

**Single Entry Point Procurement**  
**Frequently Asked Questions (FAQ)**  
**January 17, 2013**

**1. Q.** Was the Long Term Care Advisory Committee (LTCAC) involved with this RFP?

**A.** Yes. In September 2012 members of the LTCAC were asked to communicate with, and solicit input from stakeholders about the Department's (Colorado Department of Health Care Policy and Financing) intent to reorganize the Single Entry Point (SEP) Statement of Work (SOW).

**2. Q.** Is the Department preempting the work of the LTCAC subcommittees and applying Conflict of Interest (COI) corrections to these SEPs based upon conflicts identified in the Colorado Community Centered Board (CCB) system?

**A.** No. The Department has been and continues to work with the LTCAC. COI concerns identified in the CCB system have no bearing on this effort.

**3. Q.** Why was the fact sheet posted to the Department website before being presented to the LTCAC Eligibility and Entry Point subgroup?

**A.** The Department posted the fact sheet and solicitation for comment to the website to reach the broadest public audience. Based on comments received from clients, advocates, providers and contractors, the posting was taken down to allow members of the LTCAC to utilize their professional networks for messaging and comment.

**4. Q.** What is HCPF's definition of conflict-free case management?

**A.** The Department adheres and agrees to the definition of conflict-free case management as offered by CMS in the Balancing Incentive Program (BIP). For the purpose of this procurement, the Department recognizes potential conflict between the provision of case management and direct Home- and Community-Based Services (HCBS). The Department expects Offerors to address the issue by providing detailed COI mitigation strategies. Potential or perceived conflict concerns between case management and eligibility determination will not need to be mitigated at this time.

Department contracts refer to COI very broadly to include even the "appearance of conflict of interest." It will be the Offeror's responsibility to assure the Department that it is conflict-free or has sufficiently mitigated real or perceived conflicts.

**5. Q.** Why is the "best price option" not mentioned in the fact sheet?

**A.** The intent of the fact sheet was to solicit public comment on the operational aspects of the SEP agency reprocurement. For the effect a "best price" offer has on the reprocurement effort, please refer to the response provided to question 12 below.

**6. Q.** Is the decision to separate the SEP contract into three sections (Intake and Screening, Case Management and Eligibility Determination) motivated by a cost-savings assumption?

**A.** No. The purpose for separating the functions is to provide definition of each major service category to enhance proposal evaluations and ensure the Department secures the best value contract.

**7. Q.** Is the Department's intention to move the SEP function to an insurance agency, managed care model?

**A.** No. The Department is not making systemic change to the SEP function as part of this procurement. The Department continues to research SEP management in other states and may entertain changes in the future. The LTCAC will be proactively engaged to offer input on any contemplated changes.

**8. Q.** What is HCPF's vision for SEPs in the future? What is the role of Adult Resources for Care and Help (ARCH) in this vision?

**A.** The Department is not making systemic change to the SEP function as part of this procurement. The Department has been looking at how other states manage the SEP function including the formal role of ARCH. Future LTSS procurements will be based on the research conducted by the Department and on the recommendations of the LTCAC.

**9. Q.** How does the proposal to alter the Scope of Work into three separate sections coincide with other HCPF reforms, including Regional Care Collaborative Organizations (RCCO), dual eligible demonstration project, Colorado Choice Transitions (CCT), and Community First Choice (CFC)?

**A.** The timing of the adjustments to the SEP contract SOW is independent of the RCCO, dual eligible demonstration (Medicare-Medicaid enrollees), CCT or CFC projects. Adjustments to the SEP SOW may be necessary in the future to support these efforts.

**10. Q.** Will the SEPs awarded contracts through this RFP be managed differently than the other 20 agencies?

**A.** The Department is not making systemic change to the SEP function as part of this procurement. SEP contracts held by governmental subdivisions will be changed to reflect those awarded through this procurement. Management will be uniform across the state.

**11. Q.** SEPs have invested heavily in developing local community systems and relationships to improve care for HCBS clients. How will the RFP solicit information about those systems? How will they be valued in the scoring of proposals?

**A.** The RFP will provide opportunities for Offerors to describe community-based systems and relationships that are either presently in place or will be in place by the start date of the contract(s).

**12. Q.** If HCPF should move forward with a “best price option,” how heavily weighted will price be on the end selected contractor?

**A.** Responses to the RFP will be separated into two principal sections, a technical section or proposal addressing operational issues and a cost section or proposal offering pricing. The “best price” offered will not necessarily result in a contract as awards will be based on the totality of each offer provided. The weighted value of price will be published in the RFP. Potential offerors should consider this weight when developing responses.

**13. Q.** What parameters will be included in the “best price option;” more specifically, how should bidders account for growth?

**A.** The Department is providing contract values and client counts by district/region over each of the last several State Fiscal Years. Offerors are encouraged to consider this information when projecting client growth and developing pricing proposals.

**14. Q.** HCPF released the BIP document as background information that will inform HCPF’s RFP process. BIP emphasized a ‘no wrong door’ system. How does separating the scope of work into three cost proposals, support ‘no wrong door’?

**A.** The separation of the scope of work into three major service categories is unrelated to the “no wrong door” system as described in the BIP document.

**15. Q.** Will the RFP instructions for the cost proposals have a “not to exceed” amount supplied by HCPF?

**A.** The Department is providing contract values and client counts by district/region over each of the last several State Fiscal Years. There are benefits both for and against offering “not to exceed” amounts in RFPs. The Department continues to consider this question and will offer concrete instructions in the published RFP.

**16. Q.** Is HCPF envisioning this as per person amount or cost to serve a geographic area? How will this process reconcile with reimbursement methodologies prescribed in §8.392.2?

**A.** Offerors to the RFP will submit per client/applicant pricing for each principal category (Intake and Screening, Case Management and Eligibility Determination).

The Department will annually allocate to each contractor a funding amount for the number of counties served per 10 CCR 2505-10, Section 8.392.A.1 and 2. The amount allocated by the Department will be consistent with those allocated to county-based agencies.

**17. Q.** Is the Department’s intention to create a “mega SEP” similar to a Behavioral Health Organization (BHO) and/or contract with a large national organization such as MASSPRO?

**A.** No. The Department is not making systemic change to the SEP function as part of this procurement. The Department’s intent for the SEP system is being developed through stakeholder input in the LTCAC and the research into other state approaches and models. Future procurements will reflect these changes.

**18. Q.** Will HCPF allow a robust COI response in the RFP? The prior RFP only allowed for a very minimal statement in a section that could only be a maximum of a few pages in length.

**A.** Yes. Offerors will be encouraged to provide evidence of conflict-free case management and/or the full and complete mitigation of COI in their proposals. Responses will be rated by the evaluators and additional points awarded as determined appropriate.

**19. Q.** How does HCPF envision the role of case management for dual eligibles between the SEPs and the case management responsibilities of the RCCO?

**A.** The Department considers case management and care coordination different, but related functions. Case management under the SEP contracts is limited to the CMS definition, which includes assessment, service/care planning, referral and monitoring of covered waiver services. SEP case managers may also, at times, coordinate services with other providers, e.g. behavioral health organizations (BHOs). RCCOs are responsible for medical management and care coordination across the continuum of care, including non-medical services needed by enrollees. For Medicare-Medicaid RCCO enrollees who receive HCBS waiver services, RCCOs will coordinate with SEP case managers, as well as with other providers, systems, and services needed by these clients. RCCOs provide wraparound support not only for high needs, complex clients but also for the providers that serve them.

The Care Coordination subcommittee of the LTCAC is considering recommendations to the Department on how best to coordinate care for our long term care clients. The RFP will not address this directly

**20. Q.** How will this RFP move HCPF towards its strategic plan goal of “improving performance of HCBS providers and case management organizations by 10% in Fiscal Year 14-15”?

**A.** It doesn’t, this RFP simply categorizes SEP functions into the three areas previously identified.

**21. Q.** Although the RFP is posted from HCPF, Home Care Allowance (HCA) must also be case managed by the selected SEP(s). Will the Colorado Department of Human Services (CDHS) be part of the selection/review process of the RFP?

**A.** The Department, as the State authority for SEP agency certification, is working closely with the CDHS on this project. The Department has a commitment from CDHS to provide a

representative to be on the proposal evaluation team.

**22. Q.** Will questions be permitted once the RFP is officially posted for bid? If so, for how long after posting will questions be accepted?

**A.** Yes. Questions are due within 2 to 3 weeks after the posting of the RFP. The actual due date for question submission will be posted in the RFP.