



Request for Quotation

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

RFQ NUMBER
MED12001

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH 304-957-0218

V E N D O R	
----------------------------	--

S H I P T O	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706
--------------------------------	--

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 9/20/2011 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. TO PROVIDE VENDORS QUESTIONS AND ANSWERS PER THE ATTACHED.		
				2. TO CHANGE RFP LANGUAGE IN SECTION 2.5.3. CHANGE FROM: 2.5.3 PROVIDE QUALIFIED STAFF OF PERSONS WITH A MINIMUM OF ONE (1) YEAR EXPERIENCE IN SUPPORTING INDIVIDUALS IN HOME AND COMMUNITY BASED SETTINGS AND A BACHELORS DEGREE IN A HUMAN SERVICE FIELD FOR INSTATE PROJECT MANAGEMENT AND RC THAT ENSURES STATEWIDE COVERAGE AT A RATIO OF NO MORE THAN ONE (1) RC TO EVERY SIXTY (60) SELF-DIRECTION MEMBERS. CHANGE TO: 2.5.3 PROVIDE AND MAINTAIN STAFF TO CONDUCT MEDICAL ELIGIBILITY ASSESSMENTS THAT ARE A REGISTERED NURSE, LICENSED SOCIAL WORKER, LICENSED PROFESSIONAL COUNSELOR, LICENSED REHABILITATION COUNSELOR OR LICENSED PSYCHOLOGIST WITH A MINIMUM OF ONE (1) YEAR EXPERIENCE.		
				REQUISITION NO.: MED12001		
				ADDENDUM ACKNOWLEDGEMENT		
				I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.		
				ADDENDUM NO.'S"		
				NO. 1 _____		
				NO. 2 _____		
				NO. 3 _____		
				NO. 4 _____		
				NO. 5 _____		
				I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.		
SEE REVERSE FOR TERMS AND CONDITIONS						
SIGNATURE				TELEPHONE		DATE
TITLE			FEIN			ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

**GENERAL TERMS & CONDITIONS
PURCHASE ORDER/CONTRACT**

- 1. ACCEPTANCE:** Seller shall be bound by this order and its terms and conditions upon receipt of this order.
- 2. APPLICABLE LAW:** The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 3. NON-FUNDING:** All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.
- 4. COMPLIANCE:** Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.
- 5. MODIFICATIONS:** This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.
- 6. ASSIGNMENT:** Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.
- 7. WARRANTY:** The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.
- 8. CANCELLATION:** The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 9. SHIPPING, BILLING & PRICES:** Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.
- 10. LATE PAYMENTS:** Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the **West Virginia Code**.
- 11. TAXES:** The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.
- 12. RENEWAL:** Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.
- 13. BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 14. HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.
- 15. CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.
- 16. LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Office, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.



Request for Quotation

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

RFQ NUMBER

MED12001

PAGE

2

ADDRESS CORRESPONDENCE TO ATTENTION OF

DONNA D. SMITH
304-957-0218

V
E
N
D
O
R

S
H
I
P

T
O

BUREAU FOR MEDICAL SERVICES
350 CAPITOL STREET, ROOM 251
CHARLESTON, WV 25301-3706

DATE PRINTED

TERMS OF SALE

SHIP VIA

F.O.B.

FUND

BID OPENING DATE: 9/20/11

BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p>						
				SIGNATURE		
				COMPANY		
				DATE		
END OF ADDENDUM NO. 1						
SEE REVERSE FOR TERMS AND CONDITIONS						
SIGNATURE					TELEPHONE	DATE
TITLE			FEIN		ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

**GENERAL TERMS & CONDITIONS
PURCHASE ORDER/CONTRACT**

- 1. ACCEPTANCE:** Seller shall be bound by this order and its terms and conditions upon receipt of this order.
- 2. APPLICABLE LAW:** The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 3. NON-FUNDING:** All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.
- 4. COMPLIANCE:** Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.
- 5. MODIFICATIONS:** This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.
- 6. ASSIGNMENT:** Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.
- 7. WARRANTY:** The Seller expressly warrants that the goods and/or services covered by this order will: {a} conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; {b} be merchantable and fit for the purpose intended; and/or {c} be free from defect in material and workmanship.
- 8. CANCELLATION:** The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 9. SHIPPING, BILLING & PRICES:** Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.
- 10. LATE PAYMENTS:** Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the **West Virginia Code**.
- 11. TAXES:** The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.
- 12. RENEWAL:** Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.
- 13. BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 14. HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.
- 15. CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.
- 16. LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Office, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

RFP Reference	Question	Answer
2.3	Is the 'Project Manager' referenced in this section from the current WV ASO programs or project managers from other company contracts?	The project manager referenced in 2.3 applies to other company contracts.
2.4.1	<p>The waiver application indicates that the Fiscal Employer/Agent (FE/A) is responsible for the following provider activities:</p> <ul style="list-style-type: none">▪ Qualified Provider enrollment▪ Execution of provider agreements <p>Please elaborate on the relationship of the ASO to the FE/A related to certification and enrollment of providers.</p>	The FE/A is responsible for the enrollment of self-directed employees as qualified workers. The ASO is responsible for the certification of traditional TBI waiver provider agencies.
2.4.3.b	<p>Does the Bureau intend for the Vendor to complete an initial medical eligibility assessment/determination for all waiver applicants during each contract year, regardless of slot availability?</p> <p>If so, how many applicants does the Bureau project will require an initial medical eligibility assessment during the first and subsequent two contract years?</p>	<p>Yes.</p> <p>There are currently 10,448 licensed and certified nursing facility beds in WV. Individuals applying for the TBI waiver must be inpatient in a licensed nursing home, inpatient hospital or rehab facility at the time of application and have had the injury after age 22. We would expect the vendor to develop projections based on these numbers and national incident statistics. We would anticipate no more than 2000 applicants each contract year.</p>
2.4.3.c	Please confirm that the Vendor is to conduct re-evaluations for medical eligibility only for active TBI Waiver Members.	Yes.
2.4.3. d	<p>This section references the ASO evaluating the findings of medical eligibility assessments to determine whether individuals meet or continue to meet eligibility criteria. Since the ASO makes the eligibility determination, in the case of denial and subsequent hearing, will there be anyone at the hearing from BMS representing policy?</p>	Yes.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

2.5.3	Will the Bureau also allow Rehabilitation Counselors (Licensed Professional Counselors) to conduct medical eligibility assessments?	Section 2.5.3 will be amended to read "Provide and maintain staff to conduct medical eligibility assessments that are a Registered Nurse, Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist with a minimum of one (1) year experience."
2.5.3	Will the Bureau also allow an RN with a two-year degree to conduct the medical eligibility assessments?	Section 2.5.3 will be amended to read "Provide and maintain staff to conduct medical eligibility assessments that are a Registered Nurse, Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor, or Licensed Psychologist with a minimum of one (1) year experience."
2.5.3	Staff who may conduct assessments must be a "Registered Nurse, Licensed Social Worker, or Licensed Psychologist with a minimum of one (1) year experience." Does the minimum of one-year experience apply to each of the professional categories or just to the Licensed Psychologist?	The minimum of one (1) year experience applies to all categories.
2.5.3 and Waiver Application, Appendix B. Quality Improvement LOC a.i.c	A performance measure in this section specifies a measure based on the number and percent of Preadmission Screenings signed by an ASO RN. To avoid contradiction with the RFP, will the performance measure in the Waiver Application be modified to reflect the number and percent of Preadmission Screenings signed by an ASO professional with the same credentials ? Or does the Bureau intend that the Screening will also be signed by an RN who may not have conducted the Screening?	The waiver application will be modified to reflect the credentials of the appropriate staff conducting the assessment.
Waiver Application,	This section specifies a performance measure based on the number and percent of members who have current	Yes.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

Appendix B. Quality Improvement LOC a.i.c	Preadmission Screening tools in their charts. Relative to this requirement, the ASO intends to retain the copy as an electronic record. Is this acceptable to the Bureau?	
Waiver Application, Appendix D/D- 1.g, h	Item g indicates that the ASO will review a representative sample of service plans on an annual basis while item h indicates that Service Plans will be reviewed every six months or more frequently, and this item seems to reference all service plans, not a representative sample. Please clarify the requirement to review member Service Plans.	A review of a representative sample is expected on an annual basis as part of the Quality Improvement System.
Waiver Application, Appendix E-1.f	This item indicates that the ASO will conduct the Participant Experience Survey (PES). The RFP does not reference this requirement. Should the Vendor propose to conduct this survey? Additionally, we assume that the Bureau refers to the version of the PES that was developed for "Brain Injury".	Yes, the vendor should propose to conduct the Participant Experience Survey (PES) utilizing the TBI specific version.
	How will slots be awarded? On a first come, first served basis? Or on some other basis?	Slots will be awarded on a first come, first served basis.
	Can a referral application be considered accepted by the ASO only after a complete, clinically sound application has been received? That is, the applicant receives a "place in line" (first come, first served) only after a valid referral application has been received.	Yes.
	After all available slots are filled; will applicants be put on a managed enrollment list? In what order? In order of date of application or will severity of condition be a factor? Or will another factor have a bearing on an applicant's position on the managed enrollment list? If so, please indicate that factor.	Yes. The order will be based on the date of a complete, accepted application/referral.
	Because the physician signature on the referral document is	Yes.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

	good for 60 days, if applicants are assessed on a first come, first served basis, after all available slots are filled, does the ASO continue to assess applicants and new referrals as they come in? Or after all available slots are filled, does the ASO wait until a slot opens up to assess the next person on the list to be sure that person still meets the admit criteria.	
	Are TBI Waiver slots going to be released each July 1? If not, what is the anticipated schedule?	The anticipated date for release of slots is based on the approved Waiver application date and subsequent years after. For example, if the waiver is approved effective November 2011. Slots can be released each November.
	If someone is discharged from the Waiver program, will a slot open up at that time? May a TBI Waiver slot be occupied more than once during a TBI Waiver year? Must the person on the managed enrollment list who would be eligible to take that open slot be re-assessed prior to accessing services?	If someone is discharged from the Waiver, a slot does not open up at that time. A vacated slot may not be filled until the next waiver year. A person on the managed enrollment list does not need to be reassessed prior to accessing their initial slot.
	Is the member assessment completed by the ASO valid for one (1) year? If not, then for what length of time?	Yes, assessments are valid for 1 year. The only exception would be for a member on the managed enrollment list who had been on the list for a period greater than 1 year. In this scenario, the ASO would not be required to re-assess.
	If there is managed enrollment, for more efficient service to the applicant, can the applicant's financial eligibility be determined, followed by the determination of medical eligibility?	No.
	To appropriately manage the managed enrollment list, can an updated physician referral form be required annually?	No.
	Can referral applications be screened prior to scheduling an assessment? Screened for such things as age; incomplete information; diagnosis not clearly due to an injury; the age of the referral as related to date of physician signature.	Yes.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

CMS Waiver Application, Appendix G-1, Response to Critical Events/Incidents	Since the WV IMS system is outside the ASO system, is it envisioned that the ASO would provide oversight by monitoring and generating monthly and quarterly reports?	Yes.
	Is the program budget neutral – that is, the program as a whole cannot exceed the number of member's times the cost of nursing home? Or is it that no member (individual) budget can exceed the cost of nursing home?	No individual member services can exceed the cost of nursing home services.
	What is the maximum budget dollar amount for an individual member on the TBI Waiver?	Please refer to appendix J of the waiver application on the BMS web site.
	As changes are made to the TBI Waiver, after award of the RFP, should the ASO Vendor access the extra cost option?	If there is a substantive change that would increase cost then this could be considered. Any optional services required will be at the request of the agency and will require an approved statement of work.
	The member has a choice between service models: Traditional or Participant-Directed. Can the member choose to take some services from Traditional and some from Participant Directed? Or must the member choose one model exclusively?	Members can use both service models.
Waiver application, Appendix c, Participant Services	The CMS draft application indicates the ASO will support the member in fulfilling CM responsibilities. What are the expected support activities to be provided by the ASO?	If a member chooses to serve as their own Case Manager, the ASO would need to assist the individual in performing case management functions including needs assessment, service plan development and implementation.
	If a member chooses to serve as his/her own case manager, what qualifications or criteria must the member meet?	There are no qualifications that the vendor must review for a member who chooses to serve as their own case manager. A member will not be reimbursed for performing their own case



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

		management services.
	If the member chooses a relative to serve as case manager, what qualifications or criteria must the relative meet?	There are no qualifications or criteria that the vendor must review if a member chooses a relative to serve as their case manager.
	What assurances must be supplied to the ASO by the Personal Attendant or Case Management service provider to demonstrate that a qualified business is being used for Environmental Accessibility Adaptation?	Environmental Accessibility Adaptation is being removed from the Waiver application as a traditional service.
	Because this is a new program, will the initial certification of providers be a provisional certification?	No.
	Can a provider provide services under a provisional certification?	Yes.
	If a provider has been downgraded from full certification to provisional certification, can the provider continue to provide services under provisional certification?	Yes.
Waiver Application, Appendix A, No. 3	This states that the ASO is to perform operational and administrative functions, including "Review of member Service Plan (Participant-direction)." Does this mean that the ASO is not required to review member Service Plans under the Traditional model?	No, the ASO will review and approve the participant directed service plans and review a sample of the traditional service plans as part of the ongoing Quality Improvement System.
	May members access TBI Waiver Case Management and Cognitive Rehabilitative Therapy services regardless of their Service Delivery Model selection/participation?	Yes
CMS Waiver Application Appendix D-1, d, part a	Please provide a copy of the current Case Management Assessment?	This is currently under development, but will be modeled after the Aged and Disabled Waiver Member Assessment Form that can be found on the BMS web site at http://www.dhhr.wv.gov/bms/hcbs/ADW/Pages/ADW.aspx .
CMS Waiver Application	To clarify, at the time of application, these are the only places in which the TBI Waiver applicant may be: in-patient in a licensed nursing facility, in-patient hospital, or in a	This is correct.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

Appendix B-1, b	licensed rehabilitation facility to treat TBI. Please confirm.	
2.4.2 c	The RFP states the day-to-day operations plan should address "Tracking, verifying, and reporting the status of financial eligibility timelines, for TBI Waiver applicants." What are financial eligibility timelines? Is there a report available from DHHR? This item references "applicants." Is this item relevant only to initial status or is there some ongoing function that is the responsibility of the ASO?	The expectation is that the ASO will monitor financial eligibility status once an applicant selects a case manager. The ASO will monitor to ensure that financial eligibility is initiated by the applicant within 60 days of selecting a case manager.
	The TBI Waiver member receives an annual budget. Must this budget be divided equally across 12 months of services?	No
CMS Waiver Application, 5. Assurances, C. Evaluation of Need	What constitutes a "reasonable indication" that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver? Does the "one month or less" imply that the applicant meeting such criteria would receive the next available slot regardless of the number of persons on the managed enrollment list? If so, what if more than one applicant meets these criteria; would slots be filled on a first-come, first-served basis?	Any person who meets medical eligibility requirements would meet the reasonable indication that waiver services are needed in the near future (one month or less). No. Slot assignment for individuals on the managed enrollment list will be based on first come/ first serve regardless of severity of need.
	What are the parameters around timelines associated with Fair Hearings for the TBI Waiver? Members must request a hearing within what period of time? What is the TBI Waiver timelines related to appeals?	All applicable Medicaid fair hearing rules apply. Please see BMS Chapter 800 manual regarding appeal process. All manuals can be found on the BMS website at: http://www.dhhr.wv.gov/bms/Pages/ProviderManuals.aspx
CMS Waiver Application, Appendix B, f. Initial Eval D.	"If the applicant has identified a guardian or legal representative, no assessment shall be scheduled without presence of the guardian or legal representative." Please verify that if DHHR is the legal representative, no assessment will be scheduled without the presence of the DHHR representative.	If DHHR is the guardian, they may appoint a proxy on their behalf if unable to attend the assessment.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

CMS Waiver Application, Appendix B, f. Initial Eval E.	Must all assessments be completed in the applicant/member's home? Can the initial assessment be conducted in the referral in-patient facility or must it be conducted in the home?	Initial assessments may be conducted either in the applicant's home (or other appropriate location preferred by the member) or in the facility. Annual re-evaluations may be conducted in the member's home or other appropriate location preferred by the member.
CMS Waiver Application, Appendix B Annual Re-evaluation. B	"The annual reevaluation will be conducted utilizing a functional assessment tool." Please specify which tool is being referenced here. The Preadmission Screening (PAS) or the Rancho Los Amigos?	The tool will be agreed upon by the vendor and BMS once the contract has been awarded and must be TBI population appropriate.
CMS Waiver Application, Appendix B Annual Re-evaluation. i	"It is the responsibility of the Case Management Agencies to ensure that each member's annual request for medical evaluation is submitted in a timely manner." Please clarify what, if any, responsibility the ASO has related to scheduling someone for whom the ASO has received no such submitted request.	The ASO will be responsible for scheduling the annual reevaluations only in those cases where the ASO is assisting the member with case management. The ASO is also responsible for providing the case management agencies with a notification when the annual reassessment is due.
	Can the Annual re-evaluation due date be the same anchor date (MM/DD) each year? If so, within how many days of the annual anchor date must an annual re-evaluation be conducted without the need to modify a member's anchor date?	Yes, the re-evaluation date can be the same as the anchor date. The annual reevaluation can be conducted within 90 days prior to the anchor date.
CMS Waiver Application, Appendix C, Provider Specs	The ASO certifies the Case Managers and CR Therapists. The process will include comprehensive desk audits. Is this acceptable to the Bureau?	Initial agency certifications must include an onsite visit. The onsite visit may be waived if the agency has already been certified by an existing waiver program or has a behavioral health license. Annual continuing certification may be conducted through desk audits. However, a percentage of providers are randomly selected each year for an on-site review to validate certification documentation.
CMS Waiver	PDGS verification of provider qualifications: initially by the	The F/EA will maintain the file for the ASO to review.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

Application, Appendix C, Provider Specs	F/EA and then every 12 months by the ASO. Will the F/EA be providing the ASO with the information to review or will it be maintained by the Case Manager/Management agency?	
CMS Waiver Application, Appendix C, Provider Specs	Paraprofessional (direct care) staff. "The ASO will monitor compliance with annual training requirements." The process will include comprehensive desk audits. Is this acceptable to the Bureau?	Yes.
CMS Waiver Application, Appendix E, Resource Consulting, 9; Appendix G-1 e	Appendix E states all critical incidents are 'entered' into the IMS by the FE/A and the ASO to analyze trends. Appendix G states that the ASO 'reviews' the WV IMS entries. Please clarify this seeming inconsistency in the role of the ASO relevant to the WV IMS. Does the ASO enter or review?	The ASO will monitor the IMS; however, they will have the capacity to enter notes into the IMS to ensure follow up by the provider agency if needed.
CMS Waiver Application, Appendix E, Participant Direction of Services	The ASO conducts Participant Experience Surveys. This requirement is specifically in the Participant Direction section of the application. Does the requirement only apply to the members who choose PD or to ALL program members?	The PES applies to all program members.
CMS Waiver Application, Appendix E, Participant Direction of Services; CM Activity. 14	CM responsibility: "Notifying the ASO of concerns about the status of the health and welfare of participants." What is the ASO's responsibility in response to receiving these status updates?	The ASO is responsible for oversight to ensure that proper reporting and action is taken by the provider agency and F/EA to ensure health and safety.
CMS Waiver	The ASO reviews providers annually; new providers after	A statewide network of approximately 100 providers



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

Application, Appendix H, Provider Reviews	the first 6 months. How many new providers are expected to request certification per contract year?	will be pursued to operate the waiver.
CMS Waiver Application, Appendix H, Provider Reviews	"Monitoring tools have been developed to ensure that the critical data necessary to monitor CMS assurances are collected." Is a copy of these monitoring tools available? If so, where?	Monitoring tools will be based upon the CMS approved performance measures in the application. Tools will be finalized prior to waiver implementation.
	Can the notification process be streamlined for efficiencies and effectiveness?	Yes.
	If a potential notification recipient (member, legal representative, referrer, etc.) agrees, may notifications be provided through secure, electronic means rather than paper copy?	Yes.



West Virginia Department of Health and Human Resources

The Bureau for Medical Services

BMS Request For Proposal MED12001

Current RFP Language Reads	RFP Language Updated to Read
2.5.3 Provide qualified staff of persons with a minimum of one (1) year experience in supporting individuals in home and community based settings and a bachelors degree in a human service field for instate project management and RC that ensures statewide coverage at a ratio of no more than one (1) RC to every sixty (60) self-direction members.	2.5.3 Provide and maintain staff to conduct medical eligibility assessments that are a Registered Nurse, Licensed Social Worker, Licensed Professional Counselor, Licensed Rehabilitation Counselor or Licensed Psychologist with a minimum of one (1) year experience.