Vendor Questions and Answers

Number	Questions	Answers
1	There are several places where font requirement is discussed, but they are inconsistent (e.g., 11-point Arial, similar to the RFP, not smaller than 9-point, 10-point for tables, etc.). Please confirm the font for the overall content should be 11-point and no smaller than 9-point for tables and graphics.	The size for overall content should be 11-point and no smaller than 9-point for tables and graphics.
2	Are contractors permitted to use their own template as long as the required layout and all requirements are followed?	For ease of evaluation, vendors are not permitted to use their own templates and must use the one given by PRMP.
3	Will PRMP allow hand delivery of a contractor's submission of this proposal?	Vendors must deliver physical and digital copies of their proposals; therefore, hand, mail or messenger delivery are the only permissible venues for delivery and submission of their proposals.
4	Who constitutes the "MFP Project Lead" for approval authority, and what is their availability for review cycles?	The “MFP Project Lead” is the Director of MFP Puerto Rico. Their availability for review cycles is case by case basis depending on the deliverable received date.
5	Money Follows the Person Work Plan: What is the current status and expected completion timeline of the LTSS Needs Assessment and NEMT Gap Analysis that the contractor will build upon?	Currently, the LTSS Needs Assessment and NEMT Gap Analysis are in Phase II: Data Collection. Expected completion of LTSS Needs Assessment is August 2025 and NEMT Gap Analysis is September 2025.
6	Will raw data from these assessments be provided in electronic format, and what data analysis software/platforms are preferred?	Yes, the raw data will be provided in electronic format (xlsx, and/or .csv) once the assessments have been completed. Regarding the preference of data analysis software/platform, whichever the vendor prefers is to their discretion, however it’s important the software/platform can import and export information in the following formats: .xlsx, and .csv.
7	What existing Commonwealth legislation or regulatory barriers have been identified that might affect MFP implementation timelines?	At this time, there are no fixed legislative or regulatory barriers that we anticipate will impact MFP implementation timelines. However, it is important to note that both federal and Commonwealth-level policies are subject to change and may evolve over the course of the project. The MFP team maintains ongoing communication with CMS and relevant state agencies to stay informed of any updates or guidance. Any regulatory developments that may affect implementation will be discussed in detail with the selected vendor upon award, and the team will ensure timely updates and coordination throughout the duration of the contract. If the TA Contractor identifies any Commonwealth legislation or regulatory barriers throughout the technical assistance efforts, they must notify PRMP.
8	Transition Benchmark: What historical institutional census data is available for the four target populations (elderly, PD, I/DD, MH/SUD)?	This information will be provided to the awarded vendor.

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9	Are there existing discharge planning or transition coordination services that need to be evaluated or integrated?	Yes, there are existing transition coordination services that need to be evaluated and integrated from institutions such as hospitals, psychiatric hospitals, intermediate care facilities for people with disabilities, and skilled nursing facilities.
10	Expected Tasks Throughout OP Development: What is the expected scope and budget range for the comprehensive cost analysis - should this include economic modeling software requirements?	Expected Tasks Throughout OP Development: What is the expected scope and budget range for the comprehensive cost analysis - should this include economic modeling software requirements? A: The comprehensive cost analysis will focus on key direct and indirect costs associated with program implementation and sustainability, while remaining mindful of available resources. The scope will include but not limited to: - Personnel and operational costs - Facility costs for operation (if necessary) - HCBS and NEMT service expenses - Participant costs based on level of care - Implementation cost post demonstration period and budget sustainability Budget range for implementation will be determined by CMS/ PRMP and shared with winning vendor once available. The vendor may suggest economic modeling software in which data is accessible, user-friendly, and cost-effective/budget-conscious approach.
11	Who are the anticipated key stakeholders for the Advisory Committee, and what is their meeting frequency/format?	This information will be provided to the awarded vendor.
12	What existing MOUs or interagency agreements are in place that might serve as templates?	This information will be provided to the awarded vendor.
13	What specific "outreach metrics" and reporting formats does PRDoH expect for stakeholder engagement tracking?	The PRDoH values a collaborative and adaptive approach to stakeholder engagement. While specific outreach metrics and reporting formats may be refined in partnership with the selected vendor, we anticipate tracking key indicators such as number and type of stakeholders engaged, frequency and mode of outreach activities, participation rates, stakeholder feedback, and follow-up actions. Reporting formats are expected to be clear, actionable, and aligned with federal reporting standards. The PRDoH is open to working with the awarded vendor to establish a mutually agreed-upon reporting structure that ensures transparency, accountability, and responsiveness to project goals and CMS requirements.
14	What is the target number of stakeholders to be engaged, and are there existing stakeholder databases or contact lists available?	There is no predetermined target number of stakeholders to be engaged, as stakeholder engagement will be tailored to the evolving needs of the MFP initiative. However, the PRDoH has compiled a list of

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		stakeholders who were previously engaged through in-depth interviews conducted during the LTSS Needs Assessment and NEMT Gap Analysis. This existing contact list will be made available to the selected vendor to support stakeholder engagement tracking and outreach efforts. Additional stakeholder identification and engagement strategies may be developed collaboratively with the vendor as the project progresses.
15	CMS-Required Operational Protocol: What is PRDoH's preferred approach for HCBS service delivery - Managed Care vs. Carved Out Managed Care vs. Fee-for-Service?	The preferred approach for HCBS service delivery is Managed Care due to how health services are managed in Puerto Rico. However, it is important all options be evaluated so PRDoH can make a data-driven informed decision on the best approach for HCBS service delivery in MFP.
16	CMS-Required Operational Protocol: Are there existing provider networks or agreements that need to be evaluated for HCBS capacity?	Yes, there are existing provider networks and agreements that may be relevant for evaluating Home and Community-Based Services (HCBS) capacity. These include providers identified through the LTSS and NEMT Needs Assessments, as well as those currently operating under the Puerto Rico Medicaid program. The awarded vendor may be asked to assess the adequacy of these networks in meeting MFP goals and identify any capacity gaps. Further guidance and access to relevant data will be provided during the project in coordination with PRDoH and relevant stakeholders.
17	CMS-Required Operational Protocol: What care management systems currently exist that might need integration or enhancement?	Puerto Rico currently operates several core care management and health IT systems that may require integration or enhancement under the CMS-Required Operational Protocol: 1. Puerto Rico Medicaid Enterprise System (PRMES) a. Includes modules such as the Puerto Rico Medicaid Management Information System (MMIS), Eligibility & Enrollment (MEDITI3G), and Provider Enrollment Portal (PEP). These systems support core eligibility determination, claims processing, and provider data—key components for HCBS workflows. Integration may be needed to enable HCBS referral and authorization functionality. 2. Health Information Exchange Platform (PRHIE) a. The PRHIE connects hospitals, labs, Federal Qualified Health Care Centers (FQHCs), physician groups, behavioral health, and HCBS providers. Enhancements may be necessary to accommodate HCBS-relevant data flows (e.g. case plans, home assessments). 3. Managed Care Organization (MCO) Case Management Systems a. Puerto Rico's Medicaid program (Plan Vital/Medicare Platino) is delivered through MCOs (Triple-S, MCS, MMM, First Medical, Menonita), each of which maintains internal case management systems for care coordination and HCBS functions. The vendor may assess interoperability and alignment between MCO systems and state infrastructure.

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		4. HCBS Waiver & Case Management Tools a. While no centralized statewide HCBS case management system is currently deployed, administrative and provider-specific tools may exist in individual waiver networks. As part of implementation, the selected vendor may evaluate these localized systems and recommend whether a unified state-level platform or enhancements are needed for consistent oversight. The current health IT and care management systems in Puerto Rico—including PRMES, PRHIE, and MCO platforms—reflect what is known at this time but are subject to ongoing changes and enhancements. PRMP may pursue integration or updates during the TA period to meet evolving needs and CMS requirements. The selected vendor is expected to remain flexible and responsive to these developments.
18	Pilot project: Throughout the RFP, many references are made to execution of activities as though the recommendation to move forward with an MFP program or pilot will be made. The timing of this would appear to be post the time period of the period of performance of this RFP. Should the vendor make assumptions about this scope and price out performance to support such execution? What about assumptions of technology to support such scope such as a tracking solution for the Pilot? If no work other than recommendations and the deliverables noted in preparation should be delivered, please confirm.	The current scope of this RFP is focused on planning, analysis, and the development of deliverables required to support the decision-making process for implementing MFP in Puerto Rico, including the potential for a pilot program. While references to execution-related activities are included throughout the RFP, these are intended to inform planning and ensure recommendations are implementation-ready. Vendors should not assume that actual implementation or operationalization of a pilot program will occur during the period of performance for this contract. The scope should be limited to preparing recommendations, cost models, and protocols that could be readily implemented by PRMP should a decision to proceed be made. Any assumptions beyond that—pilot execution—should be clearly noted and presented as optional or illustrative, not core to the proposed pricing for this contract. Should CMS and PRMP move forward with implementation, such activities would fall under a separate procurement or contract amendment.
19	Pilot project: What platform does the PRMP expect to use for the assessment?	At this time, PRMP has not selected a specific platform for conducting assessments related to a potential MFP pilot project. The choice of platform will depend on factors such as the type of assessment required, available resources, alignment with existing systems, and CMS guidance. The selected vendor may be asked to provide recommendations for appropriate tools or platforms based on best practices and compatibility with PRMP's health IT infrastructure. Flexibility and adaptability in supporting assessment needs will be important throughout the engagement.
20	Pilot project: What is the scope of the proof of concept? How many members does the PRMP expect to be included?	The scope of the pilot project or proof of concept has not yet been finalized, as it will depend on CMS approval, resource availability, and policy decisions informed by the technical assistance work. While PRMP anticipates testing key components of the MFP model during a future pilot phase, no specific number of participants has been determined at this time. The selected vendor will support the design of a scalable pilot framework and propose potential participant ranges based on feasibility, existing data,

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		and stakeholder input. Final decisions on the scope and scale of any proof of concept will be made by PRMP in coordination with CMS at a later part of the project and with assistance of the TA Contractor.
21	Pilot project: What is the duration / timeframe of the proof of concept?	The duration and timeframe of the proof of concept for the MFP pilot have not been finalized, as they will depend on CMS guidance, readiness of systems and partners, and the outcomes of the planning and technical assistance process. However, PRMP anticipates that a proof of concept—if pursued—would be designed as a short-term, limited-scope effort, typically ranging from 3 to 6 months. The selected vendor will be asked for the development of a proposed timeline based on feasibility, capacity, and the specific components being tested.
22	Pilot project: Will the PRMP release a separate procurement for the systems and services to support the pilot program?	Yes, should PRMP move forward with implementing a pilot program, any systems or services required to support the pilot—such as care management tools, data tracking systems, or service delivery components—would likely be procured through a separate solicitation or contracting process. The current TA contract is focused on planning and recommendations; implementation-related procurements will follow standard Commonwealth procurement procedures and will be informed by the findings and deliverables from this engagement.
23	Pilot Implementation Plan: What is the anticipated geographic scope for the pilot program (specific municipalities, regions, or population centers)?	The geographic scope of the potential pilot program has not yet been determined. PRMP will evaluate data from the LTSS and NEMT Needs Assessments, as well as stakeholder input, to inform decisions about potential pilot locations. Factors under consideration include population needs, availability of community-based services, provider capacity, and regional readiness. The selected vendor will support the development of criteria and recommendations for selecting municipalities or regions that are best suited for pilot implementation.
24	Pilot Implementation Plan: What is the expected timeline between OP approval and pilot launch?	The timeline between Operational Protocol (OP) approval and the potential launch of a pilot program has not been established, as it will depend on CMS review and approval processes, as well as internal planning and readiness. PRMP will work closely with CMS to align timelines with federal guidance and available resources. Once approval is granted, the selected vendor will be asked to assist in developing a realistic implementation timeline based on readiness and capacity.
25	Pilot Implementation Plan: Are there preferred pilot service types or populations based on existing infrastructure or political priorities?	While no final decisions have been made, PRMP is considering potential pilot service types and target populations based on existing infrastructure, identified service gaps, and priorities emerging from the LTSS and NEMT Needs Assessments. Populations of interest may include individuals currently residing in CMS certified institutional settings who are eligible for HCBS under Medicaid, particularly older adults and individuals with disabilities. Service types under consideration may include but not limited to personal care, case management, non-emergency medical transportation, and housing transition services. Final selections will be informed by CMS guidance, stakeholder input, and the capacity of providers and systems in potential pilot areas.

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26	Closeout Report: Will the closeout ``report require independent financial auditing or can internal financial tracking suffice?	No independent financial auditing will be required. Internal financial tracking suffice.
27	Closeout Report: What level of detail is expected for the "breakdown of expenditures" - line-item or summary level?	The level of detail for the "breakdown of expenditures" in the Closeout Report is expected to align with federal and PRDoH reporting requirements. At minimum, a summary-level breakdown will be required, categorizing major cost areas (e.g., personnel, travel, materials, subcontractors). However, PRDoH may request additional line-item detail if needed for auditing or compliance purposes. Specific expectations can be clarified with the selected vendor during the contracting phase to ensure consistency and transparency in financial reporting.
28	Conflict of Interest: Will the awarded vendor participating in this advisory effort be prohibited from responding to any subsequent MFP/LTSS solution RFP?	The vendor will not be prohibited from responding to any subsequent MFP/LTSS solutions RFP.
29	Please confirm only a hard copy of the redacted version of proposal submission is required.	Vendors are required only to provide digital copies of the redacted proposals, not physical ones.
30	Please confirm the Initial Project Schedule that is to be submitted in both Microsoft Project and Excel should go in the same envelope and on the same USB/CD as the PDF of the technical proposal.	The Initial Project Schedule is to be submitted on the same envelope and on the same USB/CD as the PDF of the technical proposal.
31	Will PRMP provide access to base data and/or internal notes from the LTSS Needs Assessment and NEMT Gap Analysis? Or will the TA Contractor only use summary reports?	See answer #6. (Raw data and summary reports).
32	What level of detail is PRMP expecting in the Operational Protocol to model costs? Should it include service-level rate development, unit cost projections, or high-level cost assumptions only?	PRMP expects the Operational Protocol to include cost modeling that is detailed enough to support informed planning and alignment with CMS requirements. At a minimum, this should include high-level cost assumptions and unit cost projections for key services and activities. While full service-level rate development is not required at this stage, the selected vendor may be asked to support or inform rate-setting discussions, particularly for services that are newly developed or modified for MFP implementation. The level of detail may be adjusted in collaboration with PRMP based on available data, budget constraints, and federal guidance. CMS may request PRMP to conduct full rate development once services are defined, and data is collected from providers. The TA Contractor will be flexible to PRMP and CMS requests to efficiently implement MFP in Puerto Rico.
33	Will the TA Contractor be responsible for convening and facilitating stakeholder meetings, or will PRMP lead these activities?	The TA Contractor may be asked to convene or facilitate stakeholder activities, but the PRMP MFP team intends to lead these efforts directly to strengthen relationships with stakeholders. That said, the contractor is expected to work collaboratively with PRMP and may co-lead or support meetings and

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		engagements as appropriate. Stakeholder work will be a shared effort, with roles defined based on the goals and context of each activity.
34	For capacity building activities listed in the OP (e.g., training, housing), is the TA Contractor expected to provide direct implementation (e.g., deliver trainings) or only develop plans and materials?	The TA Contractor is primarily expected to develop plans, strategies, and materials to support capacity-building activities outlined in the Operational Protocol, such as training, housing coordination, and provider development. However, the contractor may also be asked to support the delivery of trainings or technical assistance sessions in collaboration with PRMP, depending on project needs and resource availability.
35	Is the TA Contractor responsible for drafting MOUs only, or will the TA also be involved in negotiations and securing execution with key partners?	The TA Contractors is responsible for drafting MOUs, to be involved in negotiations and secure execution with key partners alongside the MFP team, when needed or requested.
36	Will the TA Contractor be expected to implement the pilot program in addition to developing the Pilot Implementation Plan, or is implementation outside the scope of this contract?	To execute the implementation of the MFP Program, once the Operational Protocol is approved by CMS, is outside the scope of this contract.
37	What is the TA Contractor's role after CMS approves the Operational Protocol? For example, will the TA contractor involvement continue during early implementation or transition?	The TA Contractor will ensure the creation of a comprehensive Operational Protocol for capacity building and effective implementation. The TA Contractor's duties end once CMS approves the MFP Operational Protocol.
38	Is there currently an estimated or expected completion date for the LTSS Needs Assessment and a Non-Emergency Medical Transportation (NEMT) Gap Analysis?	See answer #5
39	Is the 16-page limit per section applicable to the first sections outlined below (i.e., A. Planning Framework, B. Semi-Annual Progress Report (SAR), C. CMS MFP OP, and so forth), or does it apply to each sub-section (i.e., C.2 CMS Required OP – Section A: MFP Program Overview, Section B: Project Administration, Section C: Recruitment, Enrollment, Outreach, and Education, and so forth)?	The 16-page limit per section applicable to the first sections is also applicable to each subsection. Each subsection should have 16 pages or less, with two extra pages allowed for diagrams, graphs or tables.
40	According to the Request for Proposals (RFP), the contractor must ensure that the Operating Protocol (OP) is approved by MFP staff and submitted to the CMS. If there are delays in MFP staff approval, can the deadlines be extended? If CMS requests significant revisions to the Operating Protocol, will the PRMP consider contract modifications?	The MFP Team acknowledges the necessity for timely review and approval of the Operating Protocol (OP) and its subsequent submission to CMS. To address the concerns raised, the following clarifications are provided: • Deadline Extensions for Approval Delays: The MFP Team is committed to expediting the review of the OP. However, in the event that internal delays occur during the approval process, the Team will consider extending deadlines on a case-by-case basis. The contractor is expected to promptly notify the Team should any delays be anticipated, so that the implications on the overall timeline can be collaboratively assessed. • Contract Modifications in Response to CMS Revisions:

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		Should CMS require significant revisions that alter the scope of work originally anticipated, the Puerto Rico Medicaid Program (PRMP) will evaluate the possibility of modifying the contract. These modifications, potentially involving adjustments to timelines, or deliverable scope, will be reviewed in a transparent and collaborative manner to ensure the project remains on track. The MFP Team is dedicated to maintaining open lines of communication and working closely with the contractor to address any challenges that arise during the process, ensuring both accountability and reasonable flexibility throughout the project lifecycle.
41	Are there any ongoing projects or implementation of any federal or local regulations that may affect the services covered by this RFP?	There are no specific federal or local regulations currently identified as direct barriers to the services outlined in this RFP. However, PRMP operates within a dynamic regulatory environment, and ongoing initiatives—such as Medicaid program updates, managed care contract changes, and federal guidance from CMS—may influence the implementation of MFP-related activities. PRMP maintains regular communication with CMS and relevant agencies to stay informed of evolving requirements. The selected vendor will be kept updated on any regulatory or programmatic developments that may impact scope, timelines, or deliverables. Flexibility and responsiveness to these changes will be essential throughout the engagement.
42	In section 5.6, Oral Presentation, the RFP states that oral presentations will be required for contractors who meet the minimum scoring thresholds. However, it does not specify the criteria or scoring thresholds for these oral presentations.	The evaluation criteria of the oral presentations is specified in page 50 of this RFP.