

Request for Proposal MED-25-005, *Technical Assistance and Program Support for Iowa Medicaid*Vendor Questions and Agency Responses – July 2, 2024

The table below lists all questions there were received by 12:00 PM CST of June 25, 2024, by the Agency regarding RFP MED-25-005, *Technical Assistance and Program Support for Iowa Medicaid* and the Agency responses to these questions.

Question Number	RFP Page(s) and Section Number(s)	Vendor Question	Agency Response
1		Would you anticipate precluding the successful bidder from future contracts specific to Medicaid? If so, from which of those future RFPs being currently planned or considered might the winning bidder be precluded?	No, the Agency does not anticipate precluding the successful bidder of this procurement from future RFPs.
2		Have other vendors or firms been precluded from bidding on MED-25-005? If so, could you identify them?	No vendors were precluded from this RFP.
3		The title of this RFP references Technical Assistance and Program Support, however the services being solicited appear to be primarily related to program policy. Can you clarify how you are defining "technical assistance"?	Please see Section 1.3.1.2 Task Area 1 of the RFP. This section discusses the technical assistance that HHS is seeking through this RFP. This RFP is requesting program policy support and policy implementation subject matter expertise. To clarify, the use of "technical" does not refer to information technology support.
4		Is the use of DocuSign acceptable, or do the original signatures need to be wet/ink signatures?	The Agency will accept digital signatures. The electronically signed documents shall be submitted in PDF format.
5		Should we include narrative responses to the items under Section 1.3.1.1 General Obligations or are these attestations? If we should include narrative will this be evaluated at a specific percentage?	See stated response requirements for information regarding 1.3.1.1 in Section 3.2.5.
6	Pg7 and Attachment F	RFP Section 1.3.3 notes that bidders "shall itemize costs per task area each month, broken out by hours" and that monthly invoices must "include a summary of off-site hours." Additionally, RFP Attachment F requires that bidders provide an estimated quantity of hours per State Fiscal Year. In order to assess the anticipated	Yes. This information is available in the Bidder's Library located at https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/rfp

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		level of effort required by the State, and to more accurately project our costs, can the State share its current vendor's contract billed hours and/or amounts for the most recent three fiscal years?	
7	1.1	Is there an incumbent for this scope of work?	Yes. Under contract MED-19-011, the current incumbent for this work is Health Management Associates, Inc.
8	3.2.4.3	Are letters of reference required to be signed by the client?	All requirements fir the letters of reference are stated in Section 3.2.4.3.
9	3.2.5.1	Is the table requested for "overall operations" a table of corporate staff from the bidding organization?	In the first bullet of Section 3.2.5.1, the reference to "overall operations" refers to the entire bidding organization.
10	3.3	Is there a maximum contract award for this scope of work?	There is not a maximum contract award for this scope of work. This is a competitive procurement where the Cost Proposal presented by the Bidder is evaluated alongside the Technical Proposal and the proposed cost is scored. See Section 4.3 on pages 20-21.
11	Pg 3 Section 1.1	Does the Agency anticipate expanding the populations enrolled in managed care, such as a population covered under a waiver?	HHS already includes the LTSS population in MCO enrollment.
12	Pg 3 Section 1.1	What are the challenges community-based organizations experience when connecting someone to non-Medicaid services especially if the individual is on a HCBS waiver waitlist?	Please see the HOME webpage located at https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home . The Final Evaluation Report has detail about the current challenges. The Transformation plan guides the HOME work today.
13	Pg 4 Section 1.3.1.1	Does the Agency want Section 1.3.1.1 included in Tab 3? Or is this information that informs Tab 4 only?	Refer to page 20 and the scoring rubric. Also see the instructions in Section 3.2 (specifically Section 3.2.5).
14	Pg 6 Section 1.3.1.2(A)	For data collection activities to help inform potential policy development, would the vendor have access to State data sets?	No, the state would share data with the Contractor when HHS determines it necessary.
15	Pg 6 Section 1.3.1.3	On average, how many HCBS and 1115 waiver amendments and renewals are expected annually?	An application for renewal of the 1115 waiver was just submitted as the current waiver period expires 12/31/24. We are now in the process of negotiating terms with CMS and may need assistance with

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			information in that process. Aside from that, we have not had any amendments to the 1115 waiver in recent years outside of the Public Health Emergency (PHE). As for HCBS waiver amendments, we are in the process of going through a waiver redesign project to consolidate our 7 current waivers into 2 waivers. As we move through that process, we are renewing/or making amendments to our existing waivers that are due. More information about the HOME project (waiver redesign) can be found here: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/current-projects/home
16	Pg 15 Section 3.2.3	If Section 1.3.1.1 is included in Tab 3, does the Agency want this RFP section restated in the proposal?	Please review page 20 and the scoring rubric as well as Section 3.2 on pages 16 and 17.
17		BerryDunn is currently involved in Medicaid Modernization at Iowa HHS and wanted to verify if this opportunity will anyway be a conflict of interest?	It is the responsibility of the bidder to determine whether or not they believe a conflict exists based on the language provided in Attachment D of the RFP. Should the bidder proceed with submitting a bid the Agency would then assess to verify whether or not a conflict exists.