

**RFP #2240 THIRD PARTY ADMINISTRATOR FOR FCS
WRITTEN QUESTIONS / HCA RESPONSES
Only for Bidders that submitted a Letter of Intent to Propose/Questions**

Q#	RFP Section	Bidder Questions	Health Care Authority Response
1	Section 1.2, page 6	In the RFP, it states that "...HCA and DSHS will identify providers in the position to deliver FCS services in order to support the TPA in establishing the initial provider network". Please clarify if these resources will only be identified, or if existing contracts with these providers will be maintained for contractor use to support the initial launch of services?	Resources are only identified. HCA expects the bidder to reach out and negotiate contracts with these providers.
2	Section 1.2, page 6	In the section on the program overview, the RFP mentions conditions that are "...defined in the functional needs assessment". Is there a functional needs assessment currently used by HCA and, if so, could you provide a copy?	There is a functional needs assessment for housing and for employment under development at HCA. These assessments will be supplied to the ASB upon completion of the RFP.
3	Section 1.3, page 9	To align with the 90 days allotted to establish presence in the State of Washington, can HCA move the launch of services to 90 days after award for an anticipated October 1, 2017 state date?	The start date cannot be pushed back to 10/1/17. Bidders must demonstrate the capacity to deliver services within 30 days of contract award. HCA would encourage bidders to begin the process of Washington business licensure during the bidding process.
4	Section 2.21, page 27, Part 2	When responding to the project management section of the RFP, please confirm that in Part 2, staff qualifications/experience, resumes will not be counted toward the 3 page limit for this portion?	Correct – resumes will not be counted towards the 3 page limit.
5	Section 1.4, page 10 and Section 2.22, page 29	There appears to be an inconsistency in the RFP on how the selected vendor will be paid. On page 10, the RFP states "up to 5% of service funds expended". However, on page 29, the RFP states "5% of maximum allowable service".	The first year, the maximum allowable administrative cost is equal to the amount specified in the table on page 29 (approximately \$700k). The maximum allowable amounts listed in future demonstration years represent the maximum amount that could be spent on admin, assuming maximum service dollar utilization. This allows for year one administrative payments to consist of both PUPM payments as well as monthly deliverable-based payments. Payments in years 2 through 5 will only be PUPM-based and thus limited to the total service dollars expended.

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		Please confirm that the selected vendor will be guaranteed 5% of total funds available for allowable services.	
6	Section 2.8, page 11	Can any TPA staffing be considered a non-administrative expense? The language for administrative services reads as if no internal staffing will be considered a direct program expense.	No – administrative costs and direct services costs are different. Internal staffing necessary to meet the contract requirements is an administrative expense.
7	Section 1.2, page 5	The RFP states, the bidder will also be required to maintain a system capable of adjudicating and paying claims. This system must meet the timeliness of payment standards specified for Medicaid fee-for-service in Section 1902(a) (37) of the Social Security Act, 42 CFR Section 447.46 and specified for health carriers in WAC 284-170-431, as well as any additional claims payment standards required during the contract term. The bidder shall be responsible for processing all claims for FCS eligible clients consistent with the defined benefit plan. Which services and/or service codes fall within the defined benefit plan?	There are several HCPCS codes for supportive housing and supported employment. DBHR has been piloting H0043 for Supportive Housing and H2023 and H2025 for Supported Employment Services. No decisions have been finalized on the codes or the definitions for these service encounters.
8	Section 1.2, page 4-8	What is the HCA’s vision and expectation for care coordination? Will care coordination responsibilities of the selected vendor be limited to coordinating among community support services vendors? If so, is there a defined list of approved vendors? Will additional care coordination, such as medical care coordination be required?	Coordination is not limited to community support services. Per the scope of work’s requirements for the development of partnerships, the contractor will need to establish formal contracts with multiple entities in support of data sharing necessary to coordinate services. However, medical care coordination will not be a requirement of this contract. Partnering entities will do the clinical care coordination – these services should be included in the partnership contracts.

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9	Section 1.1, page 4	Given the HCA’s vision for ultimately transitioning the FCS into a sustainable delivery model, what parameters does the HCA recommend for defining case closures? Would the HCA be able to provide its expectation (or data) on average case duration from opening to closure? What, if any, follow-up does the HCA envision the selected bidder to complete once a member has been referred to the appropriate supportive housing or supported employment services?	These parameters can be negotiated upon contract award – we anticipate there would be differences based on the client. Frequency of follow-up shall be dependent on client need. The bidder should describe their process for determining the level of follow-up for individual client need.
10	Section 2.22	There are significant costs associated with establishing the infrastructure and systems necessary to operationalize a program (implementation expenses). Should these expenses be amortized over the duration of the contract (DY1 through DY5, 7-1-2017 through 12-31-2021)?	Implementation costs may be amortized over the duration of the contract within the limits for maximum allowable administrative fees described in Section 2.22, Administrative Fee Cost Proposal of the RFP.
11	Section 2.22 page 29	If implementation expenses are amortized, are they subject to the maximum allowable administrative fee cap listed on page 29 of the RFP?	See response to question 10 above.
12	Section 2.22 page 29	In the second paragraph of A, identification of costs (scored), page 29 of the RFP, HCA refers to an “additional administrative fee tied to the achievement of payable deliverables specified in Exhibit D within the first 4 quarters of the contract term.”	See response to question 10 above.
13	Section 2.22, page 29	If the above is not a correct assumption, please clarify: a) how bidders should present their implementation expenses, b) how the successful vendor will be compensated for their implementation expenses, c) over what time period the successful vendor will be compensated for their	As described above, implementation costs may be amortized across the life of the contract as described in Section 2.22 Administrative Fee Cost Proposal on page 29 of the RFP.

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		implementation expenses, d) how HCA will define achievement of payment deliverables, e) whether or not implementation expenses are subject to the maximum allowable administrative fees listed on page 29 of the RFP?	Program service costs may not exceed the maximum amount described in the RFP, per the demonstration contract with the Centers for Medicare and Medicaid Services.
14	Section 2.22	Please clarify how the vendor will be paid for services, i.e. flat monthly fee, per user/per month, other?	Payments are made monthly on a per-user/ per month basis. Year 1 deliverable-based payments will be paid in the month the contractor demonstrates that the deliverable has been achieved, within the first year of the demonstration.
15.	Section 2.22	RFP refers to a per-user/per month calculation, based upon non-binding caseload assumptions, for evaluation purposes only. If the vendor's compensation is based upon the calculated per user/per month, what happens if caseload exceeds the projections to the point where the maximum allowable administrative fee in any given DY is reached before the end of that period? For example, what happens if the revenue maximum is reached in month 10 of 12? How would the vendor be compensated for services rendered in months 11 and 12 of that DY? Alternatively, if payment is on a per user/per month basis, and the caseload projections are less than projected, the vendor risks not receiving enough revenue to cover the fixed costs associated with providing services. Please explain how the vendor would be compensated in this situation?	HCA expects the ASB to manage the caseload and utilization to stay within available funds for the contract period. Should caseload exceed available funding for the program, HCA has the authority to establish a wait list.
16	Section 2.22	Page 30 of the RFP states that vendors are required to provide processing of run-out claims for 60 months, post-termination, along with associated customer service and provider network support services. Please clarify that the vendor is expected to maintain full customer service and network	State staff have reviewed this language and determined that the bidder must maintain customer service for six (6) months after the end of the contract period, and claims processing for 12 months after the end of the contract period. The expectation is that the bidder will have sufficient staffing to respond to client service needs and to pay claims timely after the contract terminates.

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		support services, in addition to claims processing for five years after December 2021, assuming the contract is terminated after the initial contract period listed?	
17	Section 2.22	Please confirm whether run-out expenses associated with five years of claims processing, customer service, and network management are intended to be incorporated into the budget for the vendor within the initial DY1 through DY5 contract period and are subject to the maximum allowable administrative fees?	Please see the response to question 16 above.
18	Section 2.22, page 30	Section B, computation: Is the scoring for the cost proposal based upon the cumulative total (total DY1 through DY5) or by individual DY?	Cumulative total with costs for year 1 and for years 2 – 5.
19	Section 2.22	In the event there are unused funds for a particular DY, can those unused funds be rolled over to subsequent DY's to offset any over-spending in a subsequent DY, to the extent that the cumulative spend over the entire initial contract period (DY1 through DY5) does not exceed to cumulative maximum allowable administrative fees?	Per the agreement between the State and CMS, there is no rollover of unused funds.
20	Section 1.2, page 6	Will the State please provide numbers and locations (by city/county) of current IPS supported employment providers in the State?	There are several agencies currently providing IPS services under local funding or grant funded projects (King, North Central BHO and the FIMC region). DBHR has an IPS trainer that has been recruiting and providing training on implementing the IPS model statewide as well as agencies with a history of providing supported employment under other programs. A list of interested and current IPS and supportive housing agencies will be provided to the successful bidder.
21	Section 1.2, page 6	Can the State please provide the current and proposed FCS rate structure?	There is no current rate structure but one is under development. The budget for the services is based on assumed average costs of \$575 per user/per month for supportive housing and \$550 for supported employment.

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22	Section 1.2, page 6	Will the technical assistance dollars provided by IPS be outside of the administrative budget?	DBHR and ALISA will be hiring staff that will provide technical assistance and training for both supportive housing and supported employment services.
23	Section 2.4, page 17	Does HCA prefer the bidder to mark pages with proprietary or confidential information with "proprietary" or "confidential"? RFP Section 2.4 instructs bidders to identify pages with confidential/proprietary information with the words "proprietary information" in the lower right hand corner of the page. However, Section 2.19 (Letter of Submittal) Part G asks bidders to include the word "confidential" on the lower right hand corner of pages containing confidential/proprietary information?	Bidder to mark pages with the term; proprietary.
24	Section 2.20, page 24	In RFP Section 2.20 the description of the work plan (2.20, B) and the project schedule (2.20, C) seem similar and that they could be asking for the same things. Can the State clarify what the difference is between these 2 deliverables? For example, is the work plan intended to be more narrative whereas the project schedule is an actual schedule (like MS Project)?	Section 2.20, B calls for a work plan inclusive of all project requirements. The project schedule called for in 2.20, C specifies key year one deliverables, including the initial delivery of services and the development of the provider networks.
25	RFP Page Lengths	HCA addresses where required material can be added as attachments to our response. Please confirm the required material should also be added as attachments to our responses and not counted toward the page limits: D. Outcomes and Performance Management <ul style="list-style-type: none"> D.3 provide an example of a quality management assessment and performance improvement plan. 	Correct. These may be included as attachments that will not count towards the page limits.

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		<ul style="list-style-type: none"> D.4 provide an example of a grievance and appeal process that you would implement for this program. <p>K. Reporting</p> <ul style="list-style-type: none"> 1 provide template examples of various TPA report formats. 	
26	Section 2.3, page 17	Will the State allow Arial 9pt font to be used in tables, graphics and figures?	Yes. Arial 9pt font may be used in tables, graphics and figures.
27	Section 2.20, page 24	RFP Section 2.20 states, “describe...a project schedule for the first 12 months that includes FCS service delivery in July 2017”. With the contract between the selected bidder and the State slated to be effective on July 1, 2017, is it anticipated that the contracting activity with the initially identified provider network will begin after July 1, 2017?	The bidder is required to demonstrate the capacity to begin service delivery via the initial provider network in July 2017.
28	Section 2.20, page 26	Please confirm that the State, as do federal, regulations does not equate liquidated damages with sanctions for what should be reported under 2.20, J. 3.	The HCA does not equate liquidated damages to sanctions under the reporting requirements of the RFP.