

Questions & Responses

**RFP#:** HTH 560-CG-IT-18  
**Title:** Early Intervention Program Web Based Information Management System  
**Date:** May 8, 2018

| #  |  | Reference         | Section | Sub-Section | Page | Question/Comment   | State Response   |
|----|--|-------------------|---------|-------------|------|--|--|
| 1  |  | Feasibility Study |         |             | 4    | On the EIS Wish List from the Feasibility Study (page 4), family sliding fee is mentioned. Does EIS currently charge a sliding fee for families?   | No   |
| 2  |  | Feasibility Study |         |             |      | In the feasibility report, a reference is made regarding obtaining a PO for indirect costs not able to be paid with a pCard? Is it the HI EIS' expectation that these expenditures are also tracked with in the EI system?   | The Early Intervention program would like to capture as many of the fiscal aspects of the operation as possible which would include tracking expenditures generated by purchase order (PO) or pCard using multiple funding sources.                      |
| 3  |  | General           |         |             |      | As a commercial off the shelf application is currently not available with us, can we respond for a Customized project model with a stipulated delivery time line, to deliver it from the ground up. Reason being, a study of your existing software and customization will result in easy change management and also effective use of Historical data. | Yes  |
| 4  |  | General           |         |             |      | Can a company from India is eligible to participate and win.   | Any company can compete for the project, with the understanding that all US and State of Hawaii requirements (taxes and such items) must be meet prior to executing a contract. Also the requirement is that all data must reside within the US borders. |
| 5  |  | General           |         |             |      | How many users- state of Hawaii employees will your new system need to support ( they can be concurrent or named)  | Approx. 260+ users which includes Dept. of Health, Early Intervention Section employees and contractors.   |
| 6  |  | General           |         |             |      | Any thoughts on Budget for this system ?   | Research has shown that the budget could be in a wide range (\$100K to \$1M). The state is looking for the best offer with the best services provided and will budget accordingly.   |
| 7  |  | General           |         |             |      | Is there a specific preference for hosting the system (i.e., will the State host the system or is the State requesting vendor hosting)? Cloud hosting is suggested in the Assessment and Feasibility Study.  | The desire is for all services and hosting be provided by the vendor and not on-premises with the state.   |
| 8  |  | General           |         |             |      | Is data conversion required as a project deliverable? Do you want your current Access data migrated to the new system ?  | Migrated data will need to include all children records that are active as of July 1, 2018.  |
| 9  |  | General           |         |             |      | For billing, does the State expect this functionality to require integration with a 3rd party system (including for medicare or TRICARE), or does the State anticipate that the billing information will be entered manually into the new system?  | Early Intervention Section would use the information that is in the new system to submit reimbursement claims via the Medicaid or Tricare System.  |
| 10 |  | General           |         |             |      | What is the number of Billing Agencies and can the state provide the list?   | There are 15 POS EI Programs and 12 FFS Contractors. The number of FFS contractors may increase or decrease as these contracts are based on need. The list will be provided when the contract is awarded.  |

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| 11 |  | General |  |  |  | What is the number of practitioners in the state system?  | Approximately 120+ direct service providers. This number may varies based on how the contractors decide to fill full-time positions and does not include Care Coordinators. If this a question related to users of the system, there could be 260+ users. Please see questions #12 and 15 for additional information.  |
| 12 |  | General |  |  |  | General: What is the expected number of end users by user type (i.e. rendering providers, billing providers, service coordinators, state staff, other external users)?  | EIS Admin Office Staff 44; Dept. of Health (DOH) CC assigned to POS 21; DOH State EI Programs 36; POS Contract EI Programs 151; Fee for Service Providers 30 +/- . See questions #10, 11, and 15 for more information.   |
| 13 |  | General |  |  |  | Could you please provide a list of private insurance companies which serve Hawaii Part C Children?  | EIS does not bill private insurance at this time. Reimbursement claims are submitted to Medicaid and TriCare. Health plans that Hawaii Part C children may have include HMSA, Ohana, Aloha Care, Kaiser, and United.   |
| 14 |  | General |  |  |  | The Hawaii IDEA Part C Policies and Procedures references a system of payments for families based on a sliding scale? Does HI EIS currently collect fees from families? Is there an expectation now or in the future that the state will expect the new system to collect family payment information, calculate fees, and report on family participation fees and payment activities? | Currently, EIS does not collect fees from families. Definitely an area that Hawaii Part C will explore and would like to grow. The expectation is that when family participation fees are implemented, the new system would capture and support as much as of this activity as possible.   |
| 15 |  | General |  |  |  | Will HI EIS please provide a brief explanation of the differentiation between what it considers “fee for service” and “purchase of service” activities for reporting?   | POS are EI Programs which include a Program Manager, Office Assistant, Data Clerk, Physical Therapist, Occupational Therapist, Speech Language Pathologist, Special Educator, and Care Coordinator(s). Fee for Service are a mix of providers either sole business owners or a larger agency that employs multiple direct service providers. Both POS and FFS reports on the same type of services.                        |
| 16 |  | General |  |  |  | Is HI EIS able to specify the reporting requirements in more detail for the ASO contracts? Is this a simple tracking as dollars per contract or is there an expectation of breakdown between services delivered and other expenditures? Besides services, what additional costs may be included in an ASO contract?   | EIS and ASO tracks 5 major contract expenditure categories ( Personnel, Cost, Other Current Expenses, Sub-Contracted Direct Services, Equipment Purchases, Other Personnel and EIS Mandated Training). Personnel and Other Current Expenses are tracked to the line item level pre-approved expenditures.  |
| 17 |  | General |  |  |  | For POS invoices, are there additional indirect costs that may be included in the invoice or are they primarily invoices for services delivered?  | Yes, there are operational costs (i.e., indirect costs). See #16 above for other categories included on the invoice. Fee for Service invoices includes service delivered and on occasion mileage.  |
| 18 |  | General |  |  |  | Will HI EIS please provide additional information on the requirement to submit approved invoices to accounting, specifically on the accounting system standards that the contractor will be required to meet?   | See Question #53. Contractors are not required to meet accounting system standards.  |
| 19 |  | General |  |  |  | How many pCard users and pCard transactions does HI EIS support in a typical month? What types of Early Intervention payments are paid with a pCard? Is there an expectation that the new system will need to interface or create a feed to the State pCard system?   | There are approximately 45 to 50 P-card transactions per month. Payments include equipment, supplies and travel purchases, business equipment rental and usage fees, and telecom fees. The Early Intervention program would like to capture as many of the fiscal aspects of the operation as possible which would include tracking expenditures generated by purchase order (PO) or pCard using multiple funding sources. |

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| 20 |  | General |  |  |  | Please estimate the approximate number of trainees, by type (State office, Regional office, provider, etc)?  | Depending on how the training plan is designed there could be as many as 250+ trainees across the state (e.g., State staff, contract providers, fee-for-service providers).   |
| 21 |  | General |  |  |  | Is virtual training acceptable or is in training person preferred?   | Virtual Training is acceptable and preferred as the number of locations would preclude a common training site.  |
| 22 |  | General |  |  |  | If in person training is preferred, are all trainees able to come to one location or will training be done in multiple locations?  | See #42.  |
| 23 |  | General |  |  |  | What is the approximate current volume of claims currently sent to each source (Medicaid, Tri-Care, Insurance, etc.) on a monthly or annual basis?   | Annual claims for 04/2017 to 04/2018 processed for both Medicaid and TriCare was approximately 20,000 claims submitted.   |
| 24 |  | General |  |  |  | How does HI EIS treat billing third parties for participants with eligibility for more than one source (e.g., a participant who is eligible for both commercial insurance and Medicaid)? Does EIS coordinate claiming across both payors?  | EIS submits claims for Medicaid and TriCare only. No claims are submitted when there are more than one source (i.e., commercial insurance).   |
| 25 |  | General |  |  |  | How many distinct practitioners serve the EI community and how many are payees?  | See #10, 11, 12, and 15.  |
| 26 |  | General |  |  |  | In regards to the billing process does the proposed system need to facilitate the department paying the providers directly then seek reimbursement from the Med-QUEST/Tricare or should the system allow for the billing of Med-QUEST/Tricare directly on behalf of the providers and allow direct payment from Med-QUEST/Tricare to the provider? | EIS would pay the providers then seek reimbursement from Med-QUEST/Tricare.   |
| 27 |  | General |  |  |  | Does EIS have any overlapping services with other DOH agencies? Do those services need coordination?   | There are other DOH agencies that may coordinate visits with the provider from the EI Program (i.e., State or POS). Coordination of services is needed particularly for any EI provider from the same or different agency. For example, an EI Program provider and a behavior support specialist from a fee-for-service provider.     |
| 28 |  | General |  |  |  | During the IFSP process does the planning with the family follow a specific methodology like Person Centered Care or Life Course?  | No specific methodology used during the IFSP process.   |
| 29 |  | General |  |  |  | Is EIS targeting a single release or phased deployment approach?   | The preferred approach will be to have a single release to begin a single source for all activity and data.   |
| 30 |  | General |  |  |  | Is this project being funded in part or whole by any federal matching?   | No Federal funding is in use or expected.   |
| 31 |  | General |  |  |  | What is the anticipated number of named users for each of the 4 contract years?  | See #10, 11, 12, and 15.  |
| 32 |  | General |  |  |  | Is data conversion to be included and provided by the solution vendor's response as part of the project plan and implementation schedule? If yes, please provide the names of the data sources and # of records within each data source for which conversation is required.  | The importing of the current information is desired and is referenced in the Feasibility study and previous question (Central Database, Referral Database and Roster Database). The exact number of records depends on the database and use. Initial expectation is for the information of approximately 3,500 referral and children. |
| 33 |  | General |  |  |  | Will there be centralized user provisioning, or will each provider be responsible for provisioning their users for the system?   | All provisioning and user management will be centralized with the EIS Office.   |

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| 34 |  | General |  |  |  | While your staff is performing their work in the field, network connectivity may an issue. Is your preference for a solution that allows staff to perform all their work on mobile devices even when no network connectivity is available (e.g. offline mode)? | In an effort to accommodate the users while in the field, a mobile interface is needed; however, with the needs for security (HIPPA and PII, for example) it is not a desire to store information remotely on mobile devices.   |
| 35 |  | General |  |  |  | Is your preference that the solution be provided as a cloud-based (hosted) solution?   | The solution needs to be easily accessible and vendor hosted.   |
| 36 |  | General |  |  |  | How many hardcopies of the proposal should be submitted?   | One original hard copy with wet signature in blue ink. Refer to RFP Addenda #1 that was posted on Hawaii Awards & Notices Data System (HANDS) on Monday, March 7, 2018.   |
| 37 |  | General |  |  |  | Can proposals be submitted electronically?   | No.   |
| 38 |  | General |  |  |  | What (if any) on-site presence is required during implementation and operations for this project?  | There is no requirement for on-site presence during any phase of the project. However it is expected that there will be prompt responses to the activities and issues within the project.   |
| 39 |  | General |  |  |  | What (if any) on-site presence is required during training?  | There is no requirement for a physical presence for training.   |
| 40 |  | General |  |  |  | Has DOH EIS secured sufficient funding for the project? If so, is the Department at liberty to disclose the budget and funding source for this project?  | The internal state processes have been completed pending the receipt of proposals to work with the fiscal authorities. No other information is available at this time.  |
| 41 |  | General |  |  |  | Is there a scenario when Hawaii DOH is the primary insured for EI services when a family has private insurance coverage?   | EI pays for most of the services because Hawaii does not bill private insurance.  |
| 42 |  | General |  |  |  | What are the required elements of a fee for service invoice being submitted to EIS staff?  | See Question #53. Contractors are not required to meet accounting system standards.   |
| 43 |  | General |  |  |  | Is there currently a method that connects or tracks siblings or multiples that are concurrently enrolled in the Hawaii DOH EI program?   | No method that connects or tracks siblings or multiples.  |
| 44 |  | General |  |  |  | Total number of named users. Can EIS provide a breakdown by role staff that would need to access the system?   | See #10, 11, 12, and 15.  |
| 45 |  | General |  |  |  | Does EIS have any are prescribers? (full-time, part time or contract MDs/NPs?) Of these prescribers, how many will require eLabs?  | None  |
| 46 |  | General |  |  |  | How many active clients does the EIS serve? How many services are provided monthly? At how many locations does the agency provide services?  | EI provides services to approximate 3,500 children each year. Services provided each month varies from month to month because not all children have the same frequency and intensity for services. Visits and services are typically located at one location (e.g., home). Services may be provided at 2+ locations (home, grandparents home, day care, etc.) |
| 47 |  | General |  |  |  | List of clinical programs and services provided/billed to clients  | Services are at no cost to families (i.e., clients) and EIS does not have a family participation fee, at this time.   |
| 48 |  | General |  |  |  | Any existing clinical process or workflow you would like to adapt into an EHR?   | All processes to be included are indicated in the RTM and no new workflows are anticipated.   |
| 49 |  | General |  |  |  | Does EIS anticipate data needing to be migrated only from its current system or from other sources, such as the internally developed databases?  | Only current system   |

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| 50 |  | General |   |     |    | Can you provide a list of key reports you currently generate or anticipate generating from an EHR?  | The reports are in alignment with the Office of Speical Education Programs. Some reports include but are not limited to timely services, timely IFSP, timely MDE, Reason IFSP or MDE late, Referral sources, Eligibility, Vacancy, Hours Authorized, Hours Utilized, Transition Conference, Transition Notice, and others. |
| 51 |  | General |   |     |    | Description of any specific forms that are required for specific payers or funding sources.   | None   |
| 52 |  | General |   |     |    | Who are EIS's primary payers, contracts and funding sources.  | Funding sources includes state general fund appropriations, annual federal grant, Early Intervention Special Fund. Specific Payers and contractors will be provided when contract is awarded.  |
| 53 |  | General |   |     |    | Description of current invoicing including paper invoices, standard EDI, proprietary electronic formats or other means.   | EIS currently requires hard copy invoices. Accounting Clerks review and approve invoices against contract requirements. EIS Supervisor signs. A copy is filed, and original and one copy is submitted to the Administrative Services Office for processing and payment.  |
| 54 |  | General |   |     |    | Approximately, how many total users are anticipated to access the system?   | Approx. 260+ users which includes Dept. of Health, Early Intervention Section employees and contractors staff.   |
| 55 |  | General |   |     |    | Are children that are eligible for the Children's Health Insurance Program (CHIP) considered "eligible for Medicaid" or are the two programs (Medicaid and CHIP) treated separately?  | They are treated separately.   |
| 56 |  | General |   |     |    | Will the EIS billing functions for Medicaid and Tricare be sen via their EDI?   | Submission will be via their (i.e., Medicaid or Tricare) system.   |
| 57 |  | OF-2    |   |     |    | Offer Form, Page 31: What is expected implementation budget?  | Budget TBD at Contract Award   |
| 58 |  | OF-2    |   |     |    | Offer Form, Page 31: What is expected annual budget for years 2-4?  | Budget TBD at Contract Award   |
| 59 |  | RFP     | 6 | 6.2 |    | What is the preferred proposal submission method? Section 6.2 suggests electronic submission (assuming the Offeror is registered for the RFP). The cover page appears to require a hard copy sealed bid delivered to the Department of Health office.   | After discussions with the State Procurement Office, it was determined that the proposals will be required in hard copy with the appropriate signatures, which means delivery to the Early Intervention Section Offices by the due date and time. Either Postal or other delivery method. See Question #34.                |
| 60 |  | RFP     | 2 | 2.2 | 11 | Scope of Work, Page 11: the RFP states that the contractor will provide Tier 2 and higher helpdesk support. Is there an intention that the State and contractor will share a ticketing system; or is the State intending on the contractor implementing one?  | There has been no determination as to the ticketing system to employ for the help desks. Each offer can reference what their preferred method would be.  |
| 61 |  | RFP     | 2 | 2.2 | 11 | Scope of Work, Page 11: Is the state interested in vendor services for billing and claiming for Medicaid and Commercial Insurance or will state staff be using the tools to complete billing and claiming work? If the vendor provides these services (such as 835/837 submissions/receipt, moving claims through payer tiers, analyzing claims-specific denials and rejections and working directly with agencies to resolve) how should that be reflected in cost submission? | The state staff would be responsible for the submissions, review and working with the agencies to resolve the issues.  |

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| 62 |  | RFP | 2 | 2.1      | 3     | RFP Section 2.1, Page 3: Does EIS have both initial Care Coordinator (CC) and ongoing CC or just a single CC who handles both initial coordination and ongoing coordination?   | Only 1 CC who handles initial coordination and on-going coordination.  |
| 63 |  | RFP | 2 | 2.1      | 3     | RFP Section 2.1, Page 3: Do the 3 State-operated EIS programs provide therapeutic services besides Care Coordination?  | Yes, State operated EIS programs provides direct services and Care Coordination. The composition is the same as POS EI Program.  |
| 64 |  | RFP | 2 | 2.1      | 3     | RFP Section 2.1, Page 3: Do 15 contracted EIS programs also provide Care Coordination services besides therapeutic services?   | Yes, all 15 POS contracted EI Programs provide both direct services and Care Coordination.   |
| 65 |  | RFP | 2 | 2.1      | 3     | RFP Section 2.1, Page 3: How many of the 18 EIS programs are POS and fee-for-service respectively?   | 3 State-operated EI Programs, 15 POS EI Program, and current Fee for Service (FFS) is approximate 12. The FFS contracts will fluctuate based on needs.   |
| 66 |  | RFP | 3 | 3.10     | 15-16 | RFP Section 3.10, Page 15 -16: Both the section 3.10.1 and 3.10.5.a states that Transmittal Letter. Looks like they are redundant. Is this right?  | The Offer Form OF-1 is considered the transmittal letter as it includes the required information.  |
| 67 |  | RFP | 3 | 3.10.5.1 |       | Also on 3.10.5.1, it states Transmittal Letter, but the sentence below it seems to indicate it as Form OF-1. It seems there is an inconsistency.   | See #25  |
| 68 |  | RFP | 2 | 2.1      | 7     | Page 7 of RFP Section 2.1 – Scheduled Services Provided: when the service provider bills for services rendered, do they currently bill private insurance, TRICARE and Medicaid first themselves, or do they bill to EIS and EIS pays the providers first and then bill private insurance, TRICARE and Medicaid for them? | POS EI Programs bill the State EIS for services rendered. EIS pays the providers then, submits reimbursement claims to Medicaid and TriCare.   |
| 69 |  | RFP |   |          |       | The RFP suggests that HI EIS disburses the funds to pay for program services. Is this correct, or is EIS looking for the vendor to do that?  | EIS would be responsible for the disbursement for the services IAW current accounting practices.   |
| 70 |  | RFP | 2 | 2.1(3)   | 9     | Are there integration requirements for other systems, such as the Children with Special Health Needs Branch (CSHNB) mentioned on page 9. If yes, please describe provide the list of systems and integration method (e.g. interface).  | At the present time this will be a stand alone implementation without integration with other offices. Transition to different programs will be handled manually.   |
| 71 |  | RFP |   |          |       | In DOH EIS's planning process for this RFP, did DOH EIS identify an EI system available that fully meets the requirements as listed in the RFP and the Requirements Traceability Matrix (RTM)?   | Doing the research for the project many systems were identified as having elements required and desired. No determination was made as the relative merits of each system, just that they had some of the features desired. |

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| 72 |  | RFP                         | 2 | 2.1  | 3  | <p>The RFP states that DOH EIS is "requesting proposals from qualified vendors for the procurement and implementation of a Commercial off the Shelf (COTS) web-based Software Data System to replace the current desktop/paper-based forms system."</p> <p>Implementation of a COTS solution will likely mean that DOH EIS will have little to no opportunity for customizing the system to meet DOH EIS's current and future business needs. In all likelihood, DOH EIS will need to change its business rules and practices to adhere to the COTS functionality.</p> <p>A DDI (design, development, implement) solution will ensure that DOH EIS has a system that fully meets the RFP requirements and other (future) functionality desired such as disconnected operations, video conferencing/storage, and interoperability.</p> <p>Is DOH EIS open to a DDI project that will result in an EI system that fully meets the needs and requirements of the DOH EIS Program?</p> | Yes   |
| 73 |  | RFP                         | 1 | 1.4  | 4  | <p>A one-month response time is very short considering the RFP response requirements. Will the state consider moving back the Proposal Due Date at least another month?</p>  | Due to fiscal constraints, this RFP is cannot be extended.  |
| 74 |  | RFP                         | 3 | 3.11 | 16 | <p>How are proposals to be submitted (electronically, on paper)? If electronically, to whom and how? If on paper, how many copies, to whom and to what address?</p>  | See #s 36, 37.  |
| 75 |  | RFP                         | 2 | 2.2  | 11 | <p>Scope of Work, Page 11: How will cases be moved to Tier 2 (an thus, to the contractor)?</p>   | The Tier 1 Help desk would contact the Tier 2 per the details defined by the contractor and established in the contracts SLAs.  |
| 76 |  | RFP                         | 2 | 2.2  | 11 | <p>Scope of Work, Page 11: Can the state define Tier 1 responsibilities?</p>   | The Tier 1 Help Desk would be responsible for all user interaction with the system, to include password resets, permissions, details about how to complete actions. Any non-responsive functions, network accessibility and any back-end system requirements would be the higher tier responsibility. |
| 77 |  | RFP<br>Feasibility<br>Study |   |      |    | <p>The RFP and the Project Assessment and Feasibility Study both indicate the HI EIS program is not currently submitting claims to third party private insurers. Is it correct that the HI EIS program is not currently billing third party private insurers for reimbursement, but plans to do so in the future?</p>  | EIS does not currently bill third party insurers but may at some point in the future may require the action.  |



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| 78 |  | RFP<br>Feasibility<br>Study<br>RTM | 2              | 2.2            |  | <p>The Current state of the EIS data structures and data was discussed at length in the Feasibility Study. However, we did not note a requirement for data conversion (data migration) in Section 2.2 or in the Requirements Matrix Appendix. Please clarify what data conversion requirement, if any, is included in the scope of work for this RFP. If Hawaii intends to include a Data Conversion in the scope, then please also respond to the following questions: Will the data conversion of the Central DB include all data back to 2007 or will only a subset of this data be required?</p> <p>--Will the data conversion of the Referral DB include all data back to 2003 or will only a subset of this data be required?</p> <p>--Will the separate database for Intensive Behavioral Support (IBS) services be included in the data conversion efforts?</p> <p>--Are there any data elements contained in the individual EI Program DBs that do not exist in the EI Central DB? If so, would these data elements be required for data conversion?</p> <p>--The Assessment and Feasibility Study specifically lists the following databases as being a part of the EIS system.</p> <ul style="list-style-type: none"> <li>• EI Referral DB</li> <li>• EI Central DB</li> <li>• EI Program DB</li> <li>• Roster DB</li> <li>• Intensive Behavioral Support (IBS) services DB</li> </ul> <p>Are there any other databases, Excel spreadsheets, or other data sources that would be a required part of a data conversion effort?</p> | <p>The desire is to migrate the data for the currently enrolled children.</p> <p>Only a subset (see #44)</p> <p>Only a subset (see #44)</p> <p>No</p> <p>All the elements of the Programs database are included in the Central Database as the Central database imports the data from the Program databases.</p> <p>No other sources are considered for the migration.</p> |
| 79 |  | RTM                                | 4-09           |                |  | Requirement 04-09: Is this a digital or electronic signature within a web form or PDF form?  | Electronic signatures would be a significant benefit, however it is not a requirement at this time.  |
| 80 |  | RTM                                |                | 10-01<br>10-02 |  | On the Requirement Traceability Matrix (RTM) 10-01 and 10-02, are the negotiated contract and the Purchase of Service (POS) the same concept? If not, what's their relationship?   | Negotiated contract with no spending limits are the Fee-for-Service contract. The POS contracts are negotiated though they have a agreed about amount.   |
| 81 |  | RTM                                | 11-20          |                |  | RTM# 11-20 - Delete any services with a location 31 (skilled nursing): Please explain why you want to remove skilled nursing facilities from the billing?  | There are no skilled nursing facilities that EIS serves.   |
| 82 |  | RTM                                | 14-01          |                |  | Please see Appendix B, requirement 14-01 - We are reading this to mean that HI EIS wants to post its own tools, instructions, etc. for internal or external access. For example, on a secure or public web page. Is this correct, and if not, please clarify the intent of these requirements?   | This item is meant to have a storage facility for the reports that can be posted by EIS to the correct display (Public, Internal State or Federal) sites as appropriate and not automated by the system.   |
| 83 |  | RTM                                | 14-02<br>14-03 |                |  | Please see Appendix B, requirements 14-02 & 03 – Is HI EIS looking for an internal repository, or a public web based repository for these documents?   | This repository would be associated with the system and not an external resource.  |



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| 84 |  | RTM         | Tab 13<br>Tab 14 |  |  | For the staff information specified on Appendix B, Tabs 13 and 14 (e.g., agency, license, specialty, etc.), from where will the vendor collect this information: will the State/regional offices furnish it, or will the vendor be responsible for engaging the providers directly for it?   | This will come from internal activities (Department of Health offices) and interaction with the staff/providers.   |
| 85 |  | RTM         | 3-01             |  |  | Currently, referrals are either faxed, mailed or emailed. Appendix B, RTM, Tab 03-Referral, Requirement #03-01 states “Capture the referral electronically”. For which user types/roles does the system requirement to capture the referral electronically apply? In other words, is there an external user facing ‘portal’ requirement for electronic referral submission outside of the web-based information management system? | EIS has a Referral Line that receives referrals. On neighbor islands (i.e., islands other than Oahu) referrals are received directly at POS EI Programs. EI Referral Line distributes referral to the program servicing the area on Oahu where the child resides. For the new system, referral would go to a specific user type for all EI programs and program then decides who it is assigned or distributed to for intake, etc. No external user facing portal requirement. |
| 86 |  | RTM         | 3-07             |  |  | With regards to Appendix B, RTM, Tab 03-Referral, Requirement #03-07 states that the system shall “Allow all relevant parties to enter referral information”. Please provide a definition for ‘all relevant parties’ and the user-interface for which the referral information is to be entered.   | Relevant parties would be the referral agents such as pediatricians, other State programs (e.g., Child Welfare Services, Public Health Nurses, Home Visiting, etc.), preschool providers, parents, etc. Also, include EIS Referral Line staff who may need to obtain additional information from a referral agent.   |
| 87 |  | RTM         | 4-04             |  |  | With regards to Appendix B, RTM, Tab 04-Intake, Requirement 04-04 states “Generate an enrollment request for Medicaid”. Is this an electronic interface? If yes, is the interface single or bidirectional? Who receives the enrollment request and in what way?  | Currently, EIS process these manually. The expectation is to have this processed electronically which would be bidirectional and received by Medicaid electronically.  |
| 88 |  | RTM         | 5-02             |  |  | With regards to Appendix B, RTM, Tab 05- MDE, Requirement 05-02 states “Import the child’s development skills (communication, cognitive, gross motor, fine motor, social, adaptive skills).” What is the source from which the development skills are imported? What is the data format of the source information?   | The information source would from a MDE report or the BDI-2 scores. There is a data manager that is used to capture all BDI-2 scores which is from the publisher of BDI-2.   |
| 89 |  | RTM<br>OF-2 |                  |  |  | How will any costs that itemized in the RTM be evaluated related to the vendor’s Offer Form OF-2 cost proposal amount?   | The costs in the RTM are more for the evaluators to understand how the overall costs are obtained. The evaluation will primarily be considering the proposal cost based on what is being proposed and the overall cost.  |
| 90 |  | RTM<br>OF-2 |                  |  |  | On the Requirement Traceability Matrix (RTM), if an item is listed as “Cust W/Cost”, should that cost be included in the total Offer Form OF-2?  | Yes. All costs as determined by the offerors are required to be in the Offer Form OF-2.  |
| 91 |  | RTM<br>OF-2 |                  |  |  | On the Requirement Traceability Matrix (RTM), if an item is listed as “Planned Future Dev.” and there is a cost associated with it, should that cost be included in the total Offer Form OF-2?   | If the item is expected to be added during the life of the contract the costs should be included. However, if the availability date is undetermined, do not include it.  |