Last 5 years
		1/1/11-12/31/11		1/1/07-12/31/11
		PAs Issued and/or Revised		PAs Issued
		PAs Issued		
ADHC	since July 2007 only	2,827	5,141	9,901
Children's Choice		5,075	7,569	21,970
LT-PCS	since March 2009 only	19,833	31,392	89,517
NOW		72,403	134,483	363,412
Community Choices	since Oct 2011 only	9,285	20,197	9,285
ROW	since July 2010 only	140	341	218
Supports		2,638	3,363	14,482

SUPPORT COORDINATOR PAs

TARGET POPULATION		Last year		Last 5 years
		1/1/11-12/31/11		1/1/07-12/31/11
		PAs Issued or Revised		PAs Issued
		PAs Issued		
ADHC	since July 2007 only	1,638	2,420	5,291
Children's Choice		2,385	2,546	10,261
EPSDT		1,673	2,590	8,454
Nurse Family Partnership		1,504	2072	5,449
HIV	since March 2009 only	765	954	3,946
NOW		17,297	25,585	73,872
Community Choices	since Oct 2011 only	5,972	6,439	5,972
ROW	since July 2010 only	57	77	82
Supports		3,559	4,292	17,989

Registry

Registry - # of additions to registry in 2011

ADHC – 2,824

Community Choices – 11,093

NOW – 2,023

Supports - 721

Statistical Analyses

About .75 FTE for ongoing reports and regular requests

About .5 FTE for additional data programming, data manipulation, loading data on DHH servers, and data base management