QUALITY IMPROVEMENT ORGANIZATION SERVICES
RFP NUMBER 21-19004
PRE-PROPOSAL

June 10, 2021

Scope of Work Summary Statement

The Maryland Department of Health's (MDH) Developmental Disabilities Administration (DDA) is issuing this Request for Proposals (RFP) to request a Contractor certified by Centers for Medicare and Medicaid Services (CMS) as a Quality Improvement Organization (QIO) or QIO-like entity to:

- Provide strategies that enhance the quality of life and help to ensure the health and wellbeing for individuals with intellectual and developmental disabilities;
- Develop audit standards for the DDA's services including review cases and analyze patterns of services related to assessed need and quality review;
- Conduct ongoing utilization reviews to safeguard against unnecessary utilization of care and services and to assure efficiency, economy and quality of care; and
- Administer the DDA's National Core Indicators Surveys

Scope of Work Summary Statement

- It is the State's intention to obtain services, as specified in this RFP, from a Contract between the selected Offeror and the State. The anticipated duration of services to be provided under this Contract is three (3) base years with two (2) option periods. Each option period is one (1) year

- The Department intends to make a single award as a result of this RFP. *See RFP Section 4.9 Award Basis for more Contract award information*

- An Offeror, either directly or through its subcontractor(s), must be able to provide all services and meet all of the requirements requested in this solicitation and shall remain responsible for Contract performance regardless of subcontractor participation in the work

Background, Purpose and Goals

- The DDA's mission is to create a flexible, person-centered, family-oriented system of supports so people can have full lives. See information on DDA at https://dda.health.maryland.gov/Pages/home.aspx

- The DDA provides a coordinated service delivery system so that people with developmental disabilities receive appropriate services oriented toward the goal of integration into the community

- Services are provided through a wide array of community-based services delivered primarily through a network of nonprofit Providers, as well as forensic residential centers and State residential centers

Background, Purpose and Goals

- The DDA's community-based services and supports are provided through a combination of 1915(c) of the Social Security Act, Home and Community Based Services (HCBS) Waivers (i.e., Community Pathways, Family Supports, and Community Supports Waivers), Targeted Case Management under the Medicaid State Plan, and DDA State funded services

- As a key piece of the DDA's service delivery system, the Coordinator of Community Services (CCS) assists applicants and participants in coordinating all services, whether Medicaid reimbursed services or services provided by other funding sources. These services include completing the Person-Centered Plan (PCP) and any subsequent revisions and monitoring the implementation of the PCP and the health and welfare of participants
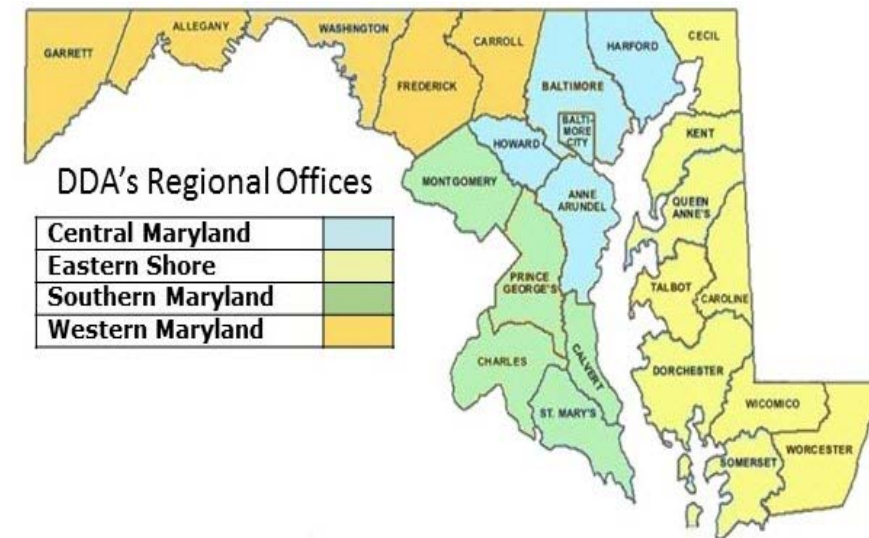
Background, Purpose and Goals

Services funded by the DDA include:

Assistive Technology and Services

Behavioral Support Services

Career Exploration

Community Development Services

Community Living - Group Homes

Community Living - Enhanced Supports

Coordination of Community Services (CCS)

 Day Habilitation

Employment Discovery and Customization

Employment Services

Environmental Assessment

Environment Modifications

Family and Peer Mentoring Supports

Family Caregiver Training and Empowerment Services

Fiscal Management Services

Housing Support Services

Individual and Family Directed Goods and Services

Live In Caregiver Supports

Nursing Support Services

Participant Education, Training, and Advocacy Supports

Personal Supports

Remote Support Services

Shared Living

Supported Employment

Supported Living

Respite Care Services

Transportation

Vehicle Modifications

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Background, Purpose and Goals

Services are administered through four (4) DDA regional offices in the State of Maryland that include each of the following counties:

DDA Region Office	Counties Served
Nicholas Burton, Director Central Maryland nicholas.burton@maryland.gov	Anne Arundel County, Baltimore City, Baltimore County, Harford County, Howard County
Kimberly Gscheidle, Director Eastern shore kimberly.gscheidle@maryland.gov	Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties
Onesta Duke, Director Southern Maryland onesta.duke@maryland.gov	Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties
Cathy Marshall, Director Western Maryland cathy.marshall@maryland.gov	Allegany County, Carroll County, Frederick County, Garrett County, Washington County

DDA's Regional Offices

| Central Maryland |
| Eastern Shore |
| Southern Maryland |
| Western Maryland |

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Background, Purpose and Goals

- The DDA values Quality Enhancement (QE) as a critical aspect that must be incorporated into all facets of the State's service system that supports Maryland citizens with developmental disabilities

- DDA's intent is to have structures and systems to measure and improve performance in the CMS Quality Framework for HCBS which will focus on seven (7) desired outcomes

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Background, Purpose and Goals

1. Participant Access: access to community supports; information and referral; timely intake and eligibility determination; reasonable promptness

2. Person-Centered Service Planning and Delivery: individually-oriented needs assessment and service plans; implementation and monitoring and service as planned; responses to changing needs/choices and to participant direction

3. Provider Capacity: organizational licensure and certification; sufficient Providers (agencies and staff); sufficient staff training; Provider monitoring

4. Participant Safeguards: incident reporting/response; risk assessment/balance with choice; monitoring of behavioral/pharmacological interventions; medication administration; emergency/disaster preparation/response; health monitoring

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Background, Purpose and Goals

5. Rights and Responsibilities: protection of rights and decision-making authority; due process and grievance procedures

6. Outcomes and Satisfaction: surveys show satisfaction with quality of services, and service outcomes; data used to find and respond to dissatisfaction and unmet goals

7. System Performance: systematic gathering and analysis of performance data; community participation in designing and appraising system performance and improvement activities; financial accountability; systematic striving to improve quality

Background, Purpose and Goals

Monitoring of Basic Waiver Assurances

- The Contractor serves as an extension of the State's QE function to monitor and ensure Basic Waiver Assurances under the HCBS Waiver by supporting the following reviews of performance measures based on a statistically valid random sample pulled from the universe of participants, providers, service plans, incidents, and claims:

  - Level of Care Reviews

  - Service Plans Reviews

  - Health and Welfare Reviews

  - Qualified Provider Reviews

  - Financial Accountability Reviews

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Background, Purpose and Goals

Utilization Reviews (UR)

- The DDA requires the Contractor to conduct UR for people who are receiving DDA funded services. The purpose of the URs is to verify that the authorized units of service and the actual service for which the DDA has contracted and/or paid for are being provided to the Person

- URs consist of reviewing Provider furnished documentation to justify that the service was rendered, and that the Provider's were provided as described in the PCPs. The reviews also consist of interviewing the Person and, as appropriate, the Person's family, CCS, Provider or others to determine whether services were rendered as required

- All DDA funded services are included for the statewide URs and shall be conducted in a statistically valid manner to support the basic assurances and performance measures of service planning and financial accountability

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Background, Purpose and Goals

Execution of the National Core Indicators Surveys

- The DDA requires the Contractor to support the completion of the Adult Consumer Face to Face Survey, the Adult Family Member Survey, and the Family Guardian Survey

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Background, Purpose and Goals

Council for Quality Leadership Accreditation of the State System

- The DDA desires to create a service delivery system that is Council for Quality Leadership (CQL) accredited and is capable of passing that accreditation down to Providers who are providing services through the DDA system

- To accomplish this goal, the DDA requires the Contractor's support for creating a service delivery system that is able to receive CQL Accreditation

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Background, Purpose and Goals

Enhanced Funding for QIO Services

- The Contractor must achieve CMS approval of an enhanced match (75%) for QIO services

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Background, Purpose and Goals

Data System for Tracking of Reviews and Provider Performance

- The Contractor must develop a data system to track and aggregate all reviews, track Provider performance, and support reporting for DDA's CMS approved performance measures

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Responsibilities and Tasks

The goal of the QIO is to improve the effectiveness, efficiency, economic and quality of services delivery to person. At its core, the QIO functions to:

- Improve quality of care for Persons;

- Protect the integrity of the Medicaid funds by ensuring that Medicaid pays only for services and goods that are reasonable and necessary and that are provided in the most appropriate setting; and

- Increase the overall person's satisfaction

Requirements

Project Plan

The contractor shall develop a project plan that provides a comprehensive timeline for the implementation of the following tasks:

- Monitoring of Basic Waiver Assurances
- Utilization Reviews
- Execution of the National Core Indicator Surveys
- Council for Quality and Leadership Network Accreditation of the State System
- Enhanced Funding for QIO Services
- Data System for Tracking of Reviews and Provider Performance

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Requirements

Project Plan (continued)

- The project plan shall include a detailed timeline with critical dates that list all major milestones and components of the project, as well as responsible staff persons

- A draft of the proposed project plan shall be included with the Offeror's Proposal

- The Contractor will finalize the project plan and timeline, subject to approval of the Contract Monitor, within 20 Business Days of the effective date of the Contract

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Requirements

Procedure Manual

- The draft procedure of Basic Waiver Assurance and Utilization reviews shall be due to the Contract Monitor within 60 Business Days following the effective date of the Contract

- The Contractor's Procedure Manual shall include the process to show (how/that) the inter-rater reliability requirement is met for both basic assurance and utilization reviews

- The Contractor shall finalize a Procedure Manual to cover scope items within 120 Business Days of the effective date of the Contract

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Requirements

Support for the Monitoring of Basic Waiver Assurances

- The Contractor shall integrate the basic assurance and QE with continuous quality improvement activities to achieve the desired outcomes defined in the CMS Quality Framework for HCBS and performance measures. These functions include the following:
  - Level of Care Reviews;
  - Service Plan Reviews;
  - Health and Welfare Reviews;
  - Qualified Provider Reviews and
  - Financial Accountability

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Requirements

Support for the Monitoring of Basic Waiver Assurances

- Medicaid Data Correlation Reviews are quarterly audits of Medicaid service claim data to determine if (as appropriate) incident reports were filed in a timely manner in response to serious incidents requiring health care services at a hospital emergency room or in other areas of the hospital

- This audit evaluates whether serious incidents associated with hospital emergency room visits and unplanned hospitalizations were reported

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Requirements

Support for the Monitoring of Basic Waiver Assurances

- Health Risk Screen Tool (HRST) Reviews include quarterly reviews of HRST Rater and HRST Reviewers completion of the HRST; HRST scores in comparison to incident reports; and HRST scores in comparison to mortality reports

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Requirements

Additional Reviews of CCS

- The QIO Contractor will assist DDA in defining the criteria for and conducting of CCS provider reviews to determine compliance with waiver requirements, standards, regulations, Provider Agreement, deliverables, and other relevant requirements

- Depending on the service needs of an individual, this may include nursing reviews of health-related services

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Requirements

Additional Reviews of CCS (continued)

- Factors that will be reviewed include but are not limited to the following:
    - Annual assessment and individual service requirements;
    - Timeliness of PCP submissions based on DDA standards;
    - Timeliness of response to clarification request based on DDA standards;
    - Completion of PCPs based on Center for Medicare and Medicaid (CMS) and DDA requirements;
    - Completion of Health Risk Screening Tool based on IntellectAbility standards;
    - Frequency of Person/Individual contacts based on identified health and safety risks and/or identified issues with the service providers;
    - Monitoring requirements including completion of thorough monitoring and follow up actions including face-to-face and other contacts and provision of a summary rating;
    - Incident reporting and follow up requirements; and
    - Timeliness of Waiver Application Packets submissions;
    - Timeliness of responses to Waiver Application Packets clarification requests; and
    - Completion of Waiver Application Packets based on DDA requirements.

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Requirements

- At any time during reviews the QIO staff is concerned with medical or behavioral issues they shall contact the administrative head of the Provider and the Contract Monitor

- If at any time the QIO staff discover or have knowledge of potential abuse, neglect, misappropriation, and serious health and welfare concerns, the staff shall immediately report this to the administrative head of Provider, and to the Contract Monitor

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Requirements

Utilization Reviews

- Utilization Reviews (URs) verify the provision and quality of required DDA services for a participant within a statistically valid sample of billed services. The UR process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of claims and Consumer(s) from the universe of approximately 6,100,000 paid claims (Medicaid and State-Only activity) from the last complete fiscal year(1st year must cover two years of activity). Based on this assumption, the DDA at a minimum requires 95 samplings per quarter or 380 per year (See table in 2.3.4.1 for details)

Requirements

Remote Audits

- Based upon claims reviewed, the Contractor will conduct a Remote Audit of the Provider, requesting and reviewing additional information, including: staff notes and logs provided by the staff for the Consumer(s) identified in the Remote Audit; the Provider's staffing plan, timesheets, payroll records and receipts; and any other documentation required by MDH. The Contractor will prepare a preliminary audit report for the Provider, verifying if less than 100% of billed services were provided, verifying staffing plans and qualifications of staff, and assessing the alignment of service provision with the PCP. Provider shall facilitate the gathering of the required information

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Requirements

Remote Audits (continued)

- The Contractor will be obligated to report immediately via telephone (within 24 hours) to DDA and the appropriate regional QE Lead:

  - Any significant health and safety issues;

  - Actual or suspected abuse, mistreatment, or neglect as per the DDA Policy on Reporting Incidents and Investigations (PORII); and

  - Evidence of fraud or other financial misdealing

- In year one (1) of the Contract, the Contractor will conduct a statistically valid sample of activity for all of the DDA's existing services and will conduct Remote Audits on the selected individuals

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Requirements

Target Audits

- Based on the results of the Remote Audit, a Targeted Audit may be required to look for systemic claims' issues for the Provider. The Contractor shall conduct the Targeted Audit based on the presence of the following criteria:
  - Less services provided than billed;
  - Less or more service provided than authorized in PCP (+/- >14%);
  - Services provided did not match the definition of services billed;
  - Staff qualifications could not be confirmed in the Remote Audit or the individual providing service was not appropriately qualified; and
  - Payments that cannot be substantiated by appropriate service record documentation

Requirements

Target Audits (continued)

- During a Targeted Audit, the Contractor will be required to conduct an in-person review and interviews to determine if service hours and supports match the level and quality identified in the participant's PCP

- The Contractor will be obligated to report immediately via telephone (within 24 hours) to the DDA and the appropriate Regional Office QE Lead:
  - Any significant health and safety issues;
  - Actual or suspected abuse, mistreatment, or neglect to follow the PORII policy; and
  - Evidence of fraud or other financial misdealing

Requirements

Special Audits

- The DDA may request a special audit of a provider to be conducted based on situations external to the remote and targeted audit process. The audit would be conducted in the same manner as the remote and targeted audits and based on the audit standards established for DDA services. The DDA anticipates that no more than five of such audits would be requested in a year

Audit Report

- The Contractor shall prepare a summary of UR audit findings and will discuss these in an exit interview with Provider either after a Remote Audit not requiring the Targeted Audit or after the Targeted Audit

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Requirements

Audit Report

- The Contractor will submit a report of the overall findings of the audit for each Provider to the Contract Monitor no later than 15 Business Days from the date of the conclusion of the review (either Remote or onsite Targeted Audit if it was required)

- An Audit Report is considered "discrepant" if less than 100% of billed services have been provided

- Audit Reports must include information regarding any fiscal deficiencies between the services awarded and billed to services provided to the person

- If the Audit Report identifies that less than 86% of required services were provided, the Regional Office must also review the findings by QE. All reviewed documentation must be maintained and made available to the DDA

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Requirements

Evaluation Reports

- The Contractor shall provide a draft for the Remote and Target Audit report form for evaluation by the DDA. Upon review the DDA may request additional revisions for submission to the Contract Monitor for review and approval. The Contract Monitor must approve any revisions to the forms before use of the revised forms

- An appropriate electronic records system should be used to maintain this information and access should be granted to the Contract Monitor and other DDA staff as designated by the Contract Monitor to review completed reviews and analyze data as needed

Requirements

National Core Indicators Survey Administration

- The DDA utilizes the National Core Indicators (NCI), a joint venture between National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI), to assess the outcomes of services provided to participants and families

- As a participant of NCI, the DDA is requiring the QIO Contractor to conduct three surveys:
  - A face-to-face and mail in survey with randomly selected individuals receiving services (Adult Consumer Face to Face Survey);
  - The adult family survey via mail sent to the family or guardian with whom the person in services lives (Adult Family Member Survey); and
  - The family/guardian survey via mail sent to the family or guardian of the person in services who does not live with the family or guardian (Family Guardian Survey)

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Requirements

National Core Indicators Survey Administration (continued)

- These surveys should be conducted using standard survey/interview instruments from the NCI, http://www.nationalcoreindicators.org

- The Contractor shall obtain appropriate training from the HSRI Project Team, to properly conduct the NCI face to face surveys, interviews

- Contractor's employees shall complete the training prior to conducting face-to-face surveys. Contractor shall complete orientation and training in consultation with the Contract Monitor and at times and locations as directed by the Contract Monitor. No compensation shall be paid to the Contractor for obtaining training

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Requirements

Conduct the NCI Adult Consumer Face to Face Survey

- Use the standard Adult Consumer Face to Face Survey to obtain information directly from 1,600 adults with intellectual and developmental disabilities who are receiving services through the Maryland DDA during the Contract concerning the extent to which the services they receive result in outcomes that are valued by people receiving DDA-funded services

- In-person, face-to-face surveys remain the gold standard, however, survey contractors should prepare to build in capacity to support both in-person and remote surveying; or a hybrid of both depending on varying factors. This flexibility will support changing needs during the COVID-19 Public Health Crisis

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Requirements

The Adult NCI Family and Family/Guardian Mail Survey

- The Contractor shall conduct an annual mail survey using the NCI Adult Family Survey and the Family Guardian survey (for persons with Intellectual Disability (ID/DD) receiving DDA services through the Maryland DDA. Currently there are approximately 11,000 families or guardians

- A minimum of 400 of each complete and accurate survey must been entered into the NCI ODESA database

- Complete the mail in surveys by June 30th every year including the data entry into the NCI database ODESA

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Requirements

CQL Network Accreditation of the State's System

- The DDA's goal is to achieve Person-Centered Excellence Network Accreditation by the Council on Quality and Leadership (CQL) to support quality enhancement and improvement for network members, establish community partnerships, facilitate strategic planning, and best practice with the aim of ensuring sustainable quality services and supports resulting in improved quality of life for people receiving services and supports through the DDA

- The Contractor will sub-contract with CQL to provide training and certification to the Contractor and select DDA staff in the use of the CQL proprietary accreditation tools, specifically, the Basic Assurance® and Personal Outcome Measures® tools

- Contactor will sub-contract with CQL for training and certification of Contractor and DDA staff in the use of the Basic Assurances® and the Personal Outcome Measures®

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Requirements

CQL Network Accreditation of the State's System (continued)

- The Contractor will conduct Basic Assurances® reviews in a 25% sample of DDA providers each year and approximately 250 POM interviews annually to include activities such as:
  - Pre-Accreditation Planning Meetings- Work with DDA providers to prepare for Basic Assurances Reviews®
  - Organizational Self-Assessment - Support DDA providers to complete the Basic Assurances® self-assessment prior to the Basic Assurances® Review
  - On-site Visits- Perform site visits where services are provided as a component of the required number of Basic Assurances® reviews each year
  - **Personal Outcome Measures® (POM) -** Identify people's quality of life outcomes, plan supports, and gather information and data about individual outcomes. As part of the Network Accreditation, conduct Personal Outcome Measures® interviews to demonstrate the linkage between personally defined quality of life and excellence in person-centered services

Requirements

CQL Network Accreditation of the State's System (continued)

- **Basic Assurances® -** Conduct CQL's Basic Assurances® reviews to ensure accountability for Health, Safety and Human Security. Utilizing the CQL PORTAL data system, analyze the Basic Assurances® data to evaluate Maryland's systems and practices and effectiveness to determine if the services support the achievement of individuals' outcomes

- Focus Groups-Conduct focus groups of DDA staff, people receiving DDA funded services, and providers as a component of the Basic Assurances® Reviews

- Data Collection and Analysis- Collection and analysis of outcomes and support data

- Ongoing Supports- Coordinate ongoing collaboration between the QIO, CQL, DDA and stakeholders

- QIO in coordination with the DDA and CQL, will develop guides, information, and resources to help educate service providers, people supported, families, community members, about Network Accreditation and the effects of that process; the purpose, process, progress and outcomes

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Requirements

CQL Network Accreditation of the State's System (continued)

- The Contractor shall facilitate the development of an infrastructure to enable the DDA to achieve a CQL Person-Centered Excellence "Network Accreditation"

- Work with the DDA to complete a self-assessment of the DDA Network and submit to CQL prior to the onsite Network Accreditation visit

- Participate with DDA and CQL in the onsite Network Accreditation visit (projected in Year 4)

- Support the DDA to develop an action plan resulting from the findings of the Network Accreditation process

- The Contractor shall assist DDA Providers in establishing policy, procedures and practices that promotes the Person-Centered Excellence Network Accreditation by providing training and technical assistance in all aspects of coming into alignment with CQL Network Accreditation values evidenced in the Basic Assurances® and Personal Outcome Measures®

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Requirements

Enhanced Funding for QIO Services

- The Contractor shall maintain the designation of a QIO-like entity which qualifies them for an enhanced Federal Fund Participation match from the CMS

- The enhanced match is above the States Federal Medicaid Assist Percentage (FMAP). The Contractor will work with the DDA to develop the application to CMS for activities within the scope of work that is eligible for the enhanced match

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Requirements

Data System for Tracking of Reviews and Provider Performance

- The Contractor shall provide an electronic data system to aggregate data on reviews in order to track data trends over time which shall compare multiple service Providers and identify systemic problems and/or achievements. The data system must be functional within 120 days of the effective date of the Contract

- The Contractor must ensure the data collected in the data system is:
  - Person-specific
  - Organization-specific
  - Community specific
  - DDA Program Specific

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Requirements

Data System for Tracking of Reviews and Provider Performance (continued)

- The Contractor shall define the data system to:

  - Collect, cross-reference, aggregate, and trend reviews

  - Link to other State owned and/or contracted information systems

  - Track and trend quality enhancement findings by individual, by Provider, by the CCS agency, and Region

  - Make data collection and analysis as easy and seamless as possible (on-line forms; the use of everyday language; automatic calculations; automatic distribution of information to more than one data file, etc.)

  - Be shared and accessible to DDA and reports must be generated on a monthly and quarterly basis as stated in the scope of work and deliverables

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Requirements

Data System for Tracking of Reviews and Provider Performance (continued)

- Offer a public facing web page that includes but will not be limited to publicly accessible material such as copies of current review tools, training and education materials, and the Provider Quality reporting system

- Create provider and program specific report cards/dashboard based on findings

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Requirements

Reports

- The Contractor shall submit to the Contract Monitor via email the following reports no later than the 15th Business Day of the following month, for the previous month activities

Monthly Reports

- Monthly Implementation Reports on QIO activities: reports of progress across all of the task areas and identified deliverables are due to the Contract Monitor monthly until all requirements are met. The report shall include a status on the NCI deliverable and the enhanced funding for the QIO services. This report shall be submitted with the invoices

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Requirements

Monthly Reports (continued)

- Review and trend incident, critical incidents, and cross reference with monitoring reports. The Contractor shall develop an information system to review and trend incidents and critical incidents and cross reference with monitoring reports. The Contractor will track and trend incidents by person, by Provider, by CCS, by DDA Program, and by Region

- The Contractor shall provide the Contract Monitor with a monthly Excel spreadsheet report, no later than the 15th Business Day of the following month, for the previous month activities, to include a summary of activities and resulting data

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Requirements

Ad Hoc Reports

- Ad Hoc reports and data analysis shall be available on request of the Contract Monitor to assess the quality and appropriateness of services to Person/Individuals within 7 business days of the request

Basic Waiver Assurance Quarterly and Annual Reports

- As outlined in *2.3.2 Support for the Monitoring of Basic Waiver Assurances* for each Waiver is due quarterly by the 15th Business Day after close of the quarter. (Q1=April 15, Q2=July 15, Q3=October 15 and Q4=January15)

- The overall findings from the reviews must be noted for each DDA program and statewide findings merged into a single report

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Requirements

Reports shall be approved by the DDA must include at a minimum:

- Introduction and summary (e.g., assurances meeting federal standards, identification of patterns and trends, identification of potential problems);

- Section for each Basic Waiver Assurance performance measures (i.e., Level of Care, Qualified Providers, Service Plans, Health and Welfare, and Financial Accountability) with the following components;
  - Performance Measure
  - Data by quarter and annual total
  - Analysis of Review Findings
  - Remediation
  - Proposed Quality Improvement Strategies

- Data will be in various formats including graphically to allow for easy communication of results to partners

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Requirements

Person-Centered Plan Review Reports

- The Contractor will submit a single report of the overall findings from person-centered reviews for each individual in the sample

- The report shall be completed within 15 Business Days from the date of the review

- The report shall be sent to the Contract Monitor and DDA Regional Director. The report will include at a minimum:
  - Complete demographic profile of the participant including living arrangements;
  - Participant's current health status;
  - Participant's behavioral challenges, status, including diagnoses (if applicable);
  - Medicaid services including waiver services received by the participant;
  - Results of record review (e.g., identified risk and health and safety concerns); and
  - A conclusion of findings addressing areas of deficiencies with PCP and opportunities for QE in services and support provided to the participant

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Requirements

Annual Report

- An aggregate report is completed on an annual basis and shall be delivered to the DDA within 30 Business Days of the end of the Contract year

- Each annual report must be accompanied by Person/Individual level data on a USB drive if the document is too large to email

- The annual report must be graphically and visually appealing and must be approved by the Contract Monitor (see 2.3.10.5 for details)

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Requirements

Contractor- Supplied Hardware, Software, and Materials

- By responding to this RFP and accepting a Contract award, the Offeror specifically agrees that for any software, hardware or hosting service that it proposes, the State will have the right to purchase such item(s) from another source, instead of from the selected Offeror

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Requirements

Required Project Policies, Guidelines and Methodologies

- The Contractor shall be required to comply with all applicable laws, regulations, policies, standards and guidelines affecting Information Technology projects, which may be created or changed periodically. Offeror is required to review all applicable links provided below and state compliance in its response

- It is the responsibility of the Contractor to ensure adherence and to remain abreast of new or revised laws, regulations, policies, standards and guidelines affecting project execution. These include, but are not limited to:

  - The State of Maryland System Development Life Cycle (SDLC) methodology at: http://doit.maryland.gov/SDLC/Pages/agile-sdlc.aspx

  - The State of Maryland Information Technology Security Policy and Standards at: http://www.DoIT.maryland.gov- keyword: Security Policy

  - The State of Maryland Information Technology Non-Visual Standards at: http://doit.maryland.gov/policies/Pages/ContractPolicies.aspx;

Requirements

Deliverable

- For every deliverable, the Contractor shall request the Contract Monitor confirm receipt of that deliverable by sending an e-mail identifying the deliverable name and date of receipt

- For every deliverable, the Contractor shall submit to the Contract Monitor, by e-mail, an Agency Deliverable Product Acceptance Form (DPAF), an example of which is provided on the DoIT web page here: http://doit.maryland.gov/contracts/Documents/_procurementForms/DeliverableProductAcceptanceForm-DPAFsample.pdf

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Requirements

Deliverable Acceptance

- A final deliverable shall satisfy the scope and requirements of this RFP for that deliverable, including the quality and acceptance criteria for a final deliverable as defined in Section 2.4.4 Deliverable Descriptions/Acceptance Criteria

- The Contract Monitor shall review a final deliverable to determine compliance with the acceptance criteria as defined for that deliverable

Minimum Delivery Quality

- The Contractor shall subject each deliverable to its internal quality-control process prior to submitting the deliverable to the State (see 2.4.3 for details)

Deliverable Description/Acceptance Criteria

- See Deliverable Summary Table in 2.4.4

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Questions