

WAIVER ASSISTANCE & COMPLIANCE SECTION
BUREAU OF HEALTH SERVICES FINANCING
DEPARTMENT OF HEALTH AND HOSPITALS
Revisions to RFP

RFP # 305PUR-DHHRFP-WACS-MVA

Proposal Due Date/Time: February 6, 2012 4:00 PM CST

2. Request for Service Registries (RFSR)

Request for Service Registries (RFSR) provide a systematic process for offering services based on the criteria for the specific waiver population. The Contractor selected shall:

- a) Maintain the Request for Services Registries for the identified populations to collect and store relevant data such as demographic information, request dates, freedom of choice forms for waiver versus institutionalization, requested services, offers for waiver slots, identification regarding which eligibility documents were used for meeting program criteria and applicable scoring, all contacts with requestors, and record reasons for closures.
 - i. The Developmental Disability (DD) Request for Service Registry (RFSR) will contain all data for the DD population including but not limited to the NOW, Children's Choice, and EPSDT targeted population. Data for each of these populations must be maintained separately within the RFSR. Individuals on this RFSR who are residing in ICFs/DD must be indicated as such in this system. Additionally, the DD RFSR must indicate slots reserved for Supports and Service Centers, the Developmental Neuropsychology Program, the Office of Children's Services, and NOW emergency.
 - ii. **The Supports Waiver RFSR will contain all slot data pertaining to the Supports Waiver.**
 - iii. **The Residential Options Waiver (ROW) RFSR will contain all slot data pertaining to the ROW.**

- iv. Adult Day Health Care (ADHC) RFSR will contain all slot data pertaining to the ADHC.
 - v. Community Choices Waiver RFSR will contain all slot data for the Community Choices Waiver.
 - vi. Data for any additional waivers/targeted populations will be developed and maintained as approved by the CMS and as prescribed by the appropriate operating agency.
 - vii. Participants in the Nurse Family Partnership program will be referred to the Contractor from multiple entities, which will begin the linkage process.
- b) Add requestors to the appropriate RFSR. Data from the Single Point of Entry Contractor will be seeded by the contractor into the ADHC and Community Choices registries electronically using the current data interface developed with the SPOE. Data for the DD population will be manually entered by the contractor based on the substantiating paperwork provided by OCDD.
 - c) Notify individuals via mail of their addition to the RFSR and provide them with confirmation of their official request date, applicable program fact sheet, rights and responsibilities form, and other applicable information relative to their participation in the waiver/targeted population.
 - d) Receive and respond to calls from individuals regarding the letter/packet that was provided, answer questions regarding services/registry, and refer other questions to the appropriate program office.
 - e) Contact all requestors on the RFSR at least annually (**unless the request was received within a year from the date of the validation**) to confirm they are still interested in HCBS waiver services.
 - i. For the Community Choices Waiver **and** ADHC RFSR, the Contractor will attempt to locate requestors for whom returned mail has been received. At a minimum, the Contractor will attempt a mailing to all known addresses in the registry for the requestor as well as to the address on file in MMIS, should the individual be Medicaid eligible. Thereafter, the Contractor will attempt to call the phone numbers on file and/or attempt a new address via several “reverse lookup” websites. All attempts will be documented.
 - ii. For the NOW and Supports RFSR, the Contractor will return the names for whom returned mail has been received to OCDD. The Contractor will not take any additional action regarding these requestors unless OCDD provides a new address, in which case the Contractor will send a second validation or offer. If OCDD cannot locate any new information for the requestor and determines the case should be closed, the Contractor will be notified by OCDD and will send a closure notice to the requestor and then close the record. The Contractor will not search other avenues to locate a new address for a DD waiver requestor.

- n) Track services which were authorized over the identified program service limits for each participant.
- o) Collect and aggregate identified data from all providers regarding participants and services reported as delivered for reporting purposes as identified by the Department.
- p) Track all plans of care returned to support coordination agencies and regional offices for incomplete or incorrect information. For the EPSDT program, the Contractor will follow-up with support coordination agencies to obtain the required data within programmatic timelines.
- q) Track the personnel limits based on ratio of support coordinators to participants and supervisors to support coordinators, as required by the operating agency.
- r) Collect and report support coordinator and direct service worker information, including period of employment and participants served by each individual worker.
- s) Develop and provide the Department with reports which track all programmatic timelines for each waiver and targeted population and agency.
- t) Respond to questions from providers as they relate to the issuance of prior/post authorizations and provide billing assistance for error code 190 denials.
- u) Provide the freedom of choice form to participants requesting to change support coordination agencies. Participants may change support coordination agencies every six (6) months or for good cause. If a participant requests a change, a new freedom of choice form is required to begin the linkage process.
- v) Ensure revisions to participants' plans of care are maintained in the system. The average number of revisions per participant plan of care year is two (2).
- w) Ensure revisions to the prior/post authorizations units are submitted to the MMIS and appropriate provider and operating agency.

4. EPSDT and Nurse Family Partnership

The Contractor shall undertake the programmatic responsibility for EPSDT and the Nurse Family Partnership programs. The Contractor will review and approve/disapprove plans of care for the Nurse Family Partnership and EPSDT support coordination services. DHH shall be responsible for monitoring, technical assistance, regular meetings, guidance, approve all program/process changes, letters, provider notices and oversight of the contract.

For the EPSDT program, the Contractor shall:

- a) Review and approve all initial and annual plans of care. Support coordinators will submit initial plan of care to the Contractor within 35 calendar days of receipt of referral and annual plans of care 35 calendar days prior to the annual date of expiration. The Contractor will review each plan of care packet (including **service logs and quarterly reviews** ~~assessment information~~) to determine if all needs

are addressed. **The assessment information to be reviewed includes formal documents for all initial recipients and 10% of non-initial recipients.** The Contractor shall review and issue a decision on each plan of care packet within ten (10) working days of receipt of the plan. The Contractor will return the plan to the support coordinator if additional information is required or if the plan is not approvable.

- b) Approve/disapprove support coordination services only.
- c) Review and consolidate each contracted support coordination agency's EPSDT Quarterly Report (excel form). The report is due from the agency each quarter 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.** ~~Additional documentation will be requested and reviewed as indicated or per random selection to determine compliance with requirements.~~
- d) Report on the number of plans of care with prior authorized services, the number of initial prior authorizations requested, and the number and type of prior authorizations not received within 60 days. The report will be submitted to the DHH attorney by the 15th day of the month following the end of each quarter for each service.
- e) Conduct an ongoing review of requirements, ~~reports, complaint resolution and plans of corrective action.~~
- f) Provide daily technical assistance regarding all programmatic areas with support coordinators, requesting assistance from operating agency when appropriate.
- g) Update the Support Coordination Manual, forms, processes, and flowcharts etc. as changes occur.
- h) Prepare and distribute Support Coordination Provider Notices
- i) Respond to requests for additional information related to Chisholm class members as requested by the Department.
- j) Conduct an annual training of support coordination agency supervisors and designated trainers as required by Chisholm. The Contractor will prepare training documents, including handouts, power point presentations, etc.
- k) Maintain documentation of initial/orientation and annual training for all support coordinators.
- l) Maintain use of the current 1-800 number as a helpline for EPSDT recipients. Contractor shall forward problems and complaints to DHH program managers.
- m) Design, distribute and compile client satisfaction surveys, identifying outstanding issues for monitoring purposes.
- n) Prepare summaries of evidence as needed for informal discussion and appeals regarding compliance and contracts, and prepare reports regarding compliance and recommended corrective action to DHH.
- o) Prepare letters to providers, tracking timelines for response and implementing sanctions, regarding administrative procedures.
- p) Follow-up on outstanding issues and identify non-compliance areas and possible remedies.

- q) Work with DHH prior authorization liaison and attend alliance meetings as necessary.
- r) Merge MMIS data with support coordination agency's service delivery data to allow viewing of data by providers as well as the program office. Review each support coordination agency's performance and provide feedback to the operating agency and BHSF on a bi-weekly basis.
- s) ~~Complete a participant satisfaction survey annually and report findings to the contract monitor.~~ **Maintain the Louisiana Support Coordination Information System (LSCIS) used by support coordinators to electronically develop the plan of care and enter service logs.**

For the Nurse Family Partnership (NFP), the Contractor shall:

- a) Review within ten (10) working days of receipt each plan of care packet (including assessment information) to determine if all needs are addressed. The Contractor will return the plan of care to the support coordinator if additional information is required. OPH support coordinators are required to submit the initial plan of care within thirty-five (35) calendar days of the freedom of choice being signed.
- b) Approve/disapprove support coordination services only.
- c) Conduct an ongoing review of administrative requirements, reports, i.e., caseload size, staffing ratios, plan of care submission timelines and quarterly/monthly requirements, complaints and plans of corrective action as indicated with implementation of appropriate sanctions.
- ~~d) Provide daily technical assistance re: all programmatic areas with support coordinators, requesting assistance from the Department when appropriate.~~
- e) Update the Support Coordination Manual, forms, processes, and flowcharts etc.
- f) Prepare and distribute Support Coordination Provider Notices.
- ~~g) Conduct a training of support coordination agency supervisors and designated trainers. The Contractor will prepare training documents, including handouts, power point presentations etc.~~
- h) Prepare summaries of evidence as needed for informal discussion and appeals regarding compliance, and contracts and prepare reports regarding compliance, recommended corrective action, to DHH.
- i) Prepare letters to providers, tracking timelines for response and implementing sanctions, regarding administrative procedures.

5. Reporting

- a) **Analyses and Reporting:** The Contractor must create standard reports which can be accessed by DHH staff. These standard reports must be permanently incorporated into the LAWRRIS system. The Contractor must provide ad hoc statistical and management reports as requested by the DHH contract monitor or a designee via a User Request Form.

Once a programming code is designed in creation of a report, it should be added as an enhancement to the application(s) involved, and should be accessible to designated members of DHH staff from that time forth.

- b) Ad Hoc Analysis and Reporting: The Contractor will provide ~~up to thirty-six (36)~~ ad-hoc reports per contract year. **It is estimated that three (3) ad hoc reports will be needed each week.**
- c) User access to all reports will be based on level of security approved by the appropriate operating agency. The Contractor will provide the capability for program offices to sort, extract and export and import data for the purpose of running ad-hoc reports.

The Contractor must also provide the following quarterly reports, at least fifteen days prior to the end of each quarter:

For the Community Choices and ADHC Waivers:

- a) Number and percent of new enrollees who had a level of care indicating need for institutional level of care prior to receipt of services.
- b) Number and percent of waiver participants who received an annual redetermination of eligibility within 12 months of their initial or last level of care evaluation.
- c) Number and percent of participants whose service plans were updated as warranted, on or before waiver participants' annual review date.
- d) Number and percent of participants who received all types of services specified in the service plan.
- e) Number and percent of participants who received services in the amount, frequency and duration specified in the service plan.
- f) Quarterly remediation reports which illustrate the number of days over compliance. In addition, the participant case list of those pending remediation must be available in CMIS and LAWRRIS.

For the NOW, ROW, Supports and Children's Choice Waivers:

- a) Number and percentage of participants who received services in the amount, frequency and duration specified in their plan of care.
- b) Quarterly remediation reports which illustrate the number of days over compliance. In addition, the participant case list of those pending remediation must be available in CMIS and LAWRRIS.

For all waivers:

- a) Number and percent of waiver services provided to participants who were enrolled in the waiver on the date the service was reported as delivered.
- b) Number and percent of waiver offers that were appropriately made to requestors on the Request for Services Registry.

Children's Choices prior authorizations; and number of EPSDT prior authorizations, separated by agency and region.

- h) Participants' current linkage to support coordination agencies
- i) Expired plan of cares by target
- j) Participant list for service providers
- k) Aging report
- l) OAAS balance modification
- m) OCDD balance modification
- n) Transitional expenditures
- o) Children's Choice participants aging out
- p) Provider ratio
- q) Initial plan of care timelines
- r) Linkages and prior authorization closures
- s) Individuals closed on the registry
- t) Individuals under the age of 21 on the NOW registry who did not respond to an inquiry

Reports may be modified to include additional waiver and/or targeted populations and different criteria as indicated by the Department at no additional cost to the State.

6. Training

Any training modules and manuals developed by the Contractor must be approved by the DHH contract monitor prior to implementation. It is desirable that the main training site be located in an area that DHH can conduct site visits and providers can attend training without overnight travel. The proposer must provide the actual physical location (street, town, state, and zip code) of the training site that will be utilized to provide training to providers as described in the RFP. Additional sites may be established as needed with the approval of the DHH contract monitor.

The Contractor shall:

- a) Provide ongoing user training on existing or new data systems for support coordination and service providers of all populations, including DHH program staff representatives. The training for service providers will be hands-on and will include the utilization of the system during the training.
- b) 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.
- c) Attend and/or participate in training in other regions of the State at the Contractor's expense. This is estimated to include two (2) day trips per year.
- d) Provide programmatic training for EPSDT and ~~Nurse Family Partnership~~ agencies (two participants per support coordination

Attachment V- Cost Template

Cost Template

YEAR 1

	REGISTRY	PRIOR AUTHORIZATION	STATISTICAL ANALYSIS (includes Ad hoc reports)	USER SUPPORT	TECHNICAL SUPPORT	NFP/ EPSDT PROGRAMMATIC SUPPORT	MONTHLY TOTAL	ANNUAL TOTAL
	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT		
NOW						n/a		
CHILDREN'S CHOICE SUPPORTS						n/a		
COMMUNITY CHOICES ADHC						n/a		
NFP	n/a							
EPSDT	n/a							
HIV	n/a					n/a		
LTPCS	n/a					n/a		
MFP						n/a		
ROW						n/a		
SUM								

YEAR 2

	REGISTRY	PRIOR AUTHORIZATION	STATISTICAL ANALYSIS (includes Ad hoc reports)	USER SUPPORT	TECHNICAL SUPPORT	NFP/ EPSDT PROGRAMMATIC SUPPORT	MONTHLY TOTAL	ANNUAL TOTAL
	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT		
NOW						n/a		
CHILDREN'S CHOICE SUPPORTS						n/a		
COMMUNITY CHOICES ADHC						n/a		
NFP	n/a							
EPSDT	n/a							
HIV	n/a					n/a		
LTPCS	n/a					n/a		
MFP						n/a		
ROW						n/a		
SUM								

YEAR 3

	REGISTRY	PRIOR AUTHORIZATION	STATISTICAL ANALYSIS (includes Ad hoc reports)	USER SUPPORT	TECHNICAL SUPPORT	NFP/ EPSDT PROGRAMMATIC SUPPORT	MONTHLY TOTAL	ANNUAL TOTAL
	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT	MONTHLY AMOUNT		
NOW						n/a		
CHILDREN'S CHOICE SUPPORTS						n/a		
COMMUNITY CHOICES						n/a		
ADHC						n/a		
NFP	n/a							
EPSDT	n/a							
HIV	n/a					n/a		
LTPCS	n/a					n/a		
MFP						n/a		
ROW						n/a		
SUM								

TOTAL ALL 3 YEARS

	REGISTRY	PRIOR AUTHORIZATION	STATISTICAL ANALYSIS (includes Ad hoc reports)	USER SUPPORT	TECHNICAL SUPPORT	NFP/ EPSDT PROGRAMMATIC SUPPORT
NOW						n/a
CHILDREN'S CHOICE SUPPORTS						n/a
COMMUNITY CHOICES						n/a
ADHC						n/a
NFP	n/a					
EPSDT	n/a					
HIV	n/a					n/a
LTPCS	n/a					n/a
MFP						n/a
ROW						n/a
TOTAL ALL 3 YEARS						