Alabama Department of Mental Health
Request for Information Q & A

1. The way the RFI reads, is that the AL DMH is only looking for existing solutions. Is this correct?
    AL DMH is looking for a system that can be customized to meet its programmatic and fiscal needs.
    Please refer to RFI for additional information.

2. If an RFP, or other formal solicitation, were to be released for these services, what is the estimated
    timeline for its release? To be determined.

3. Whether companies from Outside USA can apply for this? (like from India or Canada) No

4. Whether we need to come over there for meetings? NA.

5. Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada) No

6. Can we submit the proposals via email? No

7. Should the Department decide to proceed past the RFI process, has a time frame been established
    in which an RFP may be issued?   To be determined.

8. What is the estimated cost of the Intellectual Disabilities Information System project? Please refer to
    RFI for expected responses to this RFI

9. Has the Department allocated funding for the Intellectual Disabilities Information System yet? If so,
    through which source (budget, CIP, state/federal grant, etc.)? Budget

10. How is the Department currently meeting this need? Through a vendor.

11. Which vendor provides the incumbent Intellectual Disabilities Information System? Not relevant to
    this RFI request.

12. Would it be possible to name the three greatest challenges the Department is having with their
    current solution? ADMH – DDD is exploring opportunities to determine what is available to optimize
    productivity in an integrated network

13. Who is the technical contact and/or project manager for the Intellectual Disabilities Information
    System? Please submit questions as indicated on the RFI

14. Which other systems will have to integrate/interface with the Intellectual Disabilities Information
    System, and will the State provide incumbent vendors for each system?   The system will interface
    with Alabama Medicaid. Also indicate the current types on interfaces developed for other
    customers. Refer to RFI for system expectations. DDD does not anticipate using multiple venders.

15. Can the Department elaborate on any additional drivers behind this acquisition that may not be
    addressed in the RFI? Please refer the RFI

16. What is the number of users anticipated for the Intellectual Disabilities Information System? Between 500-1000 internal and external users.

17. Have you had any external assistance preparing this RFI? Not relevant to this RFI request.

18. We see in the RFI a reference to "Pricing Worksheet" and "Cost Worksheet" but do not see any attachments or other descriptions of these. Is there a pre-formatted response you are seeking and if so, please provide the required document. The Cost sheets and response forms are referring to the info to be created by the responding vendors.

19. Based on the anticipated usage across the central office, regional offices and providers - how many users does the state needing access to the Developmental Disabilities Information System? See response #16

20. Can the state provide a list of systems with which the Developmental Disabilities Information System would need to interface, and if that interface exists today or it is a future requirement? Which interfaces are needed at Go-Live vs. phased in at a later time? See question #14 above. Go-Live will be immediate.

21. Can the state clarify the following need for "The system can be configured to set quantitative and qualitative benefit limitations" (pg. 26) or provide an use case example for further clarification on the requirement? The system must be able to set limits as approved in Plan of Care (service amounts, frequency of service delivery, and approved type of service delivery). It will also need to collect monitoring data where appropriate as required by CMS as indicated in waivers.

22. Does the state already have a budget allocation for a replacement system? What is the funding source? What is the budget and what does that anticipate (implementation? Implementation plus annual access, hosting, maintenance, support, etc.? Over what period?) Yes. N/A. Anticipates all items mentioned. Budget is reviewed/approved annually.

23. We note that both the term "ADIDAS" as well as "ADIDIS" are used in the RFI and appear to be used interchangeably when referring to the current DD Care Management system. Which is the correct terminology? ADIDIS

24. Can you confirm that the two 1915c Waiver programs that will be used by ADIDIS are the Intellectual Disabilities (ID) and the Living at Home (LAH) waiver? Yes, as well as a new waiver coming online in FYE20.

25. Will there be any services/programs that will need to be care managed by ADIDIS? For instance, does ADMH plans to use ADIDIS for any other programs other than the ID/LAH Waivers such as state funded-DD services? No, other than the new waiver referenced #24.

26. Can DMH provide any further information on the 1115 waiver application that is slated for an implementation date projected for April 2020? Please refer to Concept Paper at https://mh.alabama.gov/wp-content/uploads/2019/07/Alabama-1115-ID-Demonstration-Waiver-Concept-Paper-July-11-2019-.pdf

27. How many people are currently on the ID and LAH waitlists? ID -5,260 and LAH -769

28. How many data sources will exist for the data warehouse apart from data from ADIDIS? Can you list those? More than 1 other source. For the purpose of the RFI, we are interested in current capabilities of your system including processes of obtaining and processing the different data sources.

29. Is there a standardized assessment currently being used by ADIDIS? We did see a reference to ICAP in paper plan of care. Is that something that should exist in ADIDIS? Opportunities for Assessments should be included.

30. Please provide sample billing workflow for current processes? Provider enters information, system develops 837, claims are batched to Medicaid prior to checkwriter date where claims are processed, ADMH receives 835s in return.

31. Is it required for all data to use the HL7 protocol network communication? HL7 is a set of standards not a protocol. There is a requirement to use this standard.

32. Can DD provide specific requirements for this one: Requirements associated with data cleansing, conversion, and migration for active and inactive patient records from existing systems, such as CARES and ACSIS CDR? Yes