

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages	
			DCJM-2016-R-0001	1	18
2. Amendment/Modification Number	3. Effective Date	4. Requisition No.	5. Solicitation Caption		
A003	See block 16c		Quality Improvement Reviews/PCR		
6. Issued by:		Code JMO	7. Administered by (if other than line 6)		
Department on Disability Services Office of Contracts and Procurement 1125 15 <sup>th</sup> Street NW., 4 <sup>th</sup> Floor Washington, DC 20005-2720					
8. Name and Address of Contractor (No. street, city, county, state and zip code)			9A. Amendment of Solicitation No.		
Phone: Fax: Email:			9B. Dated (See Item 11)		
			X 10A. Modification of Contract/Order No. DCJM-2016-R-0001		
			10B. Dated (See Item 13)		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority): THE CHANGES CLAUSE, The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
X D. Other (Specify type of modification and authority) 27 DCMR, Chapter 16; Sections 1621 and 1623					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>one</u> copy to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
A. RFP Price Schedule B, "Delete" in its entirety and "Replace" with the revised price schedule found in Attachment A to this Amendment A003. Contract Line Item Numbers (CLINs) 001, 1001, 2001, 3001 and 4001 have been clarified per attached response to questions.					
B. "Delete" current numbering in Section C.3.2.5 through C.3.2.5., and "Replace" with new numbering scheme found in Attachment B to this Amendment A003.					
C. RFP Section F.5.1, Deliverable #7, "Delete" in its entirety.					
D. Please see Attachment C to this Amendment A003 – Responses to Questions Regarding RFP DCJM-2016-R-0001- Provider Certification Reviews.					
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name and Title of Contracting Officer		
			Callie Byrd-Williams Chief Contracting Officer		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia	16C. Date Signed	
				11-10-15	
(Signature of person authorized to sign)			(Signature of Contracting Officer)		

**ATTACHMENT A – AMENDMENT A003**

**B.3 PRICE SCHEDULE**

**B.3.1 BASE YEAR**

<b>CLIN</b>	<b>Item Description</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Est. Qty.</b>	<b>Estimated Total Price</b>
0001	Provider Certification Reviews (PCRs)/Service Reviews, Full Scale, as described in Section C.3.2	Each	\$ _____	300	\$ _____
0002	Provider Certification Reviews (PCRs)/Service Reviews, Abbreviated/Initial, as described in Section C.3.1.2.	Each	\$ _____	10	\$ _____
0003	Follow-up Provider Certification Reviews (PCRs) of providers with more than 50 deficiencies in Annual/Full Scale PCR.	Each	\$ _____	10	\$ _____
0004	Annual PCR Comprehensive Report as described in Section C.3-Requirements.	Each	\$ _____	1	\$ _____
0005	Annual Individual Support Plan (ISP) Utilization Reviews as described in Section C.3.3.	Each	\$ _____	1	\$ _____
0006	Annual Service Coordination Performance Audit as described in Section C.3.4.	Each	\$ _____	1	\$ _____
<b>NOT TO EXCEED TOTAL AMOUNT FOR BASE YEAR</b>					\$ _____

**B.3.2 OPTION YEAR ONE**

<b>CLIN</b>	<b>Item Description</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Est. Qty.</b>	<b>Estimated Total Price</b>
<b>1001</b>	Provider Certification Reviews (PCRs)/Service Reviews, Full Scale, as described in Section C.3.2	Each	\$ _____	300	\$ _____
<b>1002</b>	Provider Certification Reviews (PCRs)/Service Reviews, Abbreviated/Initial, as described in Section C.3.1.2.	Each	\$ _____	10	\$ _____
<b>1003</b>	Follow-up Provider Certification Reviews (PCRs) of providers with more than 50 deficiencies in Annual/Full Scale PCR.	Each	\$ _____	10	\$ _____
<b>1004</b>	Annual PCR Comprehensive Report as described in Section C.3-Requirements.	Each	\$ _____	1	\$ _____
<b>1005</b>	Annual Individual Support Plan (ISP) Utilization Reviews as described in Section C.3.3.	Each	\$ _____	1	\$ _____
<b>1006</b>	Annual Service Coordination Performance Audit as described in Section C.3.4.	Each	\$ _____	1	\$ _____
<b>NOT TO EXCEED TOTAL AMOUNT FOR OPTION YEAR ONE</b>					\$ _____

**B.3.3 OPTION YEAR TWO**

CLIN	Item Description	Unit	Unit Price	Est. Qty.	Estimated Total Price
2001	Provider Certification Reviews (PCRs)/Service Reviews, Full Scale, as described in Section C.3.2	Each	\$ _____	300	\$ _____
2002	Provider Certification Reviews (PCRs)/Service Reviews, Abbreviated/Initial, as described in Section C.3.1.2.	Each	\$ _____	10	\$ _____
2003	Follow-up Provider Certification Reviews (PCRs) of providers with more than 50 deficiencies in Annual/Full Scale PCR.	Each	\$ _____	10	\$ _____
2004	Annual PCR Comprehensive Report as described in Section C.3-Requirements.	Each	\$ _____	1	\$ _____
2005	Annual Individual Support Plan (ISP) Utilization Reviews as described in Section C.3.3.	Each	\$ _____	1	\$ _____
2006	Annual Service Coordination Performance Audit as described in Section C.3.4.	Each	\$ _____	1	\$ _____
<b>NOT TO EXCEED TOTAL AMOUNT FOR OPTION YEAR TWO</b>					\$ _____

**B.3.4 OPTION YEAR THREE**

<b>CLIN</b>	<b>Item Description</b>	<b>Unit</b>	<b>Unit Price</b>	<b>Est. Qty.</b>	<b>Estimated Total Price</b>
<b>3001</b>	Provider Certification Reviews (PCRs)/Service Reviews, Full Scale, as described in Section C.3.2	Each	\$ _____	300	\$ _____
<b>3002</b>	Provider Certification Reviews (PCRs)/Service Reviews, Abbreviated/Initial, as described in Section C.3.1.2.	Each	\$ _____	10	\$ _____
<b>3003</b>	Follow-up Provider Certification Reviews (PCRs) of providers with more than 50 deficiencies in Annual/Full Scale PCR.	Each	\$ _____	10	\$ _____
<b>3004</b>	Annual PCR Comprehensive Report as described in Section C.3-Requirements.	Each	\$ _____	1	\$ _____
<b>3005</b>	Annual Individual Support Plan (ISP) Utilization Reviews as described in Section C.3.3.	Each	\$ _____	1	\$ _____
<b>3006</b>	Annual Service Coordination Performance Audit as described in Section C.3.4.	Each	\$ _____	1	\$ _____
<b>NOT TO EXCEED TOTAL AMOUNT FOR OPTION YEAR THREE</b>					\$ _____

**B.3.5 OPTION YEAR FOUR**

CLIN	Item Description	Unit	Unit Price	Est. Qty.	Estimated Total Price
4001	Provider Certification Reviews (PCRs)/Service Reviews, Full Scale, as described in Section C.3.2	Each	\$ _____	300	\$ _____
4002	Provider Certification Reviews (PCRs)/Service Reviews, Abbreviated/Initial, as described in Section C.3.1.2.	Each	\$ _____	10	\$ _____
4003	Follow-up Provider Certification Reviews (PCRs) of providers with more than 50 deficiencies in Annual/Full Scale PCR.	Each	\$ _____	10	\$ _____
4004	Annual PCR Comprehensive Report as described in Section C.3-Requirements.	Each	\$ _____	1	\$ _____
4005	Annual Individual Support Plan (ISP) Utilization Reviews as described in Section C.3.3.	Each	\$ _____	1	\$ _____
4006	Annual Service Coordination Performance Audit as described in Section C.3.4.	Each	\$ _____	1	\$ _____
<b>NOT TO EXCEED TOTAL AMOUNT FOR OPTION YEAR FOUR</b>					\$ _____

### **ATTACHMENT B – AMENDMENT A003**

Note: the below has been re-numbered and is a continuation of subsections to RFP Section C.3.2.4

- c.** Has, on hand, the tools and materials necessary for their staff to effectively perform their duties;
- d.** Has a governing board which effectively discharges its public stewardship responsibilities and is comprised of a diverse spectrum of the respective community;
- e.** Follows applicable laws and DDA policy regarding their response to abuse, neglect or other incidents that could threaten the safety or well-being of a consumer;
- f.** Ensures proper handling of all consumer records including security, confidentiality and retention in accordance with DDA requirements and DDS HIPPA Business Associate Compliance requirements of Section H.13.
- g.** Ensures proper handling of all consumer financial benefits and income including security, accountability, confidentiality and retention.
- h.** Conducts annual consumer satisfaction surveys and uses information obtained to improve and expand services using a method approved by DDS/DDA. The Contractor shall attach satisfaction surveys to the PCR due to DDS on the 5<sup>th</sup> of each month. The survey shall assess whether individuals receiving services:
  - 1. Are free from neglect and abuse;
  - 2. Have access to grievance and due process procedures; and
  - 3. Are assured freedom of choice in the least restrictive setting, and understand their rights.
  - 4. Receive services in the least restrictive, most integrated settings possible;
  - 5. Receive services in the amount, scope and duration as prescribed in the HCBS waiver prior authorization; and,
  - 6. Receive services as prescribed in the applicable published IDD HCBS waiver rules.

**C.3.2.5** The Contractor shall comply with all DDS/DDA policies, procedures, and standards and contract elements in regard to the general operation and management of the DDA's contracted providers.

**C.3.2.6** The Contractor shall develop and employ a justifiable representative sampling procedure for interviews with people receiving services as required by the PCR. Using the PCR, the Contractor shall evaluate individual outcomes in the following areas:

- a. Rights and Dignity
- b. Safety and Security
- c. Health
- d. Choice and Decision Making
- e. Community Inclusion
- f. Relationships
- g. Service Planning and Delivery
- h. Satisfaction

- C.3.2.7** The Contractor shall conduct discreet and systemic analysis of each provider, and of the provider community in whole. Analysis should include trending information, strengths, and opportunities for improvements, as well as comparisons with similar metropolitan areas.
- C.3.2.8** The Contractor shall compile and analyze methods for improving the survey tool and process from stakeholder groups. The DDS/DDA will retain the right to require modifications (addition or deletion) to the survey tool or process. Solicitation No. DCJM-2016-R-0001 Page 18 of 84 DDS/DDA Provider Certification Reviews
- C.3.2.9** The Contractor shall provide written and electronic reports of findings of the PCR as outlined herein, and shall enter the provider certification review identified deficiencies in the MCIS after the review is complete.

## ATTACHMENT C – AMENDMENT A003

### Responses to Questions Regarding

#### RFP DCJM-2016-R-0001 Provider Certification Reviews

1. How many providers have EHR?

**Response: DDA does not maintain this information.**

2. What is the role of the reviewer with life threatening conditions- what is the follow up obligation?

**Response: The reviewer is bound by DDS/DDA's Incident Management and Enforcement Unit (IMEU) policy and procedures. Therefore, upon the discovery of a serious reportable incident, the reviewer would need to ensure the health, safety and well-being of the person involved, and/or other people who are supported in the same location or by the same staff. The reviewer would also be required to timely enter that incident into DDA's MCIS for the appropriate follow up by DDA's IMEU.**

3. In regards to Section C.3.1.1., how will the 300 provider certification reviews be distributed across the nine review categories?

**Response: The District estimates that the contractor will complete 300 service reviews/PCRs conducted over the nine (9) areas of review each contract year for all providers (approximately 87).**

4. Please describe the nature of the technical assistance to be provided to the HCBS providers. C.3.2.1, C.3.2.3.g and C.3.8

**Response: If HCBS providers have questions about the PCR process, including the review tools, methodology, sample, etc., the contractor would provide technical assistance to resolve the issue. The contractor would also provide relevant responses to any questions regarding how the PCR relates to DDS policies and procedures.**

5. Will the contractor be responsible for conducting these activities or will they be the responsibility of the HCBS service provider? C.3.2.5 thru C.3.2.5.4

**Response: The responsibilities detailed in C.3.2.5 through C.3.2.5.6 should be included as subparts c. through h. under C.3.2.4. This section is now re-numbered per this Amendment A003 – Attachment B.**

6. In reference to Section C.3.2.5.5 and Section F.5.1 #7, will the contractor be responsible for conducting the annual consumer satisfaction surveys or will that be the responsibility of the HCBS service provider?

**Response: No, the contractor will not be responsible for conducting the annual consumer satisfaction surveys. That will be the responsibility of the HCBS provider. C.3.2.5.5 is now**

**included as a subpart under C.3.2.4. F.5.1 #7 is now deleted through this amendment A003, Item C.**

7. Based on Section H.14.5 of the solicitation, will the Division provide a copy of the relevant Fact Sheet?

**Response: The Fact Sheet is already incorporated in the solicitation as Attachment J.12.**

8. In regards to Section H.21.1a of the solicitation, will it be necessary for staff who is currently employed in contracts between a provider and the District to be fingerprinted as part of the award of DCJM-2016-R-0001?

**Response: The answer to this question depends on the particular staff's employment or contract circumstances. Paragraph H.21.1 requires that such person shall have "undergone fingerprinting or live scan performed in the District of Columbia which has resulted in a criminal history that reveals all convictions that have occurred within the District of Columbia and the fifty (50) states" unless that staff already has undergone fingerprinting "within a forty-five (45) day period immediately preceding the date of initial employment or initial commencement of contract services." The other three requirements in the paragraph must also have occurred. The language of these provisions in Paragraph H.21 is taken directly from 22 DCMR B4701 (Background Check Requirement) as published, in pertinent part, in 60 DCR 001169-001172 (Feb. 1, 2013). The section numbering included in these provisions should be read as if "§ 4708. \_" were replaced with "Para. H.21. \_" as in "§ 4701.1" should be read as "Para. H.21.1".**

9. We understand that we must submit resumes of Key Personnel. Are we to submit resumes of staff or evidence that we have the ability to recruit qualified staff that will be available within a reasonable time after contract award?

**Response: The offeror must submit resumes for all staff and key personnel proposed to perform services under this contract.**

10. Is there a requirement for a CD or electronic copy to be submitted with our proposal response?

**Response: No.**

11. What are the minimum qualifications for the Surveyors?

**Response: There are no minimum educational qualifications for surveyors. The surveyors must possess the requisite professional experience and/or education to satisfactorily perform the responsibilities of: analyzing records; conducting interviews with HCBS waiver participants, family members, guardians, and staff; determining the compliance of HCBS waiver providers with rules, policies and procedures.**

12. What is the current sampling methodology utilized for representative sampling for interviews, settings assessments and document reviews?

**Response: Please refer to the current PCR policy and procedures found in Section C.1.8. Applicable Documents #20.**

13. Where will the Contract Project Director's work site be located – at DDS or Contractor office?

**Response: At DDS/DDA's offices.**

14. The solicitation states - Conducts annual consumer satisfaction surveys and uses information obtained to improve and expand services using a method approved by DDS/DDA. The Contractor shall attach satisfaction surveys to the PCR due to DDS on the 5th of each month. Is the Contractor expected to conduct client satisfaction surveys in addition to the consumer satisfaction assessed during the PCR review? C.3.2.5.5

**Response: The responsibilities detailed in C.3.2.5 through C.3.2.5.6 are a continuation of the PCR evaluation criteria in section C.3.2.4 (i.e., c., d., ...). See Amendment A003 for re-numbering of subsections.**

15. Does DDS currently conduct consumer satisfaction surveys for services DDS provides to include service coordination? If so, it conducted annually?

**Response: No.**

16. The RFP requires: "The Contractor shall use DDS/DDA's existing provider review tool or an approved modified tool and Management Consumer Information System (MCIS) to enter the PCR, ISP UR or SCAA findings for timely follow-up by DDS/DDA personnel." Is it DDS/DDA's expectation that all Contractor work can be performed within the MCIS or are supplemental tools needed by the Contractor?

**Response: No. The contractor will be required to maintain the data collection tool and data management capabilities/reporting of the findings in its own data system.**

17. Regarding C.3.1.3. of the solicitation that states: The Contractor shall manually enter the PCR findings in MCIS, or work with DDS/DDA to create an automated system to transfer the findings into MCIS, I have the following questions:

- Will MCIS allow a network communication using an internet site secure VPN tunnel for accessing the District's system?

**Response: Yes.**

- What types of system interfaces are potentially supported by MCIS for data exchange (e.g. FTP, Web Services, etc.)? If these are already existing, can file or interface definitions be provided for each of them?

**Response: DDS will provide FTP server credentials to access our FTP server.**

- Please provide details on the interface specification for utilizing the District's MCIS system.

**Response: DDS will provide a MCIS access request form to ensure proper credentials to utilize MCIS.**

18. Please elaborate on what is included in the CMS evidence reporting? Please see the re-numbered Section C.3.2.4.f of the solicitation previously numbered C.3.2.5.3.

**Response:** Response: The language from this section in the solicitation, i.e., "... including CMS evidence reporting" will be deleted. The requirement will only be for "PCR data entering and reporting."

19. Please clarify whether the requirements in section C.3.2.5 and subsections C.3.2.5.1 through C.3.2.5.6 are a continuation of the PCR evaluation criteria in section C.3.2.4 (i.e., c., d., ...) or are discrete Contractor responsibilities (i.e., The Contractor shall ...). C.3.2.5

**Response: The responsibilities detailed in C.3.2.5 through C.3.2.5.6 are a continuation of the PCR evaluation criteria in section C.3.2.4 (i.e., c., d., ...). Please see re-numbering through this Amendment A003, (Attachment B)**

20. Are the annual consumer satisfaction surveys referenced in this requirement the responsibility of the Provider or the Contractor?

**Response: As per the previous section C.3.2.5.5, "The Contractor shall attach satisfaction surveys to the PCR due to DDS on the 5<sup>th</sup> of each month." The HCBS provider will be responsible for conducting the annual consumer satisfaction surveys. This section is now re-numbered through Amendment A003. C.3.2.5.5 is now included as a subpart under C.3.2.4.**

21. The paragraphs cited indicate that DDS is anticipating that the project will be run from contractor furnished office space. Is DDS expecting any of the contractor staff to be located at DDS facilities? If so, what space is available at DDS? C.3.5.2, E.2, H.10,10.1

**Response: DDS anticipates that the contractor staff will be located at DDS's offices.**

22. Regarding C.3.6.1. of the solicitation that states: The Contractor shall use the following formats for documents that are exchanged electronically (Note: DDA reserves the right to require updated formats when upgrades become available): d. Any exported data files must be in a tab delimited text file format. Can the District support SFTP (ftp over ssh) for secure data transmission?

**Response: Yes.**

23. Does MCIS have the capability to upload and maintain documents? Can it be used by the Contractor to maintain documents associated with the PCR evaluation? See section C.3.7.6c of the solicitation.

**Response: MCIS has the capability to maintain uploaded documents, however, the intent is to have the Contractor maintain its documents in its own database and only enter into MCIS the provider certification review identified deficiencies after the review is complete.**

24. The solicitation states that the Contractor may engage in technical assistance on site during the interview if the provider does not meet the level of compliance established by the DDS/DDA. Please provide examples of the technical assistance offered in the past. See section C.3.8 of the solicitation.

**Response: If HCBS providers have questions about the PCR process, including the review tools, methodology, sample, etc., the contractor would provide technical assistance to resolve the issue.**

**The contractor would also provide relevant responses to any questions regarding how the PCR relates to DDS policies and procedures.**

25. The RFP requires the Contractor to supply: "Written And Electronic Reports Of Findings Of The PCR and Customer Satisfaction Surveys". Does the MCIS system provide the capability to capture and maintain findings from the PCR? Does the MCIS system provide the capability to generate customer satisfaction surveys and maintain the results of each client's response to these surveys? If not, does DDS/DDA expect the Contractor to supply its own system to maintain this data? See F.5.1 of the solicitation.

**Response: The contractor will not be responsible for conducting the annual consumer satisfaction surveys. That will be the responsibility of the HCBS provider. Please see re-numbering of Section C.3.2.5.5 of the solicitation now included as a subpart under C.3.2.4. Section F.5.1 #7 is deleted through this Amendment A003.**

26. Regarding section H.9.14, the RFP does not specify a Go-Live date for the start of services, but states that readiness assessments will begin immediately after the contract is executed. Does DDS/DDA have an expectation for the length of the start-up period?

**Response:**

**DDS/DDA will work with the awardee of these services to provide a timeline satisfactory to meet the requirements of compliance.**

27. Please confirm that the regulatory citation for this section is Title 22 DC Municipal Regulations Chapter 47 § 4701-Background Check Requirement. Without the appropriate citation, it implies that 470X.X sections cited therein are located in DC Official Code, Title 3, and Chapter 12, which they are not. H.21 Sections 1-7

**Response: DDS understands that the improper citations in these provisions are confusing and that they are not directed to licensing for health occupation boards in Title 3, Chapter 12, of the D.C. Official Code. The language of these provisions in Paragraph H.21 (Background Check Requirement) is taken directly from 22 DCMR B4701 (Background Check Requirement) as published, in pertinent part, in 60 DCR 001169-001172 (Feb. 1, 2013).**

28. In section L.2.1 of the solicitation, the RFP requires the Offeror to prepare proposals in 12 point font. Can smaller size font be used when preparing tables, graphics and exhibits?

**Response: Yes, but not smaller than 10 point font.**

29. Regarding L.17.2 of the solicitation, please confirm that a copy of "Clean Hands Certification" form is required if the Offeror is already registered and licensed to do business in District of Columbia (D.C.). According to D.C. Official Code §47-2862 (2001) cited in the RFP, a copy of the executed "Clean Hands Certification" is required only when applying for a license to do business in D.C.

**Response: OCP is required to include the "Clean Hands Certification" as a part of all proposed awards over \$100K and for DC Council over \$1 mil package reviews and approvals.**

30. Currently how many service coordinators does DDS employ and what is their approximate caseload?

**Response: DDS currently employs a total of 79 service coordinators; 76 are full time employees and 3 contracted staff. The approximate caseload is 1 to 30.**

31. Can you provide us with the current Service Coordination Performance Audit tool?

**Response: No.**

32. Can you provide us with the current ISP Utilization tool?

**Response: No.**

33. Can you provide examples of technical assistance provided to providers?

**Response: If HCBS providers have questions about the PCR process, including the review tools, methodology, sample, etc., the contractor would provide technical assistance to resolve the issue. The contractor would also provide relevant responses to any questions regarding how the PCR relates to DDS policies and procedures.**

34. Will DDS enroll the winning vendor in the DOH National Background Check Program so that the background clearances can be secured through this process?

**Response: No.**

35. The Offeror must provide a full description of the capabilities of its management information system and how it will interface with the MCIS. At the preproposal conference it was mentioned that the electronic PCR tool maybe available to winning vendor. Is this the case?

**Response: Yes.**

36. Regarding Section B.1 of the solicitation, please clarify whether QIO-like entities that are not also current QIOs must have specific approval from CMS to serve as a QIO-like entity in the District of Columbia. Would a QIO-like entity's failure to be specifically approved in the District put DSS at risk of not obtaining the enhanced Medicaid matching funds from CMS? More information about the current process for obtaining CMS certification and a list of certified entities and the state(s) for which they are approved is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/HowtoBecomeaQIO.html>

**Response: Though the District recognizes that some QIO and QIO-like entities are approved for specific states, those entities are able to operate in the District without CMS approval specific to the District.**

37. Section C.3.5.2, Project Manager, p. 19: Given the unique nature of the ID/DD population, we believe it is important for project staff to have experience in this area, and note that there are many areas of Medicaid utilization review that are not germane to this contract. Would DSS consider broadening the position requirements to include three to five years of experience in ID/DD services or Medicaid utilization review?

**Response: Yes.**

38. Regarding Section C.3.5.2 of the solicitation, please confirm that DSS will provide office space at its Washington, DC, facilities, and specify the contractor staff (type and number) for which this space will be provided.

**Response: DDS will provide office space at its Washington, D.C. offices for the staff of the contractor. This is a request for proposal. Therefore, the Offeror must propose sufficient staff at reasonable & competitive price to fulfill this requirement.**

39. Section C.3.5.3, Information Systems Manager p. 19: Please expand upon the type of Medicaid-specific technology systems that the contractor will be using, in addition to the MCIS, so that we have a better understanding of the experience that would be most beneficial for the IS Manager to possess.

**Response: There is no specific type system anticipated in this requirement. DDS expects that this staff person possesses the requisite professional work experience in this area to support the work under the contract.**

40. Regarding Section C.3.5.7 of the solicitation, the responsibilities of Senior Review Manager position are not described. Can DSS please describe them? Is this position responsible for supervising the surveyors?

**Response: The Senior Review Manager may be used to conduct surveys, as well as reviewing the work of surveyors. Contracting cost/price data should reflect accurate usage. This position will support the Project Manager in a variety of areas critical to ensuring the efficient and successful delivery of the services under this contract.**

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The District's DDA response to questions 1-23 below are as follows:

**"The government is seeking sealed proposals from offerors under this solicitation and will be evaluating their technical proposals based in part on how the offeror has designed its system (*i.e.* technical expertise) to meet the contractual requirements for the PCR, ISP utilization reviews, and service coordination performance audit. The incumbent's means and methods, including staffing, software, letters and its tools, are proprietary and therefore not properly subject to disclosure. With the exception of paragraph C.3.1.3, which states "[t]he Contractor shall conduct the PCR using the Agency's existing tool," the work contemplated by the solicitation is subject to the offeror's design of its proposal and the related tools that it develops in order to perform under the contractual requirements. The DDS website includes those materials generated by the incumbent that are publicly available. The solicitation identifies at paragraph C.3.5 what are termed "core" or minimum staff that DDS believes is necessary to successfully perform the contractual requirements."**

1. What is the current staffing for this contract – Can you provide current # of surveyors and Senior Review Managers?
2. This current year, how many annual/full PCR reviews were conducted? How many initial/abbreviated reviews were conducted? How many follow up PCR visits were conducted?

3. The deliverable is for these two CLINs is an annual ISP Utilization Review report and an Annual Service Coordination performance review report but to determine pricing it is essential to know the sampling methodology/number of ISP's/cases are reviewed to determine the extent of the time and personnel required to produce the deliverable.
4. Is the annual ISP Utilization Review sample different to the PCR sample? Is it an ISP sampling of ALL those receiving identified waiver services?
5. Is the annual Service coordination performance a sample based on DDS service coordinators overall or a sample based on service coordination for those receiving identified waiver services?
6. As it relates to Section C.3.7.1. of the solicitation, does the current Contractor provide an existing system to supplement the MCIS? If so, what functionality does this system provide? Does this contractor system have the capability to: generate a provider evaluation questionnaire? Does it have the capability to record the answers to specific questions beyond just the overall score/satisfactory/non-satisfactory status? If so, would this system be available for use by other contractors or is it a proprietary system?
7. Are the Project, Information Systems, Data Analysis, and Quality Improvement Managers currently full-time, with 100% dedication to project?
8. How many Senior Review Managers are required for the contract and where will they be based at – Contractor office or DDS site? How many are currently included in the existing contract?
9. How many Surveyors are required for the contract and where will they be based at – Contractor office or DDS site? How many are currently included in the existing contract?
10. Section C.3.2.5.11 of the solicitation states the Contractor shall provide written and electronic reports of findings of the PCR as outlined herein, and shall enter the provider certification review identified deficiencies in the MCIS after the review is complete. Can you please provide a copy of the PCR Report and the Deficiency Report format currently utilized?
11. Section C.3.3.1. of the solicitation states the Contractor shall develop, in accordance with District regulations, a tool and processes for auditing ISP utilization. Can you provide the current methodology/process and tools utilized for the ISP utilization audit? To ensure consistency in reporting and Agency progression, it may be necessary to utilize the same methodology, process and tool.
12. Section C.1.6 of the RFP requires: “The Contractor shall use DDS/DDA’s existing provider review tool or an approved modified tool and Management Consumer Information System (MCIS) to enter the PCR, ISP UR or SCAA findings for timely follow-up by DDS/DDA personnel.”
  - Does the current contractor provide any supplemental tools or systems?

- Can the District please provide screen shots, or user guide, for MCIS including views showing data entry screens and file upload control?
13. Does DDS/DDA currently have an accepted sampling methodology? Are there special requirements for acceptance? If so, can the new Contractor use this sampling methodology, or does DDS/DDA expect the new Contractor to develop their own methodology?
  14. Section C.1.7 of the solicitation states the Contractor shall develop and utilize a method to conduct an annual audit of service coordination (SCAA) services delivered by DDA employees and/or contractors on behalf of the Agency. Can you provide the current methodology and tools utilized for the annual audit of service coordination (SCAA)? To ensure consistency in reporting and Agency progression, it may be necessary to utilize the same methodology, process and tool.
  15. Can DDS provide blank samples of Provider Review Findings/Statement of Deficiencies forms, Approval Letters, Letters sent out to indicate PCR review date notification and other forms that would be relevant to the scope of work other than the PCR tools provided?
  16. Apart from the staff identified in the contract, are there any additional staff provided by the current vendor? What other positions?
  17. Section C.3.2.5.8 of the solicitation states the Contractor shall develop and employ a justifiable representative sampling procedure for interviews with people receiving services as required by the PCR. What is the current sampling methodology utilized for representative sampling for interviews?
  18. Section C.3.4.1 of the solicitation states the Contractor shall employ a justifiable representative sampling procedure approved by DDS/DDA to conduct an annual review of DDS/DDA's service coordination to determine if the services provided by the DDS/DDA Service Coordinators meet best practices and result in consumer satisfaction. What is the current sampling methodology utilized for representative sampling for the SCAA?
  19. Are these services currently being provided? If so, by whom and what is the contract value?
  20. How many surveyors are full time and part time?
  21. In regards to Section B.3.1. of the solicitation, we understand from clarification made at the bidders' conference that in CLIN 005, Annual Individual Support Plan Utilization Reviews, the estimated quantity of one (1) refers to a report about these reviews. Please indicate the quantity of ISP reviews that are estimated to be performed in the base and option years of the contract.
  22. In regards to Section C.1.6 of the solicitation, please provide the system specifications required to access and use the MCIS. As stated at the bidders' conference, is this a web-based application? Does the current contractor's tool contain a mechanism that automates the transfer of PCR findings to MCIS?

23. In regards to Section C.3.1.3 of the solicitation, please provide the system specifications required to use and maintain the existing data collection tool. For example, is it a MS Access application, or is some other type of software required? Is it housed on a server or does it reside in the cloud? Does DDS/DDA own the provider review tool that is used by the current contractor, or is it a proprietary system?