



Solicitation Addendum

Solicitation Number: 30-2020-052-DHB
Solicitation Description: BH I/DD Tailored Plan Request for Applications (RFA)
Solicitation Opening Date and Time: February 2, 2021 at 4:00 PM ET
Addendum Number: 8
Addendum Date: January 25, 2021
Addendum Description/Purpose: Revise Department Response to Questions & Update Instructions for RFA Submission and Opening of Applications
Contract Specialist: Kimberley Kilpatrick
Medicaid.Procurement@dhhs.nc.gov

NOTIFICATIONS AND INSTRUCTIONS:

- A. Return one properly executed copy of this Addendum #8 with response. Failure to sign and return this Addendum #8 may result in the rejection of Offeror's proposal.
 - B. Carefully read, review, and adhere to all revisions to the RFA in this Addendum #8, including the **completion** of the *RFA # 30-2020-052-DHB Applicant's Response Submission Checklist*.
 - C. The Department will open responses to the RFA on **February 2, 2021 at 4:00 PM ET**.
 - D. **Important Reminder:** It is the responsibility of the Applicant to have the required documents and electronic copies physically in the office location/address provided in Section II.E.4 of the RFA by the specified date and time of opening, regardless of the method of delivery. This is an absolute requirement. The time of delivery will be marked on each application when received, and any application received after the submission deadline will not be accepted or evaluated.
 - E. Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments, Section I. Instructions states *"The Applicant's Proposal and Response must be typed, page numbered, single-spaced, and in at least a 12-point font on Letter-sized (8 ½" x 11") paper with 1" margins."* The Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments template provided by the Department on January 4, 2021, is not set at 1" margins. It is acceptable to use the template as provided by the Department that does not include 1" margins.
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1. Revisions to the RFA

A. Section II. D. Schedule and Important Events, Section II. Table 1: RFA Schedule is revised and restated in its entirety:

First Revised and Restated Section II. Table 1: RFA Schedule		
Activity	Responsible Party	Due Date
Issue Request for Application	Department	November 13, 2020
Preapplication Conference	Department	November 18, 2020, 9:00 a.m. – 12:00 noon ET
Deadline to Submit Written Questions	Applicant	November 25, 2020, 2:00 p.m. ET
Issue Addendum with Responses to Questions	Department	December 18, 2020
Deadline to Submit Applications	Applicant	February 2, 2021, 4:00 p.m. ET
Conduct Evaluation of Applications	Department	February 2, 2021 –June 10, 2021
Deadline to Submit Response to Supplemental Evaluation Questions for Empty Region(s)*	Applicant	TBD but Applicants will be notified at least two (2) weeks in advance of the due date
Contract Awards	Department	June 11, 2021

*If needed

B. Section II. D. Schedule and Important Events, is revised to add the following:

4. Application Opening.

- a. The opening of applications will be conducted by the Department on **February 2, 2021, 4:00 p.m. ET**. Due to the COVID-19 pandemic the opening will be a virtual event conducted on Microsoft Teams.
- b. Applicants are not required to attend the Application Opening.
- c. To facilitate the virtual opening, any Applicant wishing to attend the Application Opening must pre-register by sending an email to Medicaid.Procurement@dhhs.nc.gov stating the name of the Applicant, the names and email addresses of Applicant representatives to attend, the current role of each representative, and any requests for a sign language interpreter or other accommodations. Applicants must pre-register at this email address no later than 12:00 PM ET on February 1, 2021.
- d. Audio and video recording will not be permitted. Statements and materials made at Application Opening are not binding upon the Department and do not replace compliance with this RFA.
- e. During the Application Opening, the Division will:
 - i. Request introductions and record the information for attendees and their represented entity;
 - ii. Open each application submission and record the applicant’s name, the number of boxes/ packets opened; and
 - iii. Announce the name of each Applicant.
- f. The Department will post a Tabulation on IPS following the Application Opening. The Tabulation will include the name of each Applicant for which an application was opened.

C. **Section II.E. Submission of Applications, 3. Required Application Documents** is revised to add the following:

d. The Applicant shall complete the *RFA #30-2020-052-DHB Applicant’s Response Submission Checklist* as attached to Addendum #8. The Checklist identifies the materials to be submitted and notes items requiring completion and/or signature to assist Applicant in ensuring its response is complete and in the correct order. If there is any discrepancy between the Checklist and instructions regarding the completion of information or signatures in the RFA, the instruction shall prevail. Notwithstanding Section II.E.3.a. of the RFA regarding the order of required documents, Addendum #8 and the completed *Applicant’s Response Submission Checklist* may be included at the front of the response prior to RFA Cover Page with Title and RFA Number and is not subject to the page numbering requirements.

D. **Section II. E. Submission of Applications, 4. Application Submission and Number of Copies** is revised to add the following:

c. Applicant or Applicant’s representative may hand deliver applications to 820 S. Boylan Ave, McBryde Building, Raleigh, NC 27603 as provided in this section.

d. Due to the COVID-19 pandemic the Department will accept hand deliveries of applications by appointment only.

i. Appointments will be available during the following dates and times:

February 1, 2021	<ul style="list-style-type: none"> • 8:30 AM ET • 9:30 AM ET • 10:30 AM ET • 11:30 AM ET • 12:30 PM ET • 1:30 PM ET • 2:30 PM ET • 3:30 PM ET • 4:30 PM ET
February 2, 2021	<ul style="list-style-type: none"> • 8:30 AM ET • 9:30 AM ET • 10:30 AM ET • 11:30 AM ET • 12:30 PM ET • 1:30 PM ET

ii. Appointments must be scheduled by emailing Medicaid.Procurement@dhhs.nc.gov. The email subject shall be “Schedule Delivery of RFA #30-2020-052-DHB Applications.” In the body of the email, indicate a first, second and third preference for the appointment date and time as well as any limitations the Applicant may have with scheduling delivery during these available times. The Department will make every effort to accommodate Applicant’s preference.

iii. The Department will notify the Applicant of the date and time scheduled, and email an appointment invite with additional directions for locating the correct building entrance and contact information for the day of the delivery.

- iv. Due to the ongoing COVID-19 pandemic, the Applicant should limit the number of persons to only those necessary to support delivery of the applications. The Applicant will be required to adhere to COVID-19 safety protocols, including wearing a face covering, remaining six feet (6') apart, limiting contact, and any others identified in the delivery appointment and directions email.
- e. If the Applicant is planning to deliver its response other than making an appointment for hand delivery (i.e., US postal service or commercial carrier), the Applicant *must notify the Department immediately* via email to Medicaid.Procurement@dhhs.nc.gov to confirm the process and address to use for such delivery.

2. RFA Addendum #6, Department Response to Questions

The Department revises and restates the State's response to the following questions in their entirety:

Remainder of this page intentionally left blank.

No.	RFA Section	RFA Page Number	Offeror Question	First Revised and Restated State's Response
74.	V.B.1.i.(iv) V.B.4.v(v) IX. Medicaid Tailored	Page 58 of 254 Page 225 of 254 Page 228 of Draft Rate Book	<p>Section B.1.i.(iv) states: "The Department is exploring seeking a change in State law to allow Beneficiaries who are medically needy, participate in the NC HIPP program, or are enrolled in the CAP/C or CAP/DA waivers if they meet one of the BH I/DD Tailored Plan eligibility criteria to enroll in a BH I/DD Tailored Plan for Medicaid-covered BH, I/DD, and TBI services. They would receive all other Medicaid-covered services through NC Medicaid Direct." Similarly, the Draft Rate Book states: "Beneficiaries enrolled in both Medicare and Medicaid (dual eligible) for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing ... will only be eligible to receive BH, I/DD and TBI services through the BH I/DD Tailored Plan."</p> <p>Will the LME/MCO be required to offer Tailored Care Management (TCM) to the dual Eligibles who are eligible at TP Go-Live, or will those individuals be exempt from TCM since they will not receive physical health and pharmacy services via the Tailored Plans?</p> <p>If these dual Eligibles will not be exempt from TCM, what is the estimated number of individuals, by Region number, who will require TCM?</p> <p>Can the Department provide the estimated number of 1) NC HIPP; 2) Medically Needy; 3) CAP/C; and 4) CAP/DA individuals, by Region number, who may be eligible for Tailored Plans if the General Assembly passes the referenced change in State law during the 2021 legislative session?</p> <p>Will the LME/MCOs be required to offer TCM to the above-referenced individuals if they enroll in a Tailored Plan?</p>	<p>The BH I/DD Tailored Plans are required to offer BH I/DD Tailored Care Management to dual eligibles at go live if the Department obtains legislative authorization to enroll dual eligibles who meet one (1) of the BH I/DD Tailored Plan eligibility criteria in BH I/DD Tailored Plans for Medicaid-covered BH, I/DD, and TBI services. If the Department seeks legislative change to enroll NC HIPP, medically needy, CAP/C, and/or CAP/DA beneficiaries who meet one of the BH I/DD Tailored Plan eligibility criteria in BH I/DD Tailored Plans, BH I/DD Tailored Plans will be required to offer them BH IO/DD Tailored Care Management.</p> <p>The Department is not releasing data on the number of dual Eligibles, NC HIPP, medically needy, CAP/C, and CAP/DA beneficiaries who would be eligible for a BH I/DD Tailored Plan at this time.</p>

No.	RFA Section	RFA Page Number	Offeror Question	First Revised and Restated State's Response
124.	V.B.3.ii.vii.(i)(a)	Page 170 of 254	The RFA indicates that members can receive both TCM and In Reach/ Transition services and further indicates that In Reach and Transition services must be delivered by the Tailored Plan (not the provider agency). This appears to mean that members may be receiving TCM from an AMH+ and In Reach and Transition services from the LME/MCO at the same time. Can you confirm this interpretation is correct? If so, should the Tailored Plan include in its RFA Response a plan for collaboration with the AMH+ in such instances to ensure no duplication of care management services?	Responsibility for conducting in-reach and transitions services differs by setting and other member characteristics. See RFA Section V. Scope of Services, B. Medicaid, 3. Care Management, h. v., Table 1. In-Reach and Transition Staffing Requirements. It is possible that members can be receiving BH I/DD Tailored Care Management from an AMH+ or CMA while also receiving in-reach or transition services from BH I/DD Tailored Plan-based staff; for other members, the AMH+ or CMA care managers will be responsible delivering in-reach and transition services. In either case, BH I/DD Tailored Plans must ensure that a member does not receive duplicative care management services.
231.	Section VII, Attachment M.7	156	Will the Department be conducting informational meetings leading up to the Credentialing Transition Period and PDM/CVO contract effective date? If so is there a contemplated schedule and mode of meetings?	The Department will establish a plan to educate and assist providers in the transition to a PDMCVO model of enrollment and credentialing.

Execute Addendum #8:

Offeror: _____

Authorized Signature: _____

Name and Title (Typed): _____

Date: _____

RFA # 30-2020-052-DHB Applicant’s Response Submission Checklist

Applicant shall complete this Checklist and submit with *Solicitation Number: 30-2020-052-DHB Addendum Number: 8.*

Item #	Item/Required Document	Instructions	Check to confirm completion/ inclusion
1.	RFA Cover Page with Title and RFA Number	Include with Application	<input type="checkbox"/> Confirmed.
2.	Applicant Name and Tax ID Number page	Complete and include with Application	<input type="checkbox"/> Confirmed.
3.	RFA Execution Page Page (i)	Complete Execution Page, sign and include with Application	<input type="checkbox"/> Confirmed.
4.	Body of RFA, excluding attachments	<p>Return all of the following documents as described on the State’s interactive purchasing system (IPS):</p> <ul style="list-style-type: none"> a. Request for Applications for NC Medicaid BH IDD Tailored Plans; b. Addendum 1 RFA 30-2020-052-DHB Section V Scope of Services, A-B; c. Addendum 2 RFA 30-2020-052-DHB Section V Scope of Services C and Section VI. <p><u>NOTE:</u> Addendum 5 RFA 30-2020-052-DHB Section IX Medicaid Tailored Plan Draft Rate Book should not be included in Applicant’s submission.</p>	<input type="checkbox"/> Confirmed.
5.	Addenda #6 issued December 18, 2020.	Return in its entirety with signed acknowledged receipt pages.	<input type="checkbox"/> Confirmed.
6.	Addenda #7 issued December 18, 2020.	Return in its entirety with signed acknowledged receipt pages.	<input type="checkbox"/> Confirmed.
7.	Addendum #8 issued January 26, 2021	<p>Returned in its entirety with signed acknowledged receipt pages.</p> <p>Completed RFA # 30-2020-052-DHB Applicant’s Response Submission Checklist.</p>	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Confirmed
8.	Section VII. Attachments A - P	Return Addendum 3 RFA 30-2020-052-DHB Section VII Attachments A-P.	<input type="checkbox"/> Confirmed.
9.	Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments.	Complete and return Section VIII. First Revised and Restated Attachment Q. Application Response and Completed	<input type="checkbox"/> Confirmed.

		Attachments with areas completed and signed as required.	
Below is guidance for each component requiring specific action within <i>Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments</i> . Carefully read and complete each section as instructed and as applicable to the Applicant, including check boxes.			
10.	<i>Section VIII. First Revised and Restated Application Response and Completed Attachments, Table of Contents.</i>	Return with submission.	<input type="checkbox"/> Confirmed.
11.	<i>Section VIII. 1. Instructions.</i>	Return with submission.	<input type="checkbox"/> Confirmed.
12.	<i>Section VIII. 2. First Revised and Restated Minimum Qualifications.</i>	Complete, sign and provide any information, documentation, details and/or letters required. Return with submission.	<input type="checkbox"/> Confirmed.
13.	<i>Section VIII. 3. First Revised and Restated Applicant's Response to Evaluation Questions.</i>	Follow the instructions to complete the response for each of questions 1 – 87. Return with submission.	<input type="checkbox"/> Confirmed.
14.	<i>Section VIII. 4. Use Case Scenarios.</i>	Follow the instructions to complete the response for each Use Case Scenario A - E. Return with submission.	<input type="checkbox"/> Confirmed.
15.	<i>Section VIII. 5. BH I/DD Tailored Plan Key Personnel.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
16.	<i>Section VIII. 6. Contractor's Contract Administrators.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
17.	<i>Section VIII. 7. Certification of Financial Condition.</i>	Follow the instructions to complete the response and sign. Return with submission.	<input type="checkbox"/> Confirmed.
18.	<i>Section VIII. 8. Disclosure of Litigation and Criminal Conviction.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
19.	<i>Section VIII. 9. Disclosure of Conflicts of Interest.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
20.	<i>Section VIII. 10. Disclosure of Ownership Interest.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
21.	<i>Section VIII. 11. Subcontractor Identification.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
22.	<i>Section VIII. 12. Business Associate Agreement.</i>	Follow the instructions to complete the response and sign. Return with submission.	<input type="checkbox"/> Confirmed.
23.	<i>Section VIII. 13. Location of Works Utilized by the Contractor.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
24.	<i>Section VIII. 14. State Certifications – Required by North Carolina Law.</i>	Follow the instructions to complete the response and sign. Return with submission.	<input type="checkbox"/> Confirmed.

25.	<i>Section VIII. 15. Federal Certifications.</i>	Follow the instructions to complete the response and sign. Return with submission.	<input type="checkbox"/> Confirmed.
26.	<i>Section VIII. 16. Request for Proposed Modifications to the Terms and Conditions.</i>	Follow the instructions to complete the response. Return with submission.	<input type="checkbox"/> Confirmed.
27.	<i>Section VIII. 17. Supplemental Evaluation Questions for Empty Region(s).</i>	These questions 1 – 4 are not to be completed at this time. These questions must be returned unanswered as part of <i>Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments.</i>	<input type="checkbox"/> Confirmed.
Following are details for the number of copies to be submitted.			
1.	Hard Copies of Executed Applicant's Response. See Section II.E.3.a. definition of "Applicant's Response"	Submit One (1) signed original and two (2) copies of executed Applicant's Response. The original must be clearly marked as the original.	<input type="checkbox"/> Confirmed.
2.	Copies of <i>Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments</i>	Submit fifteen (15 copies) of completed <i>Section VIII. First Revised and Restated Attachment Q. Application Response and Completed Attachments.</i>	<input type="checkbox"/> Confirmed.
3.	Soft Copies of Applicant's Response - Original	Submit in accordance with <i>Section II. E. 4.</i> one (1) copy of the signed, original executed Applicant's Response on an individual CD, DVD, or flash drive.	<input type="checkbox"/> Confirmed.
4.	Soft Copies of Applicant's Response – Original with Redactions	Submit in accordance with <i>Section II. E. 4.</i> one (1) copy of signed, original executed Applicant's Response redacted in accordance with Chapter 132 of the General Statutes. The redacted copy must be clearly marked and indicate how the redacted information meets the requirements for redaction as required in Section II.F.1. The redacted response must be submitted on an individual CD, DVD, or flash drive. If the application does not contain Confidential Information, Applicant must submit as signed statement to that effect.	<input type="checkbox"/> Confirmed.