

**Addendum 1**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**NON-EMERGENCY MEDICAL TRANSPORTATION**  
**Request for Proposals**  
**NEMT \_RFP\_10162023**

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the NEMT \_RFP\_10162023

**Addendum 1 contains:**

- A.** Revisions
- B.** Questions submitted by interested parties and the official responses. These Responses shall amend or clarify the requirements of the RFP as per Section I.C.11. Inquiry Procedures.
- C.** Transcript of NEMT RFP Virtual Conference hold on October 23, 2023.
- D.** Addendum Acknowledgment Sheet to be signed and returned by Respondents as per RFP Section I.C.11. Inquiry Procedures.

In the event of an inconsistency between information provided in the RFP and information in this response, the information in Addendum 1 shall control.

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**A. REVISIONS**

**The following sections of the RFP have been revised to read as follows:**

- 1. Section IV. Required Proposal Submission Outline & Requirements, Subsection I.3. Financial Requirements, Item a. Budget shall be revised to read as follows:**

**NEMT Budget (25 points)**

The Department's approved budget for the administration and operation of the NEMT program during the period April 1, 2024 through September 30, 2027 shall not exceed: \$200,346,929, including the budget for Implementation/Start Up.

The budget for the Implementation//Startup period of April 1, 2024 through September 30, 2024 shall not exceed \$2,827,350. The budget for the Implementation/Start-Up period should be reported in Columns C and D in the "Total Budget" tab of the NEMT RFP Budget Template. The annual budget for Years 1 through 3 covers the period of October 1, 2024 through September 30, 2027 and includes the annual operational budgets and detailed salaries, wages, and fringe benefits. To submit a responsive proposal, the Respondent must submit a completed [NEMT RFP Budget Template](#). The Respondent must complete the [NEMT RFP Budget Template](#) in accordance with the [NEMT RFP Budget Instructions](#) embedded hereto as hyperlink.

**[NEMT RFP Budget Instructions:](#)** Complete only the **yellow highlighted cells**. Other than inserting rows, do not modify the budget template. Scoring will be based on the figures included within the budget summary worksheet. Please ensure those figures are accurate before submitting the cost proposal. Please also refer to Section I.B. of the RFP for definitions.

2. **Section I. B. Abbreviations /Acronyms/Definitions** is hereby amended to include the following definitions:

- **Full access** shall include view only except in the area of entering/editing previously entered complaint.
- **Unfulfilled trips** are trips that have been booked and approved, but no provider was available to accommodate the trip.

**B. QUESTIONS AND RESPONSES:**

1. **Question: General:** Medicaid Membership: What is the Department's projected Medicaid membership for year 1, year 2 and year 3 of this program?

**Response:** The budget template includes the projected total member months for each year on the "Assumptions and Budget Summary" tab. DSS has revised the budget template with updated estimates based on the current enrollment through 9/30/2023. Please refer to Section A. Revisions, Item 1 of Addendum 1.

2. **Question: General:** Covered CT: Are Covered CT Members counted in Medicaid membership?

**Response:** Yes.

3. **Question: General:** Covered CT: Are Covered CT Members included in Medicaid eligibility files used for NEMT? Or are there two separate eligibility files?

**Response:** There will be one eligibility file that will include both Medicaid and Covered CT.

4. **Question: General:** Covered CT: Are NEMT claims for Covered CT Members submitted in the same file as claims for Medicaid members?

**Response:** The awarded contractor is not expected to submit claims to the Medicaid Management Information System ("MMIS"), but will be required to provide trip data. The Department expects the awarded contractor to submit trip data for Medicaid and Covered CT in one file.

5. **Question: General:** Covered CT: Will NEMT for Covered CT Members require reporting separately from Medicaid members?

**Response:** The Department expects the awarded vendor to submit trip data for Medicaid and Covered CT in one file.

6. **Question: General:** Will the Department please provide projected membership by month for 2024, 2025, and 2026.

**Response:** Please see the estimates in the table below. Note: These are estimates only and are based on the actual enrollment through September 30, 2023.

	HUSKY A	HUSKY C	HUSKY D	Covered CT	Total Member Months	Total by Contract Period
Apr-24	513,340	77,187	328,258	28,416	947,202	
May-24	512,478	77,070	327,692	29,553	946,793	
Jun-24	511,616	76,762	327,126	30,440	945,944	
Jul-24	511,889	77,038	327,305	31,048	947,280	
Aug-24	512,162	77,078	327,484	31,359	948,083	
Sep-24	512,435	77,118	327,663	31,673	948,888	5,684,190
Oct-24	512,708	77,158	327,842	31,989	949,697	
Nov-24	512,981	77,198	328,021	32,309	950,509	
Dec-24	513,254	76,887	328,200	32,632	950,973	
Jan-25	513,527	77,188	328,379	32,959	952,053	
Feb-25	513,800	77,228	328,558	33,288	952,874	
Mar-25	514,073	77,268	328,737	33,621	953,699	
Apr-25	514,346	77,308	328,916	33,957	954,527	
May-25	514,619	77,348	329,095	34,297	955,359	
Jun-25	514,892	77,051	329,274	34,640	955,857	
Jul-25	515,167	77,326	329,450	34,928	956,871	
Aug-25	515,442	77,368	329,626	35,219	957,655	
Sep-25	515,717	77,410	329,802	35,513	958,442	11,448,516
Oct-25	515,992	77,452	329,978	35,809	959,231	
Nov-25	516,267	77,494	330,154	36,107	960,022	
Dec-25	516,542	77,184	330,330	36,408	960,464	
Jan-26	516,817	77,485	330,506	36,712	961,520	
Feb-26	517,092	77,527	330,682	37,018	962,319	
Mar-26	517,367	77,569	330,858	37,326	963,120	
Apr-26	517,642	77,611	331,034	37,637	963,924	
May-26	517,917	77,653	331,210	37,951	964,731	
Jun-26	518,192	77,356	331,386	38,267	965,201	
Jul-26	518,467	77,631	331,562	38,586	966,246	
Aug-26	518,742	77,672	331,738	38,907	967,059	
Sep-26	519,017	77,713	331,914	39,232	967,876	11,561,711
Oct-26	519,292	77,754	332,090	39,559	968,695	
Nov-26	519,567	77,795	332,266	39,888	969,516	
Dec-26	519,842	77,484	332,442	40,221	969,989	
Jan-27	520,117	77,785	332,618	40,556	971,076	
Feb-27	520,392	77,826	332,794	40,894	971,906	
Mar-27	520,667	77,867	332,970	41,235	972,739	
Apr-27	520,942	77,908	333,146	41,578	973,574	
May-27	521,217	77,949	333,322	41,925	974,413	
Jun-27	521,492	77,652	333,498	42,274	974,916	
Jul-27	521,767	77,928	333,674	42,626	975,995	
Aug-27	522,042	77,969	333,850	42,982	976,843	
Sep-27	522,317	78,010	334,026	43,340	977,693	11,677,356

7. **Question: General:** Given the Technical Proposal page limitations, when repetitive questions are asked, is it acceptable to respond at length in one area and summarize the answer in repetitive areas? For example, a description of a vendor's complaint process is requested under Technical

Proposal Section b. Customer Service Center (questions 13 and 14); and Section e. Quality Assurance and Complaint Resolution.

**Response: Submitted proposals must conform to the requirements of the RFP. Please refer to Section IV. I Required Proposal Submission Outline & Requirement.**

8. **Question: General:** Does the Department anticipate any significant changes to trip volume as a result of Medicaid redetermination?

**Response: No significant changes are anticipated to trip volume as a result of Medicaid redeterminations.**

9. **Question: Page 15, Section 12. Proposal Due-Date and Time.** Given the complexity of this Procurement and the NEMT program in Connecticut, and the approaching holiday season, will the Department extend the Proposal Due Date to 2/1/2024?

**Response:** Please refer to the requirements of the RFP, Section I.C.12. Proposal Due-Date and Time, Section I.C.11 Inquiry Procedures, and Section II.D.2 Amending or Canceling RFP. Every change to the RFP will be stated through an Addendum and posted in the CTSource state portal.

10. **Question: Page 16, Section 12. Proposal Due-Date and Time.** Will the Department accept electronic signatures on the proposal and required documents?

**Response: Yes. However, proposals submitted must comply with the requirements of the RFP, Section I.C.12. Proposal Due-Date and Time.**

11. **Question: Page 23, D. Rights Reserved to the State, 5. Sole Property of the State.** If the state reserves the right to publish any portion of any submission, will redactions be allowed and preserved for those sections containing proprietary information?

**Response: Please refer to the requirements of this RFP, Section I.C.14. Claim of Exemption from Disclosure.**

12. **Question: Page 23, Section II. Mandatory Provisions / D. Rights Reserved to the State (5).** If the state reserves the right to publish any portion of any submission, will redactions be allowed and preserved for those sections containing proprietary information?

**Response: Please refer to the requirements of this RFP, Section I.C.14. Claim of Exemption from Disclosure.**

13. **Question: Page 30, C. Scope of Work, 1 Program Scope, b. Customer Service Center.** Please clarify that call center services may be subcontracted.

**Response: Please refer to the requirements of the RFP, Section III.C.1.b Customer Services Center and Section IV.I.2.h. Subcontractor.**

14. **Question: Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models, 1.** Will you supply data on Ground and air ambulance transports that have resulted in the contractor paying for the trip prior to reimbursement for the most recent Calendar or Fiscal Year?

**Response:** For Calendar Year 2022 – Ground ambulance costs were \$56,557.11 and paid directly by the Contractor prior to reimbursement by the Department. Air Ambulance costs were paid by the Department directly.

15. **Question:** Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models, 1. Will mileage reimbursement for use of personal vehicles include independent drivers, friends/family of member, and self-transporting members who lack funding for fuel? What credentialing will be required for mileage reimbursement drivers of each type?

**Response:** Independent drivers will not be part of the mileage reimbursement program. For all other drivers, please refer to the requirements of the RFP, Exhibit A-3 NEMT, Statement of Work. Transportation Vehicle Standards and Exhibit A-4 NEMT, Statement of Work. Driver Conduct.

16. **Question:** Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models, 1. Will credentialing expectations be the same for taxis as for contracted transportation providers?

**Response:** Please refer to the requirements of the RFP, Exhibit A-3 NEMT, Statement of Work. Transportation Vehicle Standards and Exhibit A-4 NEMT, Statement of Work. Driver Conduct.

17. **Question:** Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models. Please confirm that the vendor is not responsible for supplying attendants for the transport of members to/from nursing homes and behavioral health appointments.

**Response:** The vendor is not responsible for supplying attendants for the transport of members.

18. **Question:** Page 31, Section III. C. Scope of Work, 1. Program Scope, c. NEMT Models. Will the Department accept Transportation Network Companies (e.g., Uber or Lyft) as an eligible mode of member transport?

**Response:** Please refer to the requirements of the RFP, Exhibit A-3 NEMT, Statement of Work. Transportation Vehicle Standards and Exhibit A-4 NEMT, Statement of Work. Driver Conduct.

19. **Question:** Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models, (2) NEMT Payment Model, A. Given the requirement that any surplus in PMPM may not be used to cover administrative costs, will any surplus be required for reimbursement to the State?

**Response:** Yes. Any surplus may be counted toward the performance pool; however, any amount above 5% will be included in the annual reconciliation and returned to the Department.

**Question:** Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models, (2) NEMT Payment Model, A. Since any surplus in PMPM may not be used to cover administrative costs, if the broker is required to reimburse a surplus, will any deficit be compensated by payments from the State?

**Response: No. The selected vendor is at-risk but will hopefully be able to manage trip costs within the allotted PMPM.**

- 21. Question: Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models, (2) NEMT Payment Model, B.** How will surplus/deficits be handled under this model?

**Response: Please see responses to Question#19 and Question#20 above.**

- 22. Question: Page 31, C. Scope of Work, 1. Program Scope, c. NEMT Models.** As current market forces (e.g., inflation, pandemic, etc.) drive instability in labor markets and fluctuations in prices, would the State be open to an allowance for repricing if the PMPMs proposed are materially affected?

**Response: The PMPM rate is determined at the start of the contract and for the duration of the contract.**

- 23. Question: Page 31.** Is the mileage reimbursement rate set by the state or does the broker set the rate reimbursed to the member?

**Response: The broker sets the mileage reimbursement in compliance with Federal rates set forth under Centers for Medicare & Medicaid Services (“CMS”) guidelines.**

- 24. Question: Page 34, C. Scope of Work, 1. Program Scope, d. Additional Services.** Can you please supply data, including reimbursement amounts, on non-Medicaid covered transportation services that have been provided by the current vendor?

**Response: All transportation services are Medicaid covered services.**

- 25. Question: Page 36, I. Main Proposal Submission Requirements To Submit a Responsive Proposal.** This section states that respondents may not reference another section within their proposal, but instead must provide each response as a stand-alone answer. In consideration of the Department's page limits, as well as in the interest of submitting the most clear, concise, and engaging proposal possible, we respectfully ask the Department to remove this requirement. Prohibiting respondents from referencing other sections within their proposals will lead to unnecessary repetition of information. For example, on page 36, 1. Technical Proposal, b. Customer Services Center, questions 1, 3, and 4, all ask the respondent to describe various ways in which they provide access to NEMT and to the call center. Furthermore, questions 5 and 6 in this same section both contain elements asking the respondent to describe staffing and phone system capabilities. It would be difficult to answer these questions without restating some of the same information.

**Response: Submitted proposals must conform to the requirements of the RFP. Please refer to Section IV. I Required Proposal Submission Outline & Requirement.**

- 26. Question: Page 37, B. Customer Services Center, #7. Bilingual Staff:** Will the Department provide a list of languages spoken, other than English, for which the Contractor should provide bilingual staff?

**Response:** The Broker will have to contract with a Translation service to provide translation services for multiple languages. The Department can also provide a list of languages spoken other than English to the extent that the data is captured.

- 27. Question:** Page 37, B. Customer Services Center, #12. Please clarify how the respondent is expected to provide pricing for these innovative solutions. Should it be included with the proposal submission, or will it be negotiated at a later date? Without any scope or utilization data, how will you compare pricing on this or compare pricing if the other respondents do not price this type of solution into their response?

**Response:** Please provide pricing for the innovative solutions with the submitted proposal. The Department will determine comparison methodology based on the submitted proposals. Provide a high-level estimate based on the member data provided. Our assumptions and methodology will be documented.

- 28. Question:** Page 37, B. Customer Services Center, #12. Social Determinants of Health: Does this program and contract include managing transportation to non-medical destinations for social determinants of health trips? If so, will the Department provide a list of eligible destinations, trip purposes and for which Members?

**Response:** This will be discussed during the negotiation phase for the contract.

- 29. Question:** Page 37, Section IV.I.1.b.Customer Services Center, #14. Describe the Respondent's methodology for reviewing and resolving individual complaints from Members and healthcare providers, identifying the timelines for each step of the process." Would the department clarify what differences you are looking for in response to each of these two questions to ensure efficient use of the page limitations?

**Response:** The prospective Respondents are required to demonstrate a fully documented customer complaint and resolutions process.

- 30. Question:** Page 37-38, 1. Technical Proposal, d. Transportation Services, (1-2). Inflationary pressures have necessitated right-sizing provider reimbursement to offset the impact of increased costs. Will the State give special consideration to brokers with processes already in place to right-size provider reimbursement?

**Response:** The proposals will be scored based only on the criteria set forth in the NEMT RFP. Please refer to the requirements of the RFP, Section I. Main Proposal Submission Requirements To Submit A Responsive Proposal.

- 31. Question:** Page 38, Section IV.I.1. Technical Proposal, d. Transportation Services, (2). Can the sample provider contract, the bidder's list of contracts, and the bidder's list of claims and legal actions be included as attachments rather than in the technical response? Collectively, these documents comprise over 40 pages, and including them within our response will greatly impact our ability to provide comprehensive responses while staying within the required page limit.

**Response:** Please refer to the requirements of the RFP, Section I.D.5. Attachments.

- 32. Question:** Page 39, 1. Technical Proposal, d. Transportation Services, (16). In other states, transportation brokers have been successful in decreasing rider no shows by implementing a series of warnings to Members with eventual suspension if they continue to abuse the transportation benefit by failing to show. Would CT DSS be willing to work with the awarded broker on such a collaborative effort to quell RNS occurrences in CT?

**Response:** The Department will work with the contractor Broker to mitigate No-Show occurrences, however, suspension of services to the Member will not be permitted.

- 33. Question:** Page 39, 1. Technical Proposal, d. Transportation Services, (22). Is it the Department's intention for bidders to have a devoted and designated fleet available for individuals from homeless shelters, residential care homes and those engaged in supportive housing? If so, can the Department provide data regarding the number of trips provided for these individuals over the past 3 contract years?

**Response:** This data is not available. This expectation is part of broader policy priorities to address health related social needs. This will be discussed in detail during contract negotiations.

- 34. Question:** Page 39, Section IV.I.1. Technical Proposal, d. Transportation Services, (#22). Do these individuals require separate or unique transportation? If so, would you provide the reason?

**Response:** Mode of transportation is based on Medical Necessity and safety of the Member.

- 35. Question:** Page 39, Section IV.I.1. Technical Proposal, d. Transportation Services, (#22). **Designated Fleet:** Would this fleet be transporting individuals from homeless shelters, residential care homes and supportive housing to eligible medical destinations? Or to non-medical (SDoH) destinations?

**Response:** NEMT is for Medicaid covered services only. Yes, individuals that are Medicaid eligible can be transported from these locations to their medical appointments. SDoH related transportation services will be implemented as part of the RFP.

- 36. Question:** Page 39, 1. Technical Proposal, d. Transportation Services, (#23). Can the Department please describe the current pain points relative to stretcher transportation so that bidders can provide a comprehensive response? For example, is stretcher level of service not available under the current contract? Will bidders be required to build / establish this network from scratch?

**Response:** Stretcher transportation is not a service provided in the current contract. Prospective respondent should submit their own implementation process for stretcher vans per the RFP requirements.

- 37. Question:** Page 39. This question asks, "Describe how the Respondent will implement the use of stretcher vans." Can NEMT ambulances still be used when a member must be transported in a supine position, or is there a different expectation?

**Response:** Prospective Respondents should submit their own implementation process for stretcher vans per the RFP requirements.

**38. Question: Page 39.** Since stretcher vans are not in use today, are there ordinances in areas of the state that will prohibit the transport of a member requiring stretcher service by any provider other than an ambulance company?

**Response:** This will be discussed in detail during contract negotiations. Please refer to the RFP requirements.

**39. Question: Page 39.** Will the Department please provide NEMT ambulance trip data for 2021, 2022, and 2023 to date?

**Response:** This data is not readily available. Overall, only a small percentage of members use NEMT ambulance trips.

**40. Question: Page 39, Section IV.I.1. Technical Proposal, d. Transportation Services, (#24).** Can the Department please provide details regarding what they would like bidders to respond to relative to this question? For example, what do you consider a "designated fleet" and what does "prescheduling trips" entail?

**Response:** Please refer to the requirements of the RFP. Prospective Respondents should submit their proposal of designated fleet and prescheduling trips processes.

**41. Question: Page 39.** This question asks, "Describe how the Respondent will establish a designated fleet with prescheduling of trips." Will the Department please explain this question further? Since trips are mostly prescheduled, except for facility discharges and urgent trips, we do not understand what is being asked.

**Response:** Please refer to the requirements of the RFP. Prospective Respondents should submit their proposal of designated fleet and prescheduling trips processes.

**42. Question: Page 41, 1. Technical Proposal, g. Reports and Performance, a. rate of on time performance for A leg and B leg.** Will the Department please confirm this is the current definition of OTP standards: A-leg on time definition is defined as the person arriving prior to their appointment time. The B leg is calculated as a pickup within 30 minutes for a scheduled time, within 1 hour for a will call, and within 3 hours for a discharge.

**Response:** The timelines stated in the Question# 42 are correct for A leg, B leg and discharge transports.

**43. Question: Page 42, i. Utilization Management, (3).** What credential and training requirements are in place for the program's current UM staff?

**Response:** Current UM lead staff is a Registered Nurse ("RN") licensed in Connecticut.

**44. Question: Page 42, 2. Management, Experience, and Qualifications Proposal, a. Key Positions, Personnel, Resumes and Job Descriptions.** Non incumbent bidders are not in a position to hire for key personnel positions associated with a contract that has not yet been awarded and is not scheduled to go live for nearly 1 year. The requirement to include names and resumes of key personnel creates a significant competitive advantage for the incumbent. If non incumbent

bidders guarantee all key personnel would be in place prior to implementation, and acknowledge they would be required to go through a formal approval process with the state, would the Department allow non-incumbent bidders to submit job descriptions for each key personnel position in lieu of names and resumes which would likely change prior to implementation?

**Response:** Please refer to the requirement of the RFP.

45. **Question:** Page 42, 1. Technical Proposal, h. Claims Adjudication and Payment, Value-Based Payment Process. Will the State share the cost of incentive payments to providers?

**Response:** The funding for value-based payments will not be in addition to the selected contractor's budget. The State expects the Prospective Respondents to submit a budget that includes all expected costs.

46. **Question:** Page 42, 1. Technical Proposal, h. Claims Adjudication and Payment, Value-Based Payment Process. Is the State open to reimbursing the contractor a monthly amount over the proposed rate based on incentive payments disbursed to providers?

**Response:** The funding for value-based payments will not be in addition to the selected contractor's budget. The State expects the Prospective Respondents to submit a budget that includes all expected costs.

47. **Question:** Page 43, 2. Management, Experience, and Qualifications Proposal, b. Experience. Would the Department please confirm if all of the referenced 'special needs' populations will be identified within the eligibility file in order for specific support to be provided during our member engagement, or if the prompt is more generalized to confirm the broker's experience with supporting a range of members who may have special needs or simply require accommodations during our professional interactions?

**Response:** Eligibility files do not contain specific Protected Health Information ("PHI"). Eligibility files only provide which coverage group a member is enrolled.

48. **Question:** Page 43, 2. Management, Experience, and Qualifications Proposal, b. Experience. We noticed that you added 'members who are LGBTQIA' to the list of special needs populations, can you elaborate on any special needs that this population will require outside of traditional transportation services provided to other special needs populations?

**Response:** Please refer to the requirements of the RFP. There are no additional special needs for this population.

49. **Question:** Page 43, 2. Management, Experience, and Qualifications Proposal, c. List of Contracts. This section states "This list must also include all service providers and a contact name and telephone number for each." Please confirm that the respondent is not required to provide a list of all subcontracted transportation providers for all of its contracts within the past five years. Many large transportation brokers subcontract with well over 1,000 providers nationwide---providing this list, plus a contact name and telephone for each provider, would be impossible.

**Response:** Please refer to the requirements of the RFP, Section IV.I.2.c. List of Contracts.

**50. Question:** Page 43, 2. Management, Experience, and Qualifications Proposal, c. List of Contracts. Given the size that this submission will require, can bidders limit submission to state based NEMT programs vs all commercial and Medicare advantage programs?

**Response:** Please refer to the requirements of the RFP, Section IV.I.2.c. List of Contracts.

**51. Question:** Page 44, 2. Management, Experience, and Qualifications Proposal, f. Diversity Background, (2). Will this be a prerequisite for individual driver authorization or is the Department open to allowing it as part of an annual compliance training packet?

**Response:** As part of the onboarding process and as an annual compliance training packet to include implicit bias training.

**52. Question:** Page 44, Diversity Background. What Connecticut Medicaid coverages are in place specifically for LGBTQIA members?

**Response:** Gender Affirmation Services including surgeries. LGBTQIA members have access to all the services covered under Medicaid.

**53. Question:** Page 45, 3. Financial Requirements, a. Audited Financial Statements. Will the department accept a website link to financial statements rather than the physical statements, given the size of these documents is over 26K KB?

**Response:** Please refer to the requirements of the RFP, Section I.C.12. Proposal Due-Date and Time, and Section IV.I.3.a.Audited Financial Statements.

**54. Question:** Page 46: 3. Financial Requirements, d. NEMT Budget. This section referenced two different end dates for the initial contract period: 3/31/2027 and 9/30/2027. Can the Department clarify whether the budget developed for Years 1 through 3 covers the time period 10/1/24 through 9/30/27 OR 10/1/24 through 3/31/27?

**Response:** Please refer to Section A. Revisions, Item 1 of Addendum 1.

**20. Question:** Page 47, Exhibit A, 4. Administration, a. Will the Department extend the location for the Contractor's physical business office within Connecticut to a 55-mile radius from the Department's Central office on Farmington Avenue in Hartford, CT.

**Response:** Please refer to the requirements of the RFP, Exhibit A. Statement of Work, NEMT, Item 4.a.

**55. Question:** Page 50, 9. Incident Reporting, b. Would the Department allow Bidders to follow the industry standard for notifications which is no greater than (1) business day vs the proposed (1) hour requirement? 2) Will the department provide a definition or expand upon incidents covered under: 'Any allegation or complaint of inappropriate behavior related to a minor.'

**Response:** Please refer to the requirement of the RFP, Exhibit A. Statement of Work, NEMT, Item 9. Incident Reporting.

**56. Question:** Page 50, 9. Incident Reporting, b. What would constitute a member who should not be multi-loaded? How will the vendor be notified of such a circumstance? What percentage of members are not eligible for multi-load?

**Response:** Prospective Respondents should submit their process for identifying these members in their proposal. The percentage varies at any given time.

**57. Question:** Page 50, 9. Incident Reporting. Will the Department please define multi-load errors? A one-hour initial incident reporting to the client, including multi loads errors, is a short turnaround of information. Are there concessions for after hours, weekends, and holidays?

**Response:** Please reference the RFP, Exhibit A, NEMT Statement of Work.

**58. Question:** Page 50, 9. Incident Reporting. Please clarify how the Contractor will report incidents in compliance with this timeline if an incident occurs outside of DSS' regular business hours.

**Response:** The Contractor will utilize email functionality to the NEMT manager or designee.

**59. Question:** Page 50, 9. Incident Reporting, g. Please confirm that Bidders are permitted to provide access to multiple dashboards provided in reporting software, such as Tableau, that can be customized to provide access to Complaint and Incident activity including summary level dashboards by type/volume/vendor/etc. as well as detailed reports to include the complaint and investigation results to satisfy the 'full access' requirement. If access to these details is not sufficient, please define what "full access" means in this context.

**Response:** Please refer to Section A. Revisions, Item 2 of Addendum 1.

**60. Question:** Page 50, 10. Motor Vehicle Accident Reporting, b & c. Would the Department allow Bidders to follow the industry standard for notifications which is no greater than (1) business day vs the proposed (1) hour requirement?

**Response:** Please refer to the requirements of the RFP, Exhibit A. NEMT Statement of Work, Item 10. Motor Vehicle Accident Reporting.

**61. Question:** Page 50, 10. Motor Vehicle Accident Reporting. A one-hour notification report to the Department of any vehicle accident involving the transport of a member is a short turnaround of information. Are there concessions for after hours, weekends, and holidays?

**Response:** Please refer to the requirement of the RFP, Exhibit A. NEMT, Statement of Work, Item 10. Motor Vehicle Accident Reporting

**62. Question:** Page 50, 10. Motor Vehicle Accident Reporting. Please clarify how the Contractor will report accidents in compliance with this timeline if an accident occurs outside of DSS' regular business hours.

**Response:** Please refer to the requirement of the RFP, Exhibit A. NEMT, Statement of Work, Item 10. Motor Vehicle Accident Reporting

**63. Question:** Page 52, Exhibit A-1, 2 Customer Service Requirements, e. Please clarify in what way or by what percentages/metrics the Contractor “may need to surpass these minimums to assure adherence to service standards”.

**Response:** Please refer to the requirements of the RFP, Exhibit A-1, 2. Customer Service Requirements.

**64. Question:** Page 52, Section IV. I 1. Technical Proposal, i. Utilization Management (#3). What credential and training requirements are in place for the program’s current UM staff?

**Response** The current lead staff is a CT licensed RN.

**65. Question:** Page 52, Exhibit A-1, 2 Customer Service Requirements, f. Does the incumbent allow transportation booking (reservations) via IVR, and/or chat? If so, please provide the information collected via these contact options (ex., HIPAA validating data) as well as the number of trips scheduled and the containment rate for each over the last three months.

**Response:** Responses will only be given to questions pertaining to the NEMT RFP 10162023.

**66. Question:** Page 53, Exhibit A-1, 2. Customer Service Requirements, j. Staffing, (#4) special provisions. Will the Department accept Connecticut Relay in place of TDD/TTY to accommodate individuals who are hearing impaired?

**Response:** Please refer to the requirements of the RFP, Exhibit A-1, 2.j.4.

**67. Question:** Page 67, Exhibit A-1, 2. Customer Service Requirements, l. Trip Assignments, (#3). Will the vendor receive a list of participating medical providers, as well as eligible V.A., charitable, and third-party providers?

**Response:** The National Provider Identifier (“NPI”) numbers will be provided for all active medical providers.

**68. Question:** Page 53, Exhibit A-1, 2 Customer Service Requirements, m. Selection of Mode of Transportation, (#1). Please supply the allowable distance between PU (bus stop) and Member’s residence and DO (bus stop) and location of Member’s medical appointment for assignment to Public Transit.

**Response:** Allowable distance for all is  $\frac{3}{4}$  of a mile.

**69. Question:** Page 54, Exhibit A-1, 2 Customer Service Requirements, m. Selection of Mode of Transportation, (6). Will the Department accept Transportation Network Companies (e.g., Uber or Lyft) as an eligible mode of member transport?

**Response:** Please refer to the RFP requirements, Exhibit A-3. Transportation Vehicle Standard.

**70. Question:** Page 57, Exhibit A-3, 1. Please confirm Transportation Network Companies (TNCs) such as Uber and Lyft are permitted to provide NEMT services under this contract.

**Response:** Please refer to the RFP requirements, Exhibit A-3. Transportation Vehicle Standard.

71. **Question:** Page 57, Exhibit A-3, 3a. Please confirm virtual vehicle inspections are permitted.

**Response:** Please refer to the RFP requirements, Exhibit A-3.3 Vehicle Inspections.

72. **Question:** Page 58, Exhibit A-3, 4 Vehicle Requirements, I. Should the Department accept Transportation Network Companies as a mode of transportation for eligible Members, would the requirement to have the provider's name displayed inside the vehicle be waived for those TNC drivers?

**Response:** Please refer to the RFP requirements, Exhibit A-3.4.I.

73. **Question:** Page 60, Exhibit A-4, 2d. The current national standard is that all drug screens must go through an MRO and any positive results will lead to a disqualification. Will this policy be acceptable?

**Response:** Please refer to the RFP requirements, Exhibit A-4.

74. **Question:** Page 60, Exhibit A-4, 3b. Please confirm neighboring states' driver licenses are acceptable?

**Response:** Please refer to the RFP requirements, Exhibit A-4.

75. **Question:** Page 60, 3. Driver Accountability CTAA Passenger Assistance, Safety, and Sensitivity (PASS) training is the industry standard training that we employ throughout our transportation networks. Will this training be acceptable to the Department? If so, CTAA training is conducted every two years instead of annually. Will this also be acceptable to the Department?

**Response:** Please refer to the RFP requirements, Exhibit A-4.

76. **Question:** Page 62, Exhibit A. 9. b. What would constitute a member who should not be multi-loaded? How will the vendor be notified of such a circumstance? What percentage of members are not eligible for multi-load?

**Response:** Member multiloading is where there are more than one Member travelling together. The contractor must determine a member's appropriate mode of transportation based on accessibility, medical condition and personal capabilities. The percentage varies at any given time.

77. **Question:** Page 65, Exhibit A-7, 2. Notices of Action and Denial Notices, c. CTAA Passenger If a member indicates their language preference as either English or Spanish, and we capture it in our system, will we still be expected to provide a written Denial Notice in both English and Spanish?

**Response:** Yes.

**79. Question:** Page 76, Exhibit A-11. Please provide a summary broken out by year and specific performance standard of all performance sanctions and penalties levied against the current vendor since the current contract's inception.

**Response:** A response will only be given to questions pertaining to the NEMT RFP 10162023.

**80. Question:** Page 78, Exhibit A-12. Would the state consider awarding incentive dollars on a scalar basis rather than pass/fail?

**Response:** Yes. The performance pool available to the selected vendor will be awarded on a scalar basis based on annual performance measures that will be mutually agreed upon.

**81. Question:** Page 85, Exhibit C Documents Link. Will you please provide any historical breakout data around the following call volumes: Afterhours calls, Claims, Grievances, Utilization Review, Reservation Calls, Ride Assistance, and Transportation Provider Calls? What type of calls are facilitated in the 'Call Center Summary, Facility (Business Hours)' report?

**Response:** Please refer to the Exhibit C of the RFP.

**82. Question:** Page 85, Exhibit C Documents Link. Please supply the number or % of gross reservations that are for standing order trips.

**Response:** Please refer to the Exhibit C of the RFP.

**83. Question:** Page 85, Exhibit C Documents Link. Can the department please provide trip data, including the number or % of trips provided for Same Day, Next Day, and Urgent Trips?

**Response:** Please refer to the Exhibit C of the RFP.

**84. Question:** Page 85, Exhibit C Documents Link. Can data be provided for trip distance by Level of Service and county (e.g., ambulatory, wheelchair, etc.)?

**Response:** Please refer to the Exhibit C of the RFP.

**85. Question:** Page 85, Exhibit C Documents Link. The state provides data for "Members w/ completed trips"; does this encompass all eligible members? If not, can the state provide full membership numbers?

**Response:** Members with completed trips does not encompass all eligible Medicaid members. Only those which utilize NEMT services.

**86. Question:** Page 85, Exhibit C Documents Link. Data provided shows completed trips. Can the Department provide the number of trips paid by month by Level of Service? Can the Department also provide monthly percentage of paid trips to completed trips?

**Response:** Only completed trips are paid.

**87. Question:** Page 85, Exhibit C Documents Link. Can trip data be provided for specialty Levels of Service (ALS/BLS, STRETCHER, Other...etc.) from Jan 2019 through July 2023?

**Response:** Please see numbers below.

- 2019– 34,
- 2020-78,
- 2021-134,
- 2022-39, and
- Jan to Jul 2023- 37

**88. Question:** Page 85, Exhibit C Documents Link. Please provide projected membership by month for 2023 and 2024.

**Response:** Projections for the proposed contract period appear in the response to Question#6. Please see the table below for the prior months actual / estimated enrollment.

Month	Actual/ Estimated	HUSKY A	HUSKY C	HUSKY D	Covered CT	Member Months
Jul-22	A	558,062	76,012	360,654	11,354	1,006,082
Aug-22	A	557,969	75,538	362,128	11,634	1,007,269
Sep-22	A	559,952	75,922	363,703	11,769	1,011,346
Oct-22	A	563,879	76,582	367,160	11,654	1,019,275
Nov-22	A	566,125	76,566	370,439	12,753	1,025,883
Dec-22	A	566,449	76,310	372,787	14,664	1,030,210
Jan-23	A	570,962	76,492	376,648	15,519	1,039,621
Feb-23	A	568,531	75,934	376,455	15,766	1,036,686
Mar-23	A	572,296	78,228	380,130	15,906	1,046,560
Apr-23	A	574,584	79,264	382,910	16,244	1,053,002
May-23	A	570,381	78,816	378,824	16,993	1,045,014
Jun-23	A	561,842	77,928	374,175	17,723	1,031,668
Jul-23	A	558,218	77,573	372,514	18,269	1,026,574
Aug-23	A	550,780	77,822	374,121	19,180	1,021,903
Sep-23	A	544,630	77,804	365,988	20,195	1,008,617
Oct-23	E	540,160	77,687	360,598	20,934	999,379
Nov-23	E	535,690	77,570	355,208	22,265	990,733
Dec-23	E	531,220	77,248	349,818	23,378	981,665
Jan-24	E	526,750	77,538	344,428	24,547	973,263
Feb-24	E	522,280	77,421	339,038	25,775	964,514
Mar-24	E	517,810	77,304	333,648	27,063	955,826

**89. Question:** Page 85, Exhibit C Documents Link. Data From Website (July 2023 Report). According to page 11 of the data over 34% of the trips are cancelled which trends very high in comparison to national averages. Is there a reason behind this?

**Response:** The Department is still monitoring the trends and reviewing the information.

**90. Question: Page 85, Exhibit C Documents Link.** Data From Website (July 2023 Report). According to page 11 of the data from Exhibit C, about 20,389 trips are cancelled same day each month. However, the Completed Trips plus Cancelled Trips values on the same page do not add up to the completed trip count summary from page 7 plus any cancellation value. Why is this? What is the actual gross trips number for the plan? What is the actual cancellation percentage?

**Response: Please refer to the Exhibit C of the RFP. The difference is due to the Public Transit and mileage reimbursement being excluded from cancelled trips. On page 7, of the July 2023 DSS Monthly Reporting Package the total completed trip count includes Public Transit and mileage reimbursement. Reference website and slides for notes and clarification.**

**91. Question: Page 85, Exhibit C Documents Link.** Data From Website (July 2023 Report). Page 14 of the trip data contains tables about "Unfulfilled" Trips. How do these differentiate from "Cancelled" Trips? Is there a definition of 'Unfulfilled'?

**Response: Please refer to Section A. Revisions, Item 2 of Addendum 1.**

**92. Question: Page 85, Exhibit C Documents Link.** Data From Website (July 2023 Report). Can monthly data by mode by mileage bucket be provided from 2019 onwards?

**Response: Please refer to Exhibit C of the RFP.**

**93. Question: Page 85, Exhibit C Documents Link.** The most recent reporting package provided via the document link was from July 2023. Will the Department please provide August and September 2023 reports?

**Response: Please refer to Exhibit C of the RFP. Reports for August 2023 - September 2023 will be posted when available.**

**94. Question: Page 85, Exhibit C Documents Link. Section 5. Exhibit C: Data:** Are trip counts expected to return to pre-pandemic levels? And if so, how will the Department release updated data with projected trips count by mode?

**Response: Please refer to Exhibit C of the RFP. Trip counts have returned to pre-pandemic levels. Updated trip counts by mode are included as part of the Monthly Reporting package.**

**C. Transcript of Virtual RFP Conference hold on October 23, 2023**

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
NON-EMERGENCY MEDICAL TRANSPORTATION  
REQUEST FOR PROPOSALS

- - - - -x  
In re: :  
: :  
NEMT - RFP - 10162023 : October 23, 2023  
: :  
- - - - -x

VIRTUAL REQUEST FOR PROPOSALS CONFERENCE  
(Via Zoom Teleconference)

MODERATED BY CEKA ANILA  
AND DIANA SPERANZA

(Transcription from Electronic Sound Recording.)

A PLUS REPORTING SERVICE, LLC  
55 Whiting Street - Suite 1A  
Plainville, CT 06062  
203-269-9976  
aplusreportingservice.com

## PARTICIPANTS:

Anila Ceka, Moderator

Diana Speranza, Moderator

Nelson Tereso

Annemarie Casey

Tanya Gordon

Fatmata Williams

Yvonne Pallotto

Childs Aston

Rai Akriti

Crystal Richardson

Michele Lucas

Calve Milligan

Sara Ruhr

Lydia Hennick

Caroline Keyser

1 (Proceedings commenced: 9:53 A.M.)

2  
3 Ms. ANILA: Participants of this  
4 meeting will be muted. All presenters are please  
5 asked to mute themselves when their presentation  
6 is over. If any of the participants have any  
7 questions, please raise your hand and you will be  
8 provided the opportunity to ask your questions at  
9 the end of this presentation.

10 It is recommended that in case  
11 participants have questions, please write them  
12 done in the chat, in the chat and you will be  
13 provided opportunity to add the question  
14 personally at the end of this presentation and  
15 you will be introduce yourself as well.

16 If there are no questions so far, we  
17 may move forward with the RFP conference.

18 (Pause.)

19 Diana?

20 MS. SPERANZA: Good morning and welcome  
21 to the DSS NEMT RFP 10162023 virtual, virtual  
22 conference. I am Diana Speranza from the  
23 Department of Social Services. I'd like to go  
24 over a few instructions that we have outlined in  
25 the RFP that we submitted.

1           As Anila has stated, the official  
2           contact, she is the official contract (sic) in  
3           the -- the Department has designated her as such  
4           for the purposes of this RFP.

5           The official contact is the only  
6           authorized contact for this procurement. And as  
7           such, handles all related communications on  
8           behalf of the RFP and on behalf of the  
9           Department.

10          Respondents, respective respondents,  
11          and other interested parties are advised that any  
12          communication with other Department employee,  
13          including appointed officials or personnel under  
14          contract to the Department about this RFP is  
15          strictly prohibited.

16          It is strongly recommended that any  
17          respondent or perspective respondent interested  
18          in this RFP check the CT source bid board for any  
19          solicitation changes. As Anila has mentioned, we  
20          will be providing an addendum to this RFP, which  
21          would constitute a change or in addition to the  
22          RFP regarding the questions that, that will be  
23          coming up with, you know, from this RF --  
24          conference. And also the questions that will be  
25          -- the response to the questions for the

1 questions that you will be potentially submitting  
2 for this RFP.

3 We also strongly encourage that  
4 respondents register with the State of  
5 Connecticut contracting portal, if not already  
6 registered. Please reference the NEMT RFP for  
7 additional information regarding that.

8 Minimum qualifications of respondents.  
9 A minimum of five years managing an NEMT program;  
10 demonstrated leadership experience; extensive  
11 large project management skills; and strong  
12 knowledge of healthcare, transportation, and  
13 Medicaid.

14 During this RFP conference, we will  
15 discuss the procurement schedule. The RFP as you  
16 all know, was released on October 16, 2023. The  
17 Department is holding this optional virtual RFP  
18 conference today to answer clarifying questions  
19 from prospective respondents about the NEMT RFP,  
20 which was posted on, on October 16.

21 Attendance at the virtual conference is  
22 optional, but is strongly encouraged. At the  
23 virtual conference attendees will be provided an  
24 opportunity to submit written questions, which  
25 the Department's representatives may or may not

1 answer at the conference.

2 Any oral answers given at their virtual  
3 conference by a representative of the Department  
4 are tentative and not official. All questions  
5 submitted will be answered in a written addendum  
6 to the RFP, which will serve as the official  
7 response to questions asked at the virtual  
8 conference.

9 If any answer to any question  
10 constitutes a material change to the RFP, the  
11 question and answer will be placed at the  
12 beginning of the addendum and fully noted as  
13 such.

14 The Agency will release the amendment  
15 on the date established in the procurement  
16 schedule. The Agency will publish any and all  
17 amendments to this RFP on the State contracting  
18 portal.

19 A letter of intent is required by this  
20 RFP. The letter of intent is nonbinding and does  
21 not obligate the sender to submit a proposal.  
22 The letter of intent must be submitted to the  
23 official contact by email by the deadline  
24 established in the procurement schedule, which is  
25 October 26, 2023.

1           The letter of intent must be sent on  
2 potential respondent's official business  
3 letterhead and clearly identify the sender  
4 including name, postal address, principal place  
5 of business, telephone number, fax number, and  
6 email address of legal entity or individual with  
7 whom contract would be written. The signed  
8 letter of intent must acknowledge the  
9 respondent's acceptance of the terms and  
10 conditions of this RFP.

11           It is the sender's responsibility to  
12 confirm the designated official contact's receipt  
13 of the letter of intent. Failure to submit the  
14 required letter of intent in accordance with the  
15 requirements set forth herein shall result in  
16 disqualification from further consideration.  
17 Please refer to the RFP for additional  
18 information.

19           The deadline for questions are due on  
20 November 2nd, 2023 at 4:00 p.m. Eastern Standard  
21 Time. The official contact is the only  
22 authorized recipient of those, those questions.  
23 And the email address for Anila Ceka who is the  
24 official contact is outlined and referenced in  
25 the RFP that was submitted.

1           Responses to questions submitted will  
2           be released -- and this is a nonbinding date of  
3           November 9th, 2023. If that date changes, we  
4           will submit an addendum to the RFP to give the  
5           specific date that we would release the responses  
6           to the questions.

7           Proposals, due date and time. The  
8           official contact is the only authorized recipient  
9           as we've mentioned multiple times in this  
10          conference of proposals submitted in response to  
11          this RFP. Proposals must be received by the  
12          official contact on or before December 4th, 2023,  
13          2:00 p.m. Eastern Standard Time.

14          The submission of the electronic copy  
15          of the proposals must be emailed to the official  
16          contact for this RFP to the email address  
17          referenced in the RFP, which is  
18          [dss.procurement@ct.gov](mailto:dss.procurement@ct.gov). The subject line of the  
19          email must read "NEMT RFP 10162023." Proposals  
20          received after the due date and time will be  
21          ineligible and will not be evaluated.

22          DSS as the lead agency for this  
23          procurement will send an official letter alerting  
24          late respondents of ineligibility. Keep in mind  
25          that this a electronic submission, so please be

1 aware of time it may take for an electronic  
2 submission to be send from one server and  
3 accepted by another server. Each file sent to  
4 the official contact must not be larger than 35  
5 megabytes per email.

6 An acceptable submission must include  
7 the following:

8 One, conforming electronic copy of the  
9 original proposal. The proposal must be  
10 complete, properly formatted and outlined and  
11 ready for evaluation by our evaluation committee.

12 Unsigned proposals will not be  
13 evaluated.

14 The electronic copies of the proposals  
15 must be compatible with Microsoft Office Word,  
16 except for the budget and budget justification,  
17 which may be compatible with Microsoft Office  
18 Excel.

19 Only the required forms and appendices  
20 may be scanned and submitted as PDF or similar  
21 file format.

22 As we mentioned, this is an electronic  
23 submission, please be aware the amount of time it  
24 may take for an electronic submission to be sent  
25 from one server and accepted by another server.

1                    Respondents are responsible to ensure  
2                    there are not additional IT limitations from the  
3                    provider side. Please refer to the RFP for  
4                    additional information.

5                    Proposals received after the due date  
6                    and time may be accepted by the Department as a  
7                    clerical function. However, late proposals will  
8                    not be evaluated. At the discretion of the  
9                    Department, late proposals may be deleted.

10                   Multiple proposals is not an option for  
11                   this procurement. Dates after the due date for  
12                   proposals are nonbinding target dates only. The  
13                   Department may amend the schedule as needed  
14                   through an addendum to the RFP. Any change to  
15                   target dates as we mentioned will be placed on  
16                   the CT, Connecticut contracting portal.

17                   And the interviews, oral presentations,  
18                   there -- the department may invite respondents  
19                   whose proposals achieve a score of at least 474  
20                   points or 60 percent of the 790 points for Phase  
21                   I and Phase II of this evaluation process and for  
22                   this RFP, for an interview and/or for an oral  
23                   presentation. Any such interview or oral  
24                   presentation may be done virtually or in person  
25                   at a time selected and in a place provided by the

1 Department.

2 At its sole discretion, the Department  
3 may limit the number of respondents invited to  
4 participate in this phase of the evaluation  
5 process and may limit the number of attendees per  
6 respondent.

7 The term of the contract shall be three  
8 years from the date of full implementation and  
9 the Department anticipates a contract start date  
10 of April 1st, 2024, with the first six-month as  
11 the startup period with full implementation and  
12 operation on October 1st, 2024.

13 There shall be two one-year options to  
14 extend that may be exercised at the sole  
15 discretion of the Department.

16 Thank you.

17 (Pause.)

18 MS. WILLIAMS: Good morning, everyone.  
19 My name is Fatmata Williams and I'm a director of  
20 medical administration and oversee the NEMT  
21 contract for the Department.

22 So just to give a high-level overview  
23 of the NEMT benefit for our members, is that our  
24 program provides non-emergency medical  
25 transportation to our entire membership for our

1 people who qualify for Medicaid such as children,  
2 parents and their relatives, pregnant and  
3 postpartum people, their children's health  
4 insurance program, individuals who are aged,  
5 blind, and disabled, as well as low-income  
6 individuals between the ages of 19 and 64.

7 We also provide NEMT services for  
8 individuals who are under the demonstration  
9 waiver for the covered Connecticut program. And  
10 these are low-income individuals who earn too  
11 much to qualify for Medicaid, but are not able to  
12 afford health insurance through the State's  
13 health exchange. So the Department helps with  
14 covering their premiums and out-of-pocket costs,  
15 so they're also eligible for transportation.

16 The Department is seeking respondents  
17 to work with us to develop innovative approaches  
18 to providing these services. And some of the  
19 things we are asking is for the respondents to  
20 propose high-level technology and models that  
21 will help in our efforts to improve access for  
22 our members to non-emergency medical  
23 transportation to qualified -- for qualified  
24 health services.

25 We are also hoping to ensure high-

1 quality services to our members and healthcare  
2 providers where members are able to make it to  
3 their appointments using the appropriate mode of  
4 transportation. We're also hoping to administer  
5 operational efficiencies where the appropriate  
6 mode of transport is authorized for the members  
7 so we have -- so members who use public  
8 transportation such as buses and trains, members  
9 qualify for livery services, chair events,  
10 stretcher events, and additional all be based on  
11 medical necessity.

12 Next slide please. Thank you.

13 So additionally, the Department is  
14 interested in the respondent's expertise around  
15 promoting access to public transportation through  
16 member engagement. Educating and engaging with  
17 our members, helping them to get the routes to  
18 where they need to go to use transportation and  
19 to also increase the use of public transit,  
20 again, for those where it is medically necessary  
21 through the use of appropriate utilization  
22 management strategies.

23 There are also specific milestones  
24 where we're hoping that the respondents would  
25 implement and showcase their company's ability to

1 serve our members in accordance with the  
2 Department goals. We really value engagement,  
3 communication, and educating our members, and  
4 showing that they know in, in due time if the  
5 transportation is not going to show up, so they  
6 can make their necessary arrangements and not  
7 miss their trips and thus increase their lapse in  
8 care.

9 We're also hoping that the respondents  
10 would establish a protocol to collaborate with  
11 the Department of Transportation and Motor  
12 Vehicles around driver safety. Monitoring  
13 drivers, monitoring cars, and, and the like to  
14 ensure that our members are receiving high-  
15 quality services.

16 I will start with some of the program  
17 goals and I'll hand it over to my colleague,  
18 Yvonne who will continue with that. Our over  
19 action goals is that we want to contract with an  
20 organization that shares the values and goals as  
21 we provide non-emergency medical transportation  
22 to our members.

23 We want our members to have a good  
24 experience, good satisfaction where they're able  
25 to make it to their appointments, they're able to

1       make it home, there are no gaps in care. We're  
2       hoping to improve the health of our population  
3       and we're ensuring that members continue to  
4       receive the appropriate mode of transportation  
5       while we're also leveraging the use of public  
6       transit for those members where it is medically  
7       necessary.

8               We want to make sure that members are  
9       not missing their appointments, there are no gaps  
10      in care, and hopefully, through the use of high-  
11      quality technology and techniques and community  
12      engagement strategies we're able to improve our  
13      members' outcomes and still be able to achieve  
14      the truthful aim from the centers of Medicare and  
15      Medicaid.

16             At this point, I will hand over to  
17      Yvonne Pallotto to continue with the program  
18      goals as outlined.

19             Thank you.

20             (Pause.)

21             Yvonne, you're on mute.

22             (Pause.)

23             MS. PALLOTTO: So sorry about that.

24      Thank you, Fatmata.

25             I'm Yvonne Pallotto. I'm the DSS NEMT

1 manager and we'll continue with program goals  
2 that Fatmata started. I just wanted to outline  
3 what the Center for Medicare and Medicaid  
4 Services triple aim is. It's improving the  
5 patient experience of care, including quality and  
6 satisfaction, improving the health of the overall  
7 population, and reducing per capita costs of  
8 healthcare.

9 So correspondingly, following this  
10 triple aim of CMS, correspondingly the Huskie  
11 Health agenda including the following key  
12 objectives.

13 A simplified administrative structure  
14 that effectively supports and empowers both  
15 members and providers.

16 A nationally unique dataset that  
17 supports the Department in illuminating needs,  
18 identifying gaps in service, influencing policy  
19 direction, ensuring accountability, and support  
20 cost savings.

21 A firm emphasis on preventative care.

22 A firm emphasis on integration of care  
23 and that includes medical, behavioral, dental,  
24 and social services.

25 And building a long-term service and

1 support system that enables true choice and  
2 integration.

3 These last three object goals and  
4 objectives of the, under the program goals  
5 emphasize that the healthcare sector is  
6 increasingly investing in social determinants of  
7 health to improve access to care, access to care  
8 and utilization, and ultimately health outcomes.

9 So to that end, non-emergency  
10 transportation is a core social determinate of  
11 health to address and access manage preventative  
12 health services for Connecticut's Medicaid  
13 members of all ages.

14 Next slide, please.

15 We'll move on to scope of work and  
16 primary services to be provided. The contractor  
17 will develop and implement policies and  
18 procedures for authorizing, scheduling, managing,  
19 and issuing payment for a range of non-emergency  
20 medical transportation services. And that would  
21 include the provision of reliable and efficient  
22 NEMT services to all eligible members within the  
23 entire geographical regions of Connecticut  
24 including rural and urban areas.

25 The delivery of the appropriate level

1 of transportation service to meet the needs of  
2 all members including those with physical  
3 disabilities and behavioral health disabilities.  
4 Those with complex conditions and in -- and all  
5 of the delivery is expected to be provided in an  
6 equitable manner and without discrimination.

7 Implement innovative technology to  
8 drive efficiency in the scheduling and management  
9 of trips. Continuously track and analyze data to  
10 improve the provision of service delivery thereby  
11 improving the overall health and wellbeing of our  
12 members in the State of Connecticut. Support the  
13 development and implementation of innovative  
14 solutions designed to address the social  
15 determinants of health.

16 Next slide, please.

17 We'll continue with the scope of work  
18 as it relates to the customer service center.  
19 The contractor shall establish and maintain a  
20 primary call center staffed with sufficient  
21 number of well-trained customer service  
22 representatives located within the State of  
23 Connecticut for taking calls, including  
24 reservations for NEMT services during the hours  
25 of 7:00 a.m. to 6:00 p.m. local time Monday

1 through Friday.

2 The call center may be virtual,  
3 however, call center agents and staff must be  
4 located in Connecticut. The call center must be  
5 -- the urgent -- excuse me -- the call center  
6 must be available 24/7, 365 days a year for  
7 urgent trips. The established primary call  
8 center must answer greater than 51 percent of all  
9 calls during normal business hours and must be  
10 answered by the Connecticut customer service  
11 staff.

12 For a second call center less than --  
13 that is located out of state, less than 49  
14 percent of calls can be answered by customer  
15 service staff.

16 Contractors shall submit -- shall  
17 implement strategies and policies that drive  
18 toward -- that strive toward customer service  
19 excellence.

20 The contractor shall staff member  
21 services with competent, diverse professionals  
22 that are courteous, prompt and provide prompt  
23 service in a customer-friendly and responsive  
24 manner to our members.

25 The contractor shall staff member

1 services with adequate Spanish-speaking  
2 individuals and provide access to a language  
3 service line to meet the communication needs of  
4 the members.

5 (Pause.)

6 Continuing now with scope of service.  
7 Customer service center is expected to maintain  
8 an abandonment rate of less than 5 percent during  
9 normal business hours, answer within three  
10 minutes, not including the initial announcement,  
11 answer 80 percent of all incoming calls during  
12 normal business hours, including hearing  
13 impairment system calls.

14 These Metrix will be measured on a  
15 monthly basis. Maintain an average hold time not  
16 exceeding three minutes for calls placed on hold.  
17 Provide a feedback loop to record, track, and  
18 address member grievances. Establish a  
19 designated fleet to transport members from  
20 homeless shelters, residential care homes, and  
21 those engaged in supportive housing. Maintain  
22 active, accurate, and updated customer service  
23 vendor databases.

24 Continue on with customer service  
25 center scope of work. Provide the toll-free

1       number for scheduling medical necessary  
2       transportation, as well as to respond to  
3       inquiries from members, medical providers,  
4       facilities, and transportation providers. A  
5       local telephone number may also be provided.  
6       Utilize an automated pre-appointment call-out  
7       system, a system that automatically reminds  
8       members of their upcoming scheduled trips.

9               Accept trip requests by phone and/or by  
10       secure online website, application or other  
11       secured electronic means that meet the security  
12       requirements as established by the Department.  
13       Document in the member's file a member's  
14       transportation needs based upon their mobility  
15       status and personal capabilities.

16              Next slide, please. Oh, thank you.

17              We'll move on the NEMT model under the  
18       scope of work. The contractor shall administer  
19       the NEMT benefit for members non-emergency  
20       medical transportation needs through a variety of  
21       ways including, but not limited to, to access to  
22       and I might have touched on this previously, but  
23       I would just want to reiterate it.

24              The contractor shall administer the  
25       NEMT benefit for members non-emergency medical

1 transportation needs via public transportation,  
2 mileage reimbursement for use of personal  
3 vehicle. Transport by taxi, livery, or other  
4 sedan. Transport by wheelchair accessible  
5 vehicle and that would include bariatric  
6 wheelchair services. Commercial air transport,  
7 ground transportation to and from the airport  
8 based on the specific medical needs of the  
9 member. Group or shared ride vehicles, ground  
10 and air ambulance services on a limited basis.

11 Stretcher vans and that would include  
12 an adequate fleet to cover the statewide  
13 stretcher -- stretcher van services on a  
14 statewide level. Design designated fleet with  
15 prescheduling of trips.

16 Member experience and outcomes. The  
17 Department is fully committed to a person-  
18 centered approach to implementing policies for  
19 the Medicaid and covered Connecticut programs  
20 providing services to its members.

21 The resulting NEMT contractor must  
22 ensure and provide a straight-forward and simple  
23 reservation process. A person center  
24 documentation requirement process. A person  
25 evalu -- centered evaluation of transportation

1 needs, timely pickup and drop off. Effective  
2 means to communicate changes or delay in  
3 transportation.

4 Transportation providers have clean,  
5 safe, and accessible vehicles operated by well-  
6 trained, respectful, and courteous drivers.

7 Effective means to register and timely  
8 resolve complaints and appeals. Timely  
9 verification of eligibility and confirmation of  
10 denial of service. An active team focusing on  
11 outreach, member education and engagement.

12 Member choice of a contracted provider.  
13 If should transportation provider is qualified to  
14 provide the appropriate level of care.

15 Cost effectiveness. Under scope of  
16 services, cost effect is to improve efficiencies  
17 in service delivery, ensure reliable and  
18 accessible transportation at least cost.  
19 However, cost effectiveness and efficiencies must  
20 never be achieved as a result of limiting or  
21 reducing access to members.

22 Avoid or minimize the adverse impact of  
23 inefficiencies with -- which directly affect the  
24 health outcomes of members.

25 Scope of work for the healthcare

1 provider experience. The emphasis is to support  
2 the healthcare providers and because they really  
3 are the foundation of the Medicaid and Covered CT  
4 programs. Develop and disseminate regularly  
5 updated information to any staff on policies and  
6 procedures.

7 Designated to enable healthcare  
8 providers to support members in scheduling and  
9 utilizing NEMT services.

10 Implement and maintain a simple and  
11 efficient method for healthcare providers to  
12 update, modify, or change transportation  
13 reservations, including changes to pick up times.

14 Implement and maintain formal  
15 mechanisms to monitor, manager (sic), and on a  
16 continuous basis improve performance and  
17 implement manage -- and implement, manage, and  
18 maintain the direct means of soliciting and  
19 acting upon feedback from healthcare providers  
20 throughout the State.

21 Develop a robust statewide outreach and  
22 engagement program where healthcare providers,  
23 clinics and facilities.

24 Continued under scope of work.  
25 Innovative NEMT solutions and technologies.

1 Utilize the most current and innovative means of  
2 transportation for bookings, scheduling,  
3 monitoring, recording to fulfil its NEMT goals.  
4 This would also include member online platforms,  
5 member mobile apps, provider and facility  
6 platforms, driver apps, and read only access to  
7 broker databases for DSS NEMT program staff.

8 Address transportation needs and  
9 monitor outcomes for members with significant and  
10 chronic health issues requiring frequent  
11 transportation to medical services.

12 Implement and utilize quality control  
13 measures to improve services.

14 Design a methodology for reviewing and  
15 resolving individual complaints from members,  
16 healthcare providers, advocates, legislatures,  
17 and other State partners in identifying the --  
18 identifying the interventions and timelines for  
19 each step of the process along with transparent  
20 and timely communication to DSS NEMT leadership.

21 And lastly, additional services. The  
22 contractor shall be required to establish  
23 processes for non-NEMT services in times of  
24 natural disasters, public health emergencies, or  
25 weather related events. Primarily we've been

1 experiencing that it's been cold and hot weather  
2 protocols. Specifically this happens when the  
3 governor activates the State's severe weather  
4 protocols.

5 Individuals requiring shelter can  
6 contact 211 for assistance in the event an  
7 individual requires 21 (sic) transportation, 211  
8 contacts the NEMT contractor to arrange transport  
9 for those Connecticut residents to the closest  
10 shelter, warming or cooling locations regarding  
11 of Medicaid eligibility.

12 This concludes our high-level  
13 presentation of goals and scope of work. Please  
14 refer to the RFP for all detailed requirements  
15 regarding programmatic goals and scopes of work  
16 as it pertains to near development of the  
17 proposal.

18 Thank you and with that, I'll turn it  
19 back to Diana.

20 MS. SPERANZA: Thank you, Yvonne.  
21 We're going to have Annmarie Casey discuss the  
22 NEMT payment models and financial requirements.

23 MS. PALLOTTO: Okay. Wonderful.

24 MS. CASEY: I'm Annmarie Casey with the  
25 Division of Financial Services. DSS is

1 considering one of two payment models. These are  
2 described on page 31 of this RFP. The first is a  
3 hybrid model in which the administrative costs  
4 are covered under a fixed budget and the  
5 transportation service costs are reimbursed via a  
6 per member per month payment.

7 The second is a full capitated model in  
8 which the PMPM covers both the administrative  
9 costs and the transportation costs.

10 Please refer to the RFP for additional  
11 details. I'll be discussing the calculation of  
12 these models when we review the budget template  
13 later in this presentation.

14 The proposals will not be scored  
15 without the following financial items. These can  
16 be found on page 45 of the RFP. The first is the  
17 two most recent audited financial statements  
18 prepared by an independent CPA. Secondly, the  
19 financial policies and procedures, please refer  
20 to the RFP noting that the cost standards are  
21 posted on the Office of Policy and Management  
22 website. And the -- or the financial capacity to  
23 isolate income and expenditures related to the  
24 Connecticut DSS contract.

25 All these details can be found in

1       Section 3 of the RFP.

2               The total budget for this contract  
3 cannot exceed \$215,044,925. The total for the  
4 startup period included within the \$215 million  
5 is \$2,827,350.

6               I'm up -- now share the budget  
7 templates. Throughout this file, we will only be  
8 completing the fields highlighted in yellow. So  
9 the first three tabs make up the first model,  
10 which is the hybrid cost model.

11              On the assumptions and budget summary  
12 tab, the tab should not be edited or changed.  
13 It's populated based on inputs from the other  
14 worksheets.

15              On the total budget tab, we have the  
16 yellow highlighted sections. These include  
17 variable administration, which we enter titles  
18 for personnel, the full-time equivalents, and  
19 then costs. And this is sections for startup in  
20 years 1, 2, and 3.

21              Following the personnel section are  
22 Sections 2 and 3 for fixed administrative costs,  
23 which include utilities, rent, supplies, et  
24 cetera. Totals for these sections should be  
25 calculated, but if applicable -- sorry. Lost my

1 place.

2 (Pause.)

3 Oh, totals for these sections are  
4 calculated, but if applicable, respondents may  
5 include corporation allocation associated with  
6 fixed administrative costs on row 198, which is  
7 here. We have yellow highlights for that.

8 And then the total estimated budget  
9 except for underwriting gain should be included  
10 on row 10. Or 210, sorry. There.

11 The NEMT budget tab. Use this tab to  
12 estimate the costs related to transportation  
13 services themselves. Complete only the fields in  
14 yellow and the per member, per month service  
15 costs will be calculated from that. Note that  
16 there are separate sections for each service  
17 year, so if you anticipate that utilization  
18 patterns will change or that unit costs will  
19 change, these can be incorporated in the model.

20 Next is the full capitation model.  
21 Both models must be completed for a complete  
22 submission of the R -- or in response to the RFP.  
23 As noted previously, complete only the yellow  
24 highlighted cells. Enter the total cost of the  
25 startup phase, which is not on a capitated basis,

1 but then for years 1 through 3 enter the  
2 estimated per member, per month costs. All of  
3 the fields will be calculated based on the  
4 projected member months.

5 As noted in the RFP, the budget  
6 narrative should help the reviewer understand the  
7 entries on the template. Please be as detailed  
8 as possible in your response.

9 I'll turn this back over to Diana.

10 MS. SPERANZA: Thank you, Annmarie.  
11 Appreciate it.

12 Thank you Fatmata and Yvonne.  
13 Appreciate all the information that you provided  
14 during this conference.

15 I'm going to give a brief overview on  
16 the evaluation of proposals. As always, we  
17 recommend and we strongly encourage the  
18 respondents to refer to the RFP, but given that,  
19 just want to give a brief overview during this  
20 conference.

21 So evaluation process, it is the intent  
22 of the Department to conduct a comprehensive,  
23 fair, and impartial evaluation of proposals  
24 received in response to this RFP. When  
25 evaluating proposals, negotiating with the

1       successful respondent, and offering the right to  
2       negotiate a contract, the Department will conform  
3       with its written procedures for POS and PSA  
4       procurements.

5               That's pursuant to Connecticut General  
6       Statute, Section 4-217. And the State's Code of  
7       Ethics, which is pursuant to Connecticut General  
8       Statute Sections 1-84 and 1-85.

9               Final funding allocation decisions will  
10      be determined during contract negotiations.

11              Minimum submission requirements, all  
12      proposals must comply with the requirements  
13      specified in the RF -- in this RFP. To be  
14      eligible for evaluation, the respondent must have  
15      complied with the requirements for the submission  
16      of the mandatory letter of intent and the  
17      respondent's proposals must be received on or  
18      before the due date and time, meet the proposal  
19      for that required requirements, follow the  
20      required proposal outline and be complete.

21              Proposals that fail to follow  
22      instructions or satisfy these minimum submission  
23      requirements will not be reviewed further. The  
24      Department, as we've mentioned earlier, will  
25      reject any proposals that deviate significantly

1 from the requirements of this RFP.

2 The evaluation criteria and weights.  
3 Proposals meet the minimum submission requires  
4 will be evaluated by the evaluation team  
5 according to the established criteria. The  
6 criteria are the objective standards that the  
7 evaluation team will use to evaluate the  
8 technical merits and the proposals. Only the  
9 criteria listed below will be used to evaluate  
10 proposals.

11 Technical proposals, management  
12 experience and qualification proposals, and  
13 budget and budget narrative.

14 The scoring of the written proposals.  
15 The maximum number of points for the evaluation  
16 of the written proposal is 790. That includes  
17 the Phase I and Phase II. The Phase I is the  
18 evaluation of the programmatic components,  
19 technical section, and the management experience  
20 and qualification section.

21 And the Phase II is the evaluation of  
22 the financial components, which is the budget and  
23 the budget narrative.

24 There will also be a Phase III and the  
25 Department may invite respondents whose proposals

1 achieve a score of at least 474 points or 60  
2 percent of the 790 points in Phase I and Phase II  
3 for an interview and/or for an oral presentation.

4 The Department will identify topic,  
5 specific topics requirements in specific sections  
6 of the written proposal to be discussed and  
7 presented during Phase II.

8 The proposal of Phase III is to seek  
9 additional information from the respondent on  
10 specific responses in their proposal or to verify  
11 or demonstrate a proposed reporting or tracking  
12 system.

13 The Department shall include the  
14 specific topics to be discussed or presented in  
15 the invitation to the, to the participant in  
16 Phase III. There will be up to 60 points  
17 available for this Phase III.

18 There concludes our presentation for  
19 the NEMT RFP. We would like to open up this  
20 conference to questions that the respondents may  
21 have. Please, if you have any questions, please  
22 write your questions down in the chat and also  
23 identify yourself and then Anila Ceka will invite  
24 you to ask the question verbally in the  
25 conference.

1                   Thank you again for your participation  
2                   in this conference. We greatly appreciate your  
3                   interest in the NEMT RFP.

4                   (Pause.)

5                   MS. CEKA: Thank you, Diana. If you  
6                   have any question, you may raise your hand or you  
7                   may write down your question in the chat and we  
8                   will give you the opportunity to ask the  
9                   question.

10                  (Pause.)

11                  We have some additional minutes through  
12                  11:00 a.m. that this meeting is scheduled. But  
13                  if you have any questions beyond 11:00 a.m.  
14                  today, you have the opportunity to ask those  
15                  questions up to November 2nd. That is the  
16                  deadline for the question to be submitted to the  
17                  official contact for this RFP through the mailbox  
18                  [dss.procurement@ct.gov](mailto:dss.procurement@ct.gov).

19                  (Pause.)

20                  We see that there are no questions.  
21                  Thank you all for participating in this RFP  
22                  virtual conference. Thank you DSS Team, thank  
23                  you guests, respective respondents. You are  
24                  welcome to submit your proposal by the timeline  
25                  that is scheduled in these RFP.

1                   Thank you again and good luck. Have a  
2                   good day. Thank you.

3                   (Virtual conference concluded: 11:21  
4                   a.m.)

5                   (End of recording.)

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CERTIFICATE

I hereby certify that the foregoing 35  
pages are a complete and accurate transcription  
to the best of my ability of the STATE OF  
CONNECTICUT, DEPARTMENT OF SOCIAL SERVICES,  
NON-EMERGENCY MEDICAL TRANSPORTATION REQUEST  
FOR PROPOSALS VIRTUAL RFP CONFERENCE - NEMT  
10162023 RFP held on October 23, 2023.



Joanne Auger, Transcriber

Date: November 1, 2023

**D. Addendum 1 Acknowledgment**

**State of Connecticut  
Department of Social Services  
NON-EMERGENCY MEDICAL TRANSPORTATION  
Request for Proposals  
NEMT\_RFP\_10162023**

**Addendum 1 issue date:**

**This Addendum acknowledgement must be signed and returned with your submission.**

---

Authorized Official Signature

---

Name of Authorized Official

---

Name of Organization