

# **New Jersey Integrated Care for Kids Initiative Needs Assessment Tool**

## **Request for Proposal NJ-InCK Responses to Bidders Questions**

Child Health Ventures, a Visiting Nurse Association Health Group company  
and a New Jersey nonprofit entity  
23 Main Street, Suite D1, Holmdel, NJ 07733

**1. Are there requirements to offer assessments in multiple languages other than English?**

We are under the assumption that at the minimum, vendors will be able to offer the assessments in both English and Spanish. We have translated all of the full assessments into Spanish and will share that with the vendor awarded the RFP. We would expect that assessment results will be translated back into English, if taken in Spanish, so results are returned to either the ordering provider or NJ-InCK team in English. We welcome responses to explain their specific solutions handling of languages and share a list of all additional languages offered as part of the service.

**2. We assume that we will receive source data with patient information (demographics, medical, etc.), what will data source(s) be?**

Although NJ-InCK receives data from HIE's, Clinic/Hospital EMRs, through direct data entry, etc. , NJ-InCK will directly deliver to the Assessment tool vendor demographic data aggregated from the NJ-InCK system along with the medical complexity score for each child that will assist in record creation and to help calculate the health complexity score once the assessment calculates the social complexity score. The Assessment tool vendor is not likely to receive data from any other source.

**3. Data transmission protocols and format standards per source data is important. Is there an "initial source data" group that will be used and, as such they will use HL7/FHIR or will this mostly be dependent on EMR's and other systems, and whatever they use?**

NJ-InCK will be initiating data to the Assessment vendor and decisions on how to deliver data will be determined during the implementation phase. Returned result data from the Assessment vendor to NJ-InCK and any other required partners will be determined during the implementation phase. Our goal is to use industry standard formats and protocols where possible.

**4. What does Tier mean, as used in point 13's sentence: Desired capability for the tool to act as a patient engagement for ongoing delivery of messages and services based on the Tier a patient is placed in by reusing the account setup during the initial assessment.**

Based on the Health Complexity score, a patient is placed into a "Tier" for potential further case management services. Tier 1, Tier 2 or Tier 3 are the possible Tiers. Any child placed in Tier 2 or Tier 3 will be placed into one of our 2 case management programs. The mention of Tier in this specific question is for NJ-InCK to be informed if in addition to the Assessment capabilities of the tool, does the tool allow for additional capabilities like future re-assessments and patient engagement services (i.e. outreach, surveys, etc.) If so, then we would anticipate at some point contracting for a future service to take advantage of this access point where we could serve up engagement activities based on the assigned Tier.

**5. What is the primary unique patient identifier that will be used? For example: SSN, EMR generated EUID, InCK assigned ID, Medicaid number, Payer assigned number.**

We anticipate the New Jersey Medicaid identifier that NJ-InCK receives in the claims data will likely be the unique and primary patient identifier.

**6. Are the questions listed in Appendix A the actual questions that will be used, or are there other elements (e.g., pictures/illustrations, different question types, etc.) that will be part of the questions and/or the scoring logic that will be determined in the future?**

As indicated in the RFP, Appendix A is a “partial” list of the actual questions from the assessment given to the family for screening a child between 18-22 months old. The sample is approximately 1/2 of the entire assessment and includes actual questions from each section of the full assessment. The initial field of the grid header titled Section lists 7 sections (i.e. Developmental Milestones (10 questions)) and each section lists in parenthesis how many question are in the section. The 2<sup>nd</sup> column of the grid (#) contains the actual question number from the full assessment with the last question listed as #74. In the sample age assessment, we attempted to give examples of all possible combinations of scoring logic to cover all scenarios.

There are no requirements for pictures/illustrations or different types of questions that would require additional logic. Every question has a finite answer and associated scoring logic. No response field will be free form written info from the respondent. However, if the vendor feels that there are better ways to deliver the questions through U/I modifications and using images along with the questions, we welcome suggestions assuming the answers and scoring is not impacted by the presentation.

**7. If the questions (or the bigger "questionnaires") that will be shared with families are to be determined in the future, what is your expected timeline/process for that?**

Each Assessment is completed at this point for the given age ranges listed in Appendix A. All Assessment will be shared with the selected vendor prior to completion of contracting.

**8. Do you have a sense of what percentage of your overall annual budget will be spent on the Needs Assessment Tool?**

No, we do not have a specific budget for this tool. We plan to use the CMMI grant funding set aside in the initial technology budget for all of our modules. The Needs Assessment tool is one of the modules. In future years, we expect to sustain the cost of any technical module with operational funding generated from sustained case work, while continuing to seek additional funding sources to enhance workflow.

**9. Do you have the API specifications and specifications of the systems with which the Needs Assessment tool will need to integrate?**

No, this tool is our initial module of the technology stack and we will expect the selected vendor to share their APIs or is able to exchange data with industry standard formats and protocols. Our expectations of the assessment tool will be to export the same results data as both machine readable and human readable based on where the data needs to be directed. A major requirement of the future case management system will be to consume the machine-readable needs assessment data delivered from the Assessment Tool vendor.

**10. Are you imagining that the Needs Assessment Tool will be owned by the InCK project, or is it something that might be an upgrade of an existing technology and be owned by the vendor (or an external company) and licensed to the InCK project?**

NJ-InCK owns the screening content, much of which is adapted from public domain sources, but uniquely combined. We assume the vendor will use its existing technology or modify existing tools. The vendor will not have any rights to remarket the NJ-InCK proprietary content of the tool unless permission is granted from NJ-InCK.

**11. We are potentially interested in partnering with other organizations in creating this tool. Are there other organizations bidding that might be interested working with a smaller bidder that already has built some of the technology required?**

We have no problem with vendors partnering on this opportunity in order to make a stronger offering. We would gladly connect interested partners.

**12. What are your startup and ongoing user (family) management/training needs?**

We have requested the vendor share the training options in the Customer Service section of the RFP. Based on the responses to that section, we will determine the best model for our program. We envision the NJ-InCK staff will be adequately trained to also step in and train or support end users at the point where the vendor service agreement does not cover.

**13. What are your startup and ongoing partner (e.g., pediatrician) management/training needs?**

We have requested the vendor share the training options in the Customer Service section of the RFP. Based on the responses to that section, we will determine the best model for our program. We envision the NJ-InCK staff will be adequately trained to also step in and train or support end users at the point where the vendor service agreement does not cover.

**14. Is the helpdesk required for NJ InCK all users of the system (including eligible recipients and providers, etc.) or just for NJ InCK power users and administrator?**

We assume this question is related to the vendors help desk requirements. We have requested the vendor share the customer service options in the Customer Service section of the RFP. Based on the responses to that section, we will determine the best model for our program

**15. Does the help desk need to support multiple languages? If so, what are the languages that must be supported?**

If the customer service model selected based on the prior question will cover interacting with families and youths, then yes, we will need to support English and Spanish within the vendor call center and/or web chat services.

**16. How is the medical complexity score being defined specifically within this RFP?**

The medical complexity score is a single character numeric value that NJ-InCK will deliver to the vendor for each child.

**17. How is the social complexity score being defined specifically within this RFP?**

The social complexity score is a combined score derived from all sections and subsections of the screenings that the assessment vendor will be required to calculate based on logic shared from NJ-InCK team.

**18. How is the health complexity score being defined specifically within this RFP?**

The health complexity score is a combined score derived from the medical complexity and social complexity scores and will be required to be calculated by the assessment vendor based on logic shared from NJ-InCK team.

**19. Will the State provide the methodology for calculating the complexity scores or will the vendor be expected to select the algorithm from existing methodologies or design custom algorithms?**

The state will not be providing the methodology for calculating the scores. NJ-InCK will be sharing all components needed to the assessment vendor to calculate the social complexity and health complexity scores. We do not anticipate sharing or the need for any custom algorithms.

**20. Does NJ anticipate bringing in data other than Medicaid claims data and results from the Needs Assessment Tool to drive social and medical complexity scoring?**

No

**21. What types of claims are included in "Medicaid claims" (e.g., medical, institutional, dental, pharmacy, etc.)?**

We receive all mentioned plus several additional types. However, this does not impact the assessment vendor's requirements because NJ-InCK will be deriving the medical complexity score before sharing information with the assessment vendor.

**22. How often will these claims be sent? (daily, weekly, monthly)**

NJ-InCK receives claims from Medicaid on a monthly basis and will not be sending claims to the assessment vendor. NJ-InCK will be deriving the medical complexity score before sharing demographic and medical complexity scores with the assessment vendor. Depending on the capabilities of the assessment vendors system, will determine the frequency of any data shared by NJ-InCK to the assessment vendor.

**23. Please identify the primary "user groups" of the product, their relationship to each other (organizational structure), and labels assigned them (the RFP's use of "Power User", etc.). For example: Patient, Family member/Care Giver, InCK Admin Group, Provider Group (Medical), Social Services, Payer, School, PDN, Therapy**

The primary users of the Assessment tool are children and/or their family members for the purposes of completing the assessments. However, it is feasible a doctor, clinic, or social services partner will need to launch an assessment on behalf of a child or family member when they present in person to take the assessment. Additionally, we foresee the NJ-InCK operational team requiring administrative access and a reporting dashboard. We will leave it up to the vendor to identify how they intend on delivering the results to the various result recipients. The requirements for delivery of the results will be to the NJ-InCK operations team and for a copy to go to the doctor who ordered the assessment.

**24. In question #23, by relationship do you mean: Should all users have access to:**

- the Assessment tool - No
- the Assessment outcomes (all outcomes or only outcomes per their group? e.g.: "The ABC Medical Clinic") - No
- patient information - Demographic, Medical, Social, Other - No
- reports that will be generated and the ability to generate them - No

**25. Approximately how many users in each category (role) will be accessing the system?**

The eligible population in Monmouth and Ocean counties is approximately 140,000 children, they or their family members cover that category. We anticipate about 30 NJ-InCK operational team users will be required. Additional user access would be determined based on the capabilities of the selected assessment vendor's tool.

**26. How will it be determined which users can access which patients' data/assessment?**

The screening results data should be accessible by all NJ-InCK operational team users. The results reports will be shared with ordering providers or ordering social services partners. Any additional access to patient data will likely be through the future case management system.

**27. How are patients attributed/assigned to providers/care navigators/users?**

Although patients may be part of the PCP's roster based on new or existing relationships, ordering of assessment is not mandatory by the child's PCP since other care givers or social services partners may order an assessment during their encounters. NJ-InCK will not be providing a PCP attribution lists the selected assessment vendor. Additionally, there is no predetermined relationship or assignment to NJ-InCK team care navigators or any other user.

**28. How will the eligible patient lists given to the community providers address overlap of patients among multiple providers to prevent duplicate screening efforts? Is the expectation that the assessment tool will address the prevention of this overlap?**

Through NJ-InCK's training efforts of provider and social services partners, there is an expectation that this concern will be avoided based on the NJ-InCK program checklist. Children and families will be asked if they have previously completed the assessment and if so when. Although there is no guarantee that training alone will prevent any duplication, there is not a major concern of duplicate screening since it is required to screen at least yearly and it is possible to screen a child multiple times a year if. If the assessment tool has a feature with the capability to alert a requesting provider or social services partner of recent assessments for the child, then the vendor should share that capability in the RFP response.

**29. How will user access and permissions be governed (e.g., NJ-InCK, facility, hybrid)?**

NJ-InCK will assign all access to each type of user. Based on provider or social services partner request, assessments will be created for their specific patients/family members to complete.

**30. Please provide NJ-InCK security policies, performance standards, and code review so that Vendors can review to ensure compliance.**

We will not be providing this information prior to shortlisting the final vendors in the selection process. However, vendors will be required to ensure that its technical and administrative safeguards fully support managing Protected Client Information as needed for it to be shared through the NJ-InCK Data Sharing Network for Permitted Uses as defined in the NJ-InCK Data Sharing Network Policies, and in compliance with federal and New Jersey laws which regulate how such information can be shared. In no way limiting the foregoing, vendor shall ensure that its technical and administrative safeguards prevent Protected Client Information from being shared until an executed Consent or similar authorization is obtained from the Client if required as a matter of law.

**31. What are the reporting requirements? Are there any custom reports that you envision? Or will those reports be in the domain of the core "Case Management System" that has yet to be produced?**

We are under the assumption that the selected vendor is using an existing tool that already has reporting capabilities. We anticipate standard reporting from the assessment tool solution is available, and we do not have a major requirement at this time. We are counting on vendor proposals to detail the reporting capabilities will be flexible around all assessment questions and are able to query by age range, by gender, coupling unique answers to the same question, etc.

**32. Will there be reporting templates offered to the vendor to build out reports and will access to the data be desired by NJ InCK to generate program reports as well? How many program outcomes will need to be reportable? What is an example of these outcomes?**

Reporting goals and objectives would be discussed throughout the process, but we anticipate that the vendors existing tool has most of the reporting requirements out of the box. Yes, we do expect to have open access to our data for our own reporting needs if desired. We are uncertain at this time if assessment data alone will meet any of our outcomes reporting requirements. We will know this answer prior to the selection of the assessment vendor.

**33. Will the 70 questions used to populate the age-driven assessments be provided by NJ-InCK to the vendor of choice? Will the subset of the 70 questions for each assessment be determined by NJ InCK, or is the vendor responsible for selecting the appropriate questions for each assessment?**

The selected vendor will receive the entire assessments for each age range. The 18–22-month subset was only provided as a sample for the RFP. Each Assessment has already been developed entirely and the vendor will have no requirement to select appropriate questions for each assessment.

**34. How are eligible recipients (youth and parents) going to be initially engaged to complete the assessment?**

It is anticipated that the child's primary care provider or social services partner will request the assessment based on a patient's eligibility status. The request will be made through the assessment tool after the entry of several patient demographic and notification fields are entered by the ordering provider or social services partner. Upon ordering, the NJ-InCK navigator team will be alerted and the child/family will be notified based on the notification entry. The appropriate assessment will be routed to the child/family member based on the assessment initiator making the request.

**35. Please elaborate on what type of annual audits are required.**

Any vendors with access to or storing Protected Health Information will need to show that they are HIPAA compliant and sign a VNAHG HIPAA Business Associate Agreement. In addition, any vendor storing Protected Health Information may be required to complete a cyber-security audit.

**36. Please provide examples of the desired incremental delivery (e.g., by assessment or by county).**

We are not looking for a deliverable model where we wait for all age group assessments to be delivered at one time before being able to use the tool. We assume we will have the ability to test the system out during release iterations, while the final release would include the full functionality.

**37. Would it be acceptable if vendors included both a brief cover letter and a brief executive summary with their proposal that would not be applied to page limitations?**

We request that vendors please follow the requirements set forth in the RFP. Additionally, we will allow the vendor to use the body of the RFP submission email for summary, cover letter information or instructions if desired.

**38. Is there an anticipated budget and project timeline to accompany the Assessment Tool RFP? We see the high-level timeline on page 8, but would appreciate a more clear idea of estimated go-live date.**

We do not have a specific budget for the assessment tool module. We have a working capital technology budget for the initial two years and then expect to sustain all technology modules as part of operational budgets.

**39. As per page 7, is the expectation that the assessment tool application will be hosted by the application vendor in a HIPAA compliant environment following approval from NJ InCK technical team?**

Yes.

**40. Is this assessment tool expected to be native OS or do they want it to conform to given device specifications?**

We do not have a requirement for the tool to be native OS or that the solution conforms to device specifications.

**41. From the RFP, we understand you want a webapp that is browser agnostic but is it also your desire to be native app that is downloadable from the iOS or Android app store?**

We do not have a requirement for the tool to be downloadable from the iOS or Android app store.

**42. What data specifically will be captured in the assessment tool application, outside of the assessment question results?**

We anticipate the following: minimal patient demographics, requesting organization, patient identified PCP if known, and the medical complexity score if known would be provided prior to the assessment being launched.

**43. What kind of calculations will we be performing on the data? Where will the claims-based scores used for this calculation be uploaded/retrieved from?**

The vendor will be scoring the assessments as per the logic requirements set forth question by question, section by section and then calculating the social complexity score and health complexity scores. How we upload share the demographics and medical complexity score will depend on what the vendor solution capabilities are. We have several options we are contemplating from batch to individual record options.

**44. Will the patients/guardians be prompted to begin the assessment on a device in the community provider's office at the time of identification?**

No. We anticipate a majority of assessments will be completed from home or away from the provider or social services partner office on the family's device at their convenience. However, some providers and social services partners may allow for the family or child to take the assessment on site if requested.

**45. Who is going to be responsible for the data that is collected and stored?**

We anticipate that the vendor will store all data as part of their service, but the main objective is the delivery of the results to the provider or social services partners offices and a copy back to the NJ-InCK.

**46. Will additional data need to be made available to the patient for VDT (possibly historical data, claims data, as well as any data collected and/or uploaded?)**

No

**47. There have been several requests to clarify what the expected human readable results generated from an assessment would look like. To clarify, we have a draft template based on our expectations of the assessment tools ability to generate in a similar display:**

**Draft Assessment Results Template: 18-22 Month Assessment**

**Demographic Info:** Name, DOB, Medicaid Identifier, etc.

**Summary Sub Section Scores:**

Developmental Milestones Section Score = X

Preschool PSC Section Score = X

Parents Observations Section Score = X

Parent Concerns Section Score = X

Family Questions Section Score = X

PEARLS Section Score = X

**Details:**

Questions	Response	Value Assigned	Recommended Action
1. Does your child Run?	Somewhat	1	
2. Does your child walk upstairs with help?	Not Yet	0	
.....			
45. Over the past 2 weeks – feeling down, Depressed, or hopeless?	Nearly Every Day	3	Based on combined score of questions 44 and 45, we recommend the patient complete the PHQ9.
48. During the past week, how many days did you or other family members read to your child?	5	N/A	Informational only
67. Has your child ever lived with a parent or care giver that died?	Never True	0	
74. How would you describe child's overall health?	Good	N/A	

Comments: Additional comments or instructional messages derived from results here.

**Medical Complexity Score:** = X (if available for the patient will come from NJ-InCK data at time of registration)

**Social Complexity Score:** = X (Calculated by the Assessment Vendor from the patient completed assessment. Based on rules shared by NJ-InCK)

**Health Complexity Score:** = X (Vendor generated score combining Social Complexity and Medical Complexity scores. If Medical Complexity Score is not available, Vendor will not report this.)

**Kindergarten Readiness Score** - X (Calculated by the Assessment Vendor from the patient completed assessment. Based on rules shared by NJ-InCK)