

**Amendment #1**  
**Request for Proposals (RFP No. AAS-APS-2018-001)**  
**Adult Protection Services**

Amendments to the RFP are as follows:

1. Address Change of Address for Submission of Proposals:
  - a. Cover Page: Closing Location: ~~750 North State Street, Jackson, Mississippi 39202~~ **200 SOUTH LAMAR STREET, JACKSON, MISSISSIPPI 39201.**
  - b. Section 1, 1.1 Proposal Acceptance Period, 2<sup>nd</sup> paragraph address has been changed ~~750 North State Street, Jackson, Mississippi 39202~~ **200 SOUTH LAMAR STREET, JACKSON MISSISSIPPI 39201.**
  - c. Section 1, 1.7 Additional Information address has been changed ~~750 North State Street, Jackson, Mississippi 39202~~ **200 SOUTH LAMAR STREET, JACKSON, MISSISSIPPI 39201.**
  
2. Questions and Answers are attached.

Please acknowledge receipt of Amendment #1 by returning it, along with your proposal package, by July 10, 2018, at 12:00 noon (Central Time). This acknowledgement should be enclosed in your proposal packet following the submission instructions located in the RFP. **Failure to submit this acknowledgement may result in rejection of the proposal.**

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Authorized Official's Typed Name/Title

\_\_\_\_\_  
Signature of Authorized Official  
(No stamped signature)

\_\_\_\_\_  
Date

Offerors shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the proposal packet, by identifying the amendment number and date in the space provided for this purpose on the form, or by letter. The acknowledgement must be received by MDHS by the time and at the place specified for receipt of proposals.

**QUESTIONS AND ANSWERS**  
**RFP NO.AAS-APS-2018-001**

- Q1. What is the total amount of funds available to the state for contracting these services for the three-year period?
- A1. Approximately \$4,200,000.00.
- Q2. The request states that we must submit three copies of the proposal “without any information revealing the name of the proposer or any other identifying information of who submitted the proposal.” Does this mean that we are not supposed to have any identifying information on the envelope that is submitted to MDHS?
- A2. The envelope and the original should have identifying information; the three copies should not.
- Q3. Please provide clarification – USB is mentioned in the singular in the RFP. Are three electronic copies of the same document to be on one USB or is the request for 3 USBs?
- A3. One copy on one USB, plus an original Proposal and Three Copies (4 total) on paper.
- Q4. What is the total dollar amount that the State of Mississippi has budgeted for APS or anticipates contracting for the service?
- A4. For the initial 3-year contract, \$4,200,000.00.
- Q5. The RFP states that the vendor will be responsible for Harmony/Mediware license. Please provide clarification. Will the State select and supply the software system with the vendor paying for additional licenses only? What about maintenance? The Mediware website does not provide any pricing information. In order to accurately budget for this required expense, please provide information regarding cost.
- A5. No, the State will not select and supply the software system with the vendor paying for additional licenses only.  
The vendor will contact our current provider, Harmony/Mediware, for a possible contract for services.
- Q6. Should the contract amount be submitted as one (1) lump sum for three (3) years, or as three (3) separate yearly budgets?
- A6. This is at the proposer’s discretion; however, the total amount should be easily identified.
- Q7. Also, should money be budgeted for advertising, or does the state handle that?
- A7. MDHS’ Communication Division handles advertising.

Q8. The RFP states that “Three (3) copies of the proposal and (3) electronic copies saved to a USB must be received without any information revealing the name of the proposer or any other identifying information of who submitted the proposal.” We intend to redact the following information from these copies:

- The name and logo of the Offeror
- The names of all of our key staff
- Our references

Will this satisfy the MDHS’ requirement for redacted/unidentified copies? If not, please provide other information you feel would need to be redacted to meet this requirement.

A8. In addition to the information listed above (logo, name, etc), MDHS recommends redacting the exact address and any other information the vendor thinks would potentially identify the Offeror.

Q9. The term of the initial contract is 10/1/18 through 9/30/21. A new vendor will require some time to make offers to staff, train staff, and engage in other activities to be ready to begin delivering services. This would also be necessary to execute a smooth transition of services from the current entity to the selected vendor. Please confirm that there is an anticipated transition period between contract execution and go-live (i.e., initiation of investigations)?

A9. Timeline is stated in the RFP on page 2.

Q10. Can the length and nature of that transition and appropriate payment be negotiated with the selected vendor?

A10. No – see RFP on page 2.

Q11. The RFP timeline states that answers to bidder submitted questions for clarification will be posted on July 2. Will the Department please allow for a gap of a minimum of 10 working days between the provision of answers to questions and the due date of the proposal to enable bidders to incorporate the answers in both its technical and cost proposals?

A11. There is a possibility the Q&A’s will be posted earlier than July 2<sup>nd</sup>. However, the proposal due date will not be moved.

Q12. Upon receiving a report of a vulnerable person in need or potentially in need of protective services, the case is classified as either a Priority I or a Priority II. Who will make this determination?

A12. Director of the APS Call Center.

Q13. What percent of cases are determined Priority I and Priority II?

A13. 11% Priority I and 89% Priority II.

Q14. Upon receiving a report, an investigation shall be initiated following the provided timeframes. Who makes the determination of whether to investigate or not?

A14. The Director of the Call Center will make determination of whether to investigate or not.

Q15. Will the APS Call Center provide the initial screen and only send cases that require an investigation to the Contractor?

A15. Yes.

Q16. It is understood that when it is determined that the caretaker of the vulnerable person is interfering with the provision of protective services, it may result in a petition for a court order enjoining the caretaker from interference. Please provide the number of times this has been required over the last full calendar period.

A16. Two times.

Q 17. It is stated that caseworkers shall have a BA or higher from an accredited institution as well as two years of experience in investigations or knowledge in the investigative field. Will the selected vendor be able to interview and hire existing caseworkers?

A 17. Yes, vendor can hire existing caseworkers.

Q 18. Please provide the current salaries and benefits or rate of pay for the current caseworkers as well as the current caseworker supervisors.

A 18. \$30,073.10 caseworkers; \$46,938.20 supervisors.

Q 19. It is stated that the caseworker supervisor shall approve or disapprove the extension of open investigations, as well as approve or disapprove individual service plans. Please confirm that the caseworker supervisor will be an employee of the selected vendor.

A19. Yes.

Q20. It is stated that the caseworker shall fill out the appropriate parts of the Vulnerable Adult Checklist, Functional Assessment, Mental Status Questionnaire, and Mini Mental Status Examination as the interviews are taking place. Please provide copies of these forms. Can these forms be completed electronically at the time of the interview? If not, where will the information from these forms be captured?

A20. All reports are built into Harmony/Mediware.

Q21. Please provide a copy of the APS Report/Investigation Checklist.

A21. See attachment A.

Q22. In this section, it is stated that investigations are to be “conducted” within 48 hours (for a Priority I report) or 72 hours (for a Priority II report). In this statement, is conducted equivalent to initiated?

A22. Yes.

Q23. It is understood that adult protective services shall be provided in all 82 counties of the State of Mississippi. Please provide data on the number of reports received and investigations completed by county or by other available geographic region over the last two full calendar years. This information is critical to determine appropriate distribution of caseworkers throughout the State.

A23. Data available for 2017 only. See Attachment B.

Q24. What percentage of investigations are substantiated for needing protective services? If possible, please provide this information by county and/or region.

A24. 11% for substantiated cases.

Q25. After a case is substantiated, who actually provides protective services (i.e. guardianship, housing, food, etc.)? Who coordinates these services and how are they funded?

A25. Protective services resources are obtained through the MAC Centers and Area Aging Agencies.

Q26. What is the licensing fee annually for the Harmony/Mediware software system? Which exact version of SAMS or other Harmony/Mediware software is currently being used by the State? Is other software of any kind also used in the process of adult protective services? If so please confirm that software will be provided by the State to the vendor or specify how they will be provided and paid for.

A26. Vendor will need to contact Harmony/Mediware for contract information. APS Program provided by Harmony/Mediware. No other software used.

Q27. There is a requirement for vendors to attach resumes of all those who will be involved in the delivery of services (from principals to field technicians). Since only the current entity performing the work has existing employees, please confirm the Department will accept job descriptions and/or sample resumes for positions not yet filled so long as there is a clear plan provided for securing the needed staff.

A27. Yes.

**Attachment A**

APS/Revised 1/24/18

Worker \_\_\_\_\_

**Case Investigation Checklist**

**Date of Report** \_\_\_\_\_ **Date Assigned** \_\_\_\_\_ **Initial Visit** \_\_\_\_\_ **Follow-Up** \_\_\_\_\_

**Victim's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address** \_\_\_\_\_

**County** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Caregiver** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Perpetrator** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Assessments - \*Incorporate questions from the Harmony Assessment forms:**

- 1) **Vulnerable Condition** \_\_\_\_\_
- 2) **ANE Allegations** \_\_\_\_\_
- 3) **\* Capacity to Consent (Mental)** \_\_\_\_\_
- 4) **\* Functional (Physical) \* Required** \_\_\_\_\_
- 5) **\* Initial Risk (Safety) \*Required** \_\_\_\_\_

**Intake Summary Report \*Required (Complete in Harmony)**

**Observations - Physical Environment** \_\_\_\_\_ **Victim** \_\_\_\_\_

**Collateral(s)**

\_\_\_\_\_ **Relationship** \_\_\_\_\_ **Ph #** \_\_\_\_\_  
 \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Ph #** \_\_\_\_\_

**Family/Friends Support /Relationship**

\_\_\_\_\_ **Relationship** \_\_\_\_\_ **Ph#** \_\_\_\_\_  
 \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Ph #** \_\_\_\_\_

**Formal Support System**

**Agency** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Agency** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical/Mental Health**

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Agency's Name** \_\_\_\_\_ **Last visit** \_\_\_\_\_ **Next scheduled visit** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Agency's Name** \_\_\_\_\_ **Last Visit** \_\_\_\_\_ **Next scheduled visit** \_\_\_\_\_

**Insurance (Medicaid/Medicare/Other)** \_\_\_\_\_

**Resource Referral: MAC** \_\_\_\_ **Gen+** \_\_\_\_ **SHIP** \_\_\_\_ (check all that apply)

**Income Source and Amount** \_\_\_\_\_

**Final Risk (Safety) Assessment** \_\_\_\_\_

**Findings** \_\_\_\_\_ **Recommendation(s)** \_\_\_\_\_

**Submitted to ASWS** \_\_\_\_\_  
**Reports filed AG/VAU Preliminary** \_\_\_\_\_ **AG/VAU Final** \_\_\_\_ **DA** \_\_\_\_ **Other** \_\_\_\_\_

**Attachment B**

<u>2017 Investigations by County</u>	<u>#Invest</u>	<u>#Completed</u>
Adams	29	29
Alcorn	55	44
Amite	9	9
Attala	37	29
Benton	9	5
Bolivar	65	55
Calhoun	12	11
Carroll	6	6
Chickasaw	25	14
Choctaw	11	10
Claiborne	6	6
Clarke	12	11
Clay	17	15
Coahoma	35	33
Copiah	44	43
Covington	28	25
De Soto	127	50
Forrest	90	82
Franklin	8	8

George	23	22
Greene	10	10
Grenada	31	28
Hancock	62	62
Harrison	239	236
Hinds	321	288
Holmes	19	18
Humphreys	9	9
Issaquena	1	1
Itawamba	23	19
Jackson	151	146
Jasper	20	18
Jefferson	6	6
Jefferson Davis	16	15
Jones	89	61
Kemper	6	4
Lafayette	26	24
Lamar	76	67
Lauderdale	81	79
Lawrence	21	20



Leake	17	12
Lee	108	94
Leflore	37	37
Lincoln	34	34
Lowndes	79	76
Madison	73	58
Marion	43	41
Marshall	40	20
Monroe	70	47
Montgomery	11	11
Neshoba	29	26
Newton	25	22
Noxubee	11	11
Oktober		
Panola	56	44
Pearl River	75	72
Perry	14	9
Pike	40	40
Pontotoc	17	16
Prentiss	22	20

Quitman	4	4
Rankin	121	115
Scott	37	36
Sharkey	3	3
Simpson	25	23
Smith	10	9
Stone	26	25
Sunflower	26	25
Tallahatchie	10	10
Tate	40	31
Tippah	31	23
Tishomingo	26	22
Tunica	9	7
Union	36	29
Walthall	24	24
Warren	30	30
Washington	72	72
Wayne	20	19
Webster	18	15
Wilkinson	10	10

Winston	16	16
Yalobusha	18	13
Yazoo	19	17