



New Jersey Integrated Care for Kids Initiative Needs Assessment Tool

Request for Proposal

RFP Issue Date: January 8, 2021

Proposals Due: February 4, 2021

Child Health Ventures, a Visiting Nurse Association Health Group company
and a New Jersey nonprofit entity
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1. Overview and Objective

Integrated Care for Kids (InCK) Model Overview

In 2019, The Center for Medicare and Medicaid Innovation (Innovation Center) announced eight recipients for the Integrated Care for Kids (InCK) Model. The InCK Model, tested under the authority of section 1115A of the Social Security Act, is part of a multi-pronged strategy to combat the nation’s opioid crisis. The InCK Model is a child-centered local service delivery and state payment model aimed at reducing expenditures and improving the quality of care for children covered by Medicaid and the Children’s Health Insurance Program (CHIP) through prevention, early identification, and treatment of priority health concerns like behavioral health challenges and physical health needs and associated social determinant of health. The model will offer states and local providers support to address these priorities through a framework of child-centered care integration across behavioral health, physical health, and other child service providers.

Why develop a model for children?

Children and youth with multiple chronic conditions and behavioral health challenges, including use of opiates and other substances drive significant health care utilization, both appropriate and inappropriate, and are at risk of placement outside the home and in some cases premature death. One in three children in Medicaid and CHIP have behavioral health needs, yet only one-third of those in need receive care. Furthermore, adolescent deaths from drug overdose are increasing, and opioids caused over half of drug-related overdoses among youth in 2015.

The current child health care system has challenges in identifying and addressing risk factors for physical and behavioral health conditions because the earliest signs of a problem may present outside of clinical care—such as behavioral problems in schools or chaotic family situations known to child welfare and foster care programs. Although a variety of federal, state, and local services exist to support children’s health, accessing and coordinating services can be challenging for families and providers because programs operate separately, may have different eligibility criteria and enrollment processes, and often do not share information. The goals of the InCK Model are to improve child health, reduce avoidable emergency department use, inpatient stays and out of home placement, and create sustainable alternative payment models (APMs). Secondary benefits will accrue to other sectors serving children such as child-care centers, schools and juvenile justice.

How will the model achieve these goals?

The InCK Model will support states and local providers to conduct early identification and treatment of children with health-related needs across settings. Participants will be required to integrate care coordination and case management across physical and behavioral health and other local service providers to provide child-and family-centered care. Finally, through the APM that is developed under this model, states and local providers will share accountability for cost and outcomes. These interventions are designed to increase behavioral health access, respond to the opioid epidemic in a 2+ generational approach and positively impact the health of the next generation.

NJ-InCK Overview and Background

New Jersey competed in the national bid process and was awarded one of the 8 CMMI awards nationally. New Jersey Integrated Care for Kids (NJ-InCK) is a collaborative operated by Hackensack Meridian Health (HMH), in partnership with NJ Medicaid, NJ Health Care Quality Institute and the Visiting Nurse Association of Central Jersey. Each partner has entered into a collaborative agreement with Centers for Medicare and Medicaid

Services (CMS) to establish the NJ-InCK model, which works with those who provide primary care and other CMMI defined Core Child Services to children in Monmouth and Ocean Counties. The NJ-InCK is operated under the oversight of a chartered Partnership Council that broadly represents the Core Child Services. The technical infrastructure to support the initiative will be operated by a not-for-profit corporation Child Health Ventures under the VNA Health Group. VNA Health Group will also support the care management program for children/youth serving Monmouth and Ocean counties in New Jersey on behalf of NJ-InCK. NJ-InCK tests an Alternative Payment Model (APM), for NJ Family Care programs, by providing reimbursement for patient screening at the primary care level and provision of integrated community-based core child health services for the highest risk children.

Although the primary goals of the InCK Model are to improve child health, reduce avoidable ED use/inpatient stays and out of home placement, and create sustainable alternative payment models (APMs), the New Jersey project includes these additional goals to support its pediatric health model:

- 1) Ensure that all children receive expanded EPSDT care or according to the Bright Futures schedule for well child checks;
- 2) Identify children and adolescents who have more complex health, behavioral or social needs; and;
- 3) Provide community-based care management that integrates with the pediatric health system

How will NJ-InCK achieve these goals?

Through a community partner network, the NJ-InCK team is able to reach and provide a variety of services directly to each child eligible for the program. The collaboration of the medical provider and social services communities will be critical to be part of the care team. Their cooperation is vital to achieving our goals and through educational incentives and the additional supports to practices through the alternative payment model, we anticipate each participating medical provider will be enabled to be valuable partners in the program.

Education and Support for medical provider practices

- Education on the program and related topics will be provided for all practice teams.
- Practice teams will be engaged on all aspects of care management.
- Continuing Education, including Pediatric Part 2 and 4 Maintenance of Certification Credits.
- Support for clinicians to increase skills and move their practice to NCQA status.
- Telehealth will be leveraged for some services.

Financial benefits and support to the medical provider practices

- Expanded payment for expanded screening of all children enrolled in NJ Family Care at EPSDT or catch-up visits.
- NJ Medicaid developed alternative payment model (APM) to support care management teams for families and children with high health complexity.
- NJ Medicaid and managed Medicaid will work collaboratively to ensure active engagement.

Core Child Services Network

- Strengthened existing relationships and newly developed ones through the Partnership Council and Stakeholder groups
- Creation of an “electronic neighborhood” for care management, information and referral
- Explicit incorporation of the family/youth into all care planning and care/service pathways

Services and Technology Background

NJ-InCK offers a variety of services to children/youth, their families and the practices that care for them. Patients and their families with the greatest needs identified after receiving expanded screening to determine their health complexity score will receive community-based care coordination from a team of community health workers, social workers, and others. This Advanced Care Management Team (ACMT) will partner closely with provider practices and other Core Service providers to develop and share plans of care. The health complexity score is calculated based on the combined social complexity score and the medical complexity score. The social complexity score is yielded from the Needs Assessment Tool and there will be approximately 15 variations of this tool based on the child/youths age at the time of the screening. The medical complexity score will be calculated based on historic and current claims data shared by New Jersey Medicaid. Once the health complexity score is calculated, each child/youth that has been screened will be placed into the appropriate risk tier or “Service Integration Level (SIL)” for care management, with SIL 2 and SIL 3 requiring direct coordination by the NJ-InCK navigator team.

The NJ-InCK team has a vision for a “technology stack” to efficiently manage the workflow of the InCK model. The vision of the stack is expected to include modules that will be integrated to function as one. The key anticipated modules include: Needs Assessment Tool solution, Case Management System, broad Core Child Services Referral Management solutions, Data Analytics module, and a Patient Engagement tool. We envision that one or multiple vendors will be leveraged to build out the technology stack and some vendors may have one solution in place that cover multiple module needs.

At the center of the service offering is the case team’s Care Management System and the Information and Referral tool. Information on all core community child services and referral processes will be provided to practices to assist with integration of care and improve community support for all families, regardless of health complexity level. Additionally, Medicaid, community and other health and social data sources will be fed into the Care Management System to help manage care pathways for patients. Similarly, a Needs Assessment Tool that yields screening results for placement into the defined Service Integration Levels will populate the computed health complexity score into the child/youth’s community information record (CIR).

Needs Assessment Tool Solution Procurement Objective

Ultimately, we want the Needs Assessment Tool Solution procured through this RFP to integrate with NJ-InCK’s core Care Management System and infrastructure since data exchange will be key to the successful implementation. Please note that the core Case Management System has not been procured yet, but the primary requirements of that system and the Needs Assessment Tool solution will be to interoperably share the assessment data/resources through industry standard protocols (i.e. FHIR). Fast Healthcare Interoperability Resources (FHIR, pronounced "fire") is a standard describing data formats and elements (known as "resources") and an application programming interface (API) for exchanging electronic health related information.

The Needs Assessment Tool solution is the launching point for creating the cases that will be managed under the NJ-InCK model and requires additional capabilities beyond just storing responses to the assessments. The tool will be a self-administered automated screening tool that either a parent or youth will complete. Additional technical resource components and objectives for the Needs Assessment Tool solution and the NJ-InCK project that are required or desirable include:

- 1) Capability to build out approximately 15 unique screening tools based on the child/youth's age from a library of approximately 70 customized questions and answers with cumulative and sub scoring capabilities per question.
- 2) Capability to incorporate demographic information and the medical complexity score elements into the initial screening such that it can be leveraged to calculate the health complexity score of each potential child/youth.
- 3) Capability of calculating the social complexity score and combining it with the medical complexity score and sending the combined health complexity score and complete electronic screening results to the originating primary care practice so they may be used to develop a primary care treatment plan,
- 4) Capability of calculating the social complexity score and combining with the medical complexity score and sending the combined health complexity score and detailed electronic screening results to the Care Management System so it may be used by the NJ-InCK care management navigator team,
- 5) Capability to build out additional sub-assessment scores based on questions from internally developed and industry standard assessments (i.e. SWYC, PSC, PEARLS, CRAFTT, etc.). The 18-22-month-old assessment is included in this RFP as an example in **Appendix A**.
- 6) Multiple screening storage capabilities per child/youth for future Assessments
- 7) Capability to generate a unique Assessment via web link and send to either the patient/family or acting care giver via email or SMS. Ideal tool will prepopulate the specific Assessment based on the age and track the identity so there is as little intervention and set up from the end user as possible
- 8) Capability to pause the Assessment and store partial responses until completion
- 9) Capability to set deadlines to expire incomplete Assessments
- 10) Capability to send reminders to both NJ-InCK Care Navigator team and caregivers/youth about incomplete Assessments
- 11) Capability to store more than one assessment result for a recipient
- 12) Capability to store a library of assessment questions that can be used to edit or create future Assessments based on child/youth's age ranges,
- 13) 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.

As NJ-InCK solicits vendors to supply the Needs Assessment Tool solution, it is imperative that the solution can be leveraged for the initial two counties in New Jersey at either the patient home or at one of our partner locations. Our partners could be medical provider or social services organizations that support children and families programs. The Solution will then be able to calculate and export results data to various recipients as designated by the NJ-InCK team. Guiding principles of a successful solution include:

- Scalability – Ability to add new assessments to the solution and handle the ingestion of data routed by the Care Management System without an impact on performance. Our initial census of eligible recipients in Monmouth and Ocean counties is approximately 140,000 children/youth and it is possible that each recipient can be screened each year or multiple times within a year.
- Data Exchange Capabilities – Ability for data to be extracted from the solution and for the solution to ingest data sent to it by NJ-InCK in an efficient, flexible manner, utilizing a range of data exchange approaches and standards, including using Fast Healthcare Interoperability Resources (FHIR) APIs.

The solution should then be able to export structured data and human readable files, allowing other providers to see patients' results.

- Data Access, Outcomes Support and Reporting- Ability for NJ-InCK care navigator team, technical staff and leadership to receive and/or run standard reports to meet any outcomes requirements for the performance of their program by extracting key program-related information in an easy-to-access manner. The solution should allow access to all data owned by NJ-InCK and should be stored by vendor in a HIPAA compliant environment approved by the NJ-InCK technical team.
- Incremental Delivery – NJ-InCK requires the ability to deliver functionality in usable increments.

To support program objectives, NJ-InCK is seeking to procure a Needs Assessment Tool solution that will integrate with NJ-InCK's core infrastructure. The solution will create and maintain screening records and related clinical data. The scope of work for this project includes setting up interfaces to exchange data between NJ-InCK and the vendor; development and deployment of training materials; and ongoing support to ensure users are optimizing the solution. The engagement will begin upon execution of a contract and is expected to continue for the duration of the contract.

Minimum Requirements

The solution NJ-InCK procures must meet the following minimum requirements:

1. Ability to automatically exchange data with the NJ-InCK core infrastructure
2. Functionality to support multiple Needs Assessments based on child/youth's age. The list of unique age ranges is listed in **Appendix A**.
3. Must be a cloud-based application stored on an approved and certified HIPAA compliant environment.
4. Ability to automate results scoring and secure sending.
5. Ongoing Patient Engagement access capabilities for messaging and surveys beyond reminders is a plus.

Vendor Qualification

Key qualifications for a vendor include:

1. Proven success facilitating automated screening tool programs, ideally for a pediatric population.
2. Compliance with HIPAA and any other NJ-InCK security policies, performance standards, and code review
3. Knowledge of health care industry-standard protocols for data transfer and demonstrated success in using standard protocols (FHIR, HL7, etc.)
4. Knowledge and experience working with state and local health information exchanges is preferred but not required
5. Knowledge and experience working with best of breed electronic medical record systems is preferred but not required

Scope of Work

The proposed scope of work is to implement a Needs Assessment Tool solution, integrate data systems, and deploy the solution to NJ-InCK's stakeholders. Major project tasks and key deliverables are described in Figure 1.

Figure 1: Tasks

| Task | Timeframe | Proposed Major Deliverables |
|--|--------------------------------------|--|
| Development of Conceptual Implementation | Within 14 Days of Contract Execution | Implementation plan including timelines and key action steps |
| Development of Detailed Implementation Plan | March 2021 | The product should include a detailed description of the solution proposed and expected increments of delivery. |
| Stakeholder Engagement | Ongoing | The vendor will manage and support a robust process for communicating with stakeholders throughout the engagement. Deliverables will include meeting agendas, minutes, and timeline updates to the configuration and deployment of the Needs Assessment Tool solution. |
| Configuration and Training | Train the trainer model | The Vendor is expected to lead conversations regarding configuration of the tool, and train NJ-InCK key personnel and partner on configuration and use. |
| Post Development Support | Summer 2021 | Vendor will be expected to train and transfer knowledge of maintenance and operation items to NJ-InCK and remain available for support for the duration of the contract period. |

2. RFP Process & Submission Instructions

Contract Type

Vendors are asked to explain their pricing models in Section 4 – Financial Proposal Content and are welcome to propose and justify other contract types if deemed appropriate. NJ-InCK may issue full contract specifications as part of the final procurement process as outlined in the RFP timeline below.

RFP Process Overview

This RFP requires vendors to set forth their Needs Assessment Tool solution and costing information. Based on responses, NJ-InCK will select multiple vendors for in-person/webinar interviews and solution/product demonstrations and conduct reference reviews. Following the interviews, NJ-InCK may issue refined specifications and ask selected vendors to provide a final response and financial bids.

NJ-InCK expects to issue the final vendor award approximately two months after issuance of this RFP.

i. RFP Timeline

Figure 2, the Procurement Timetable, represents NJ-InCK’s best-estimated schedule for this procurement. All dates, including the contract start date are subject to change.

Figure 2: Procurement Timetable

| Event | Approximate Dates | Notes |
|--|-------------------------------|---|
| NJ-InCK Issues RFP | January 8, 2021 | Any proposal updates will be issued on the following web page: https://njaap.org/programs/njinck/ or emailed to vendors that submitted an Intent to Bid. |
| Clarifications to Question and Answers will be emailed to vendors by | January 21, 2021 | Questions may be submitted to NJInCK@VNAHG.org until 5:00 pm EST on January 14 th . |
| Intent to Bid | January 25, 2021 | E-mail NJInCK@VNAHG.org by 5pm EST if your company plans to submit a proposal. |
| Vendor completed RFP Responses Due to NJ-InCK | February 4, 2021 | Proposals must be emailed by 11:59 pm EST |
| Vendor Demonstrations | February 17-18, 2021 | Demonstrations for evaluation committee and other stakeholders. |
| Vendor Selection and Contracting | February 26, 2021 | NJ-InCK will contact selected bidders to initiate contracting process |
| Contract Execution | Approximately Mid-March, 2021 | Contract will begin upon execution |

NJ-InCK will work in good faith to provide adequate and equal opportunity for all participating vendors. However, NJ-InCK reserves the right to adjust or modify the Procurement Timetable at any point, as deemed necessary, in the process.

ii. Requests for Clarification

NJ-InCK will routinely answer and post to our partner website questions and answers related to this procurement. It is assumed that all Q&A will be finalized by **January 21, 2021**. Please email questions and requests for clarification to: NJInCK@VNAHG.org.

iii. Vendor Partnerships

NJ-InCK welcomes proposals developed by multiple vendors in a partnership for the solution. The lead partner should submit the joint RFP response. Prior history of working with other vendors/solutions should be included in the response. Any combined responses must include a Service Level Agreement (SLA) with specific roles and responsibilities between the partners (this should be further detailed and included in Section 3C of the response).

iv. Innovation

NJ-InCK has set forth in this RFP procurement objective section our planned concept for a Needs Assessment Tool solution for the screening of the designation population of children/youth. However, we understand that through ongoing work efforts, vendors are rapidly developing innovative solutions. NJ-InCK has already mentioned that there will be a technology stack used to operate this program and that this tool is the first in line. NJ-InCK welcomes RFP responses that meet our core objectives and rely on innovative concepts outside of our identified framework that will enhance our programs overall workflow across our technology stack.

Terms and Conditions and Confidentiality

All responses become the property of NJ-InCK and will not be returned to responders. Responses may be disclosed to NJ-InCK and NJ-InCK advisors as deemed appropriate by NJ-InCK. NJ-InCK will hold all responses as confidential and all pricing information will be treated confidentially.

NJ-InCK expressly reserves the right to make any decision regarding future direction or future technology partners. This includes the right to not award a contract pursuant to this RFI/RFP process. NJ-InCK also reserves the right to:

- Accept or reject any and all proposals or parts of proposals received in response to this RFP
- Amend or modify the RFP or cancel this request, with or without the substitution of another RFP
- Waive or modify any information, irregularity, or inconsistency in proposals received
- Request additional information from any or all respondents
- Follow up on any references provided
- Negotiate any terms of contract or costs for any proposal
- Request modification to proposals from any or all contractors during review and negotiation
- Negotiate any aspect of the proposal with any individual or firm and negotiate with multiple individuals or firms at the same time

Submission of a proposal in response to this RFP constitutes acceptance of all the conditions of this procurement process described here and elsewhere in the RFP.

A bidder receiving a positive response to their RFP proposal should be prepared to immediately begin negotiation of final terms based on the RFP and other mutually agreed-to terms and conditions. The terms described by bidder in their response may be rejected in whole or in part and/or otherwise negotiated by NJ-InCK in the contracting process. In addition, a positive response from NJ-InCK does not assure that a contract will be entered into; NJ-InCK may discontinue negotiations with a bidder at any time, at our sole discretion. Until and unless a formal contract is executed by NJ-InCK and responder, NJ-InCK shall have no liability or other legal obligation to a responder whatsoever, relating to or arising from this RFP, the RFP process, or any decisions regarding pursuit of a formal solicitation.

In no event will NJ-InCK be responsible for damages or other remedies, at law or in equity, arising directly or indirectly from any decisions or any actions taken or not taken in response to or as a result of this RFP or response by a vendor. All responder's costs from response preparation, response delivery, and any negotiation will be borne by the responder.

Submission Instructions

All bidders who intend to respond must indicate that intent via e-mail to: NJInCK@VNAHG.org. by **January 25th, 2021** as specified on the procurement timetable of this RFP. Responses to this RFP should be submitted

by **February 4, 2021 no later than 11:59 pm (EST)** to: NJInCK@VNAHG.org. NJ-InCK reserves the right to extend the closing date by posting a notice of the extended date to all organizations that submitted an intent to bid as well as on this web page: <https://njaap.org/programs/njinck/>. Vendors should submit the proposal as a single file containing all response and supporting materials. All responses should be as succinct as possible while conveying key points and capabilities.

The maximum size for all individual files should be <15MB. Therefore, please compress screenshots or diagrams.

Proposal Evaluation

Proposals will be evaluated based on:

- A preliminary examination to determine completeness of the response
- An evaluation of the Social Complexity Screening Tool
- The solution’s ability to meet communicated requirements based on response information
- Strength of proposed work plan and ability to satisfy the deliverables and meet the timeframe
- Reference Feedback
- Review of estimated price in the financial proposal

3. Product Proposal Content

The product proposal provides NJ-InCK with an understanding of your company, proposed team, work plan, and product. Please present these sections as A, B, C, and D as outlined below, and follow the numbering convention of the “General and Technical Questions” section. Resumes for the proposed team may be included in appendices and do not count towards page limit.

A. Summary

Provide a summary of the proposal including company overview, solution overview, proposed team and work plan. (1-2 pages)

B. Company Overview

In this section, provide a company overview including the proposed team, a description of similar projects, and client references. This section should describe implementations at other similar entities. Mentioning other efforts or achievements completed in the State of New Jersey is recommended. This section should also describe the experience and qualifications of the individual team members to be assigned to this project. Resumes may be attached as an appendix and do not count towards the page limit. The vendor should provide 3 customers for reference (use table format in Figure 3 – Client References). References should be for customers with requirements like those described in this RFP. NJ-InCK will provide vendors notice before contacting any references (1-2 pages).

Figure 3: Client References

| <i>Client Company Name & Industry</i> | <i>Client Contact Name</i> | <i>Client Phone</i> | <i>Client e-mail</i> | <i>Implementation Date</i> | <i>Approximate Cost of Engagement</i> |
|---|----------------------------|---------------------|----------------------|----------------------------|---------------------------------------|
|---|----------------------------|---------------------|----------------------|----------------------------|---------------------------------------|

C. Proposed Work Plan

In this section, the vendor must describe their proposed work plan and key steps for completing the tasks and meeting the deliverables. The work plan should include timeframes for tasks and deliverables. The work plan should demonstrate the vendor's ability to meet the timeframes described in the RFP (2-3 pages).

D. General and Technical Questions Responses

NJ-InCK requests responses to all questions listed in **Appendix B**, and all answers should be clearly provided within the context of the proposal and/or in their own separate section. Please answer the questions in a numbered format as they are presented in **Appendix B**. All answers provided should be succinct to ease reviewer evaluation, while providing sufficient depth to answer each question thoroughly. Please note response page limits for each section.

NJ-InCK will assume that any non-answer will indicate that any proposed company or technology will be unable to provide or unwilling to disclose a solution to the question, and this may negatively impact NJ-InCK's perception of the overall proposal. Inability to provide a response to any question will not immediately disqualify a proposal from consideration.

Please Note: All responses, assertions, and commitments made in this proposal will be expected to be part of the contract.

4. Financial Proposal Content

NJ-InCK requests a pricing proposal to understand the total cost of ownership (TCO). The TCO quantifies the total cost to NJ-InCK across the duration of the contract for implementing and operating the solution.

If there are variable costs involved, your proposal should include estimate for any ranges relevant to your financial model. Please limit the narrative to 3 pages. Outline your financial proposal in an Excel spreadsheet and include it as an **Appendix C**.

The financial proposal should estimate the following costs for the project:

- **Software/Solution Costs:** Please describe the dimensions of the pricing model, whether it is based on the number of children/youth, users, sites, modules, or however pricing is scaled.
- **Recurring Costs:** Include any initial implementation costs, ongoing subscription, maintenance or licensing fee, any 3rd party licenses or expected system hosting fees, data storage, and any add-on and optional fees.
- **Vendor Labor:** Vendors should provide the hourly rates by labor category and estimate hours allocated to the project. The vendor will be able to reallocate resources among labor categories but may not exceed the Labor Project Total.
- **Expenses:** Vendors should estimate the total expenses associated with the project including estimated trips and travel expenses. Please note, we do not anticipate vendor expenses related to the deliverable. We anticipate all related expenses to deliver is built into the cost of the solution with the exception of potential travel expenses related to training. Vendors will only be reimbursed for travel expenses documented by receipts.
- **NJ-InCK resources:** The vendor should describe the NJ-InCK resources, by role, they expect to need to be successful along with the estimated time commitment for each.

Other NJ-InCK borne costs:

If the solution requires additional systems or capabilities not included in the vendor's proposal, those should be delineated in the final tab of the spreadsheet in any form found suitable.

Appendix A: Sample Needs Assessment Tool Questions

Below is a partial draft of the assessment to be given to the family for screening a child between 18-22 months old. In addition to this assessment, we will require similar assessments to be built for multiple age ranges. We anticipate managing a library of approximately 110 unique questions where many questions and logic will be reused from assessment to assessment. Below are the additional assessments required by age range:

- 1-3 months
- 4-5 months
- 6-8 months
- 9-11 months
- 12-14 months
- 15-17 months
- 23-28 months
- 29-34 months
- 35-46 months
- 47-58 months
- 59 – 65 months
- 6 – 11 years
- 12-13 years
- 14-17 years
- 18-20 years

18-22 Month Sample Needs Assessment

| Section | # | Question | Answer Options Format | Scoring Value | Calculate in Social Complexity? (Y or N) | Comments or Logic |
|---|----|--|--------------------------------------|------------------------------------|---|---|
| Developmental Milestones (10 questions) | 1 | Does your child run? | A)Not Yet, B) Somewhat, C) Very Much | Net Yet=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2. For this entire section, if the patient is 18 month and the score <=8, 19 month <=10, 20 month <=11, 21 month <=13, 22 month <=14, then, a results msg to Dr alerting that the child scored above the cut-off for development milestone and a review is required |
| | 2 | Does your child walk up stairs with help? | A)Not Yet, B) Somewhat, C) Very Much | Net Yet=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 3 | Does your child kick a ball? | A)Not Yet, B) Somewhat, C) Very Much | Net Yet=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 8 | Does your child jump off the ground with two feet? | A)Not Yet, B) Somewhat, C) Very Much | Net Yet=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 10 | Does your child use words to ask for help? | A)Not Yet, B) Somewhat, C) Very Much | Net Yet=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |

| | | | | | | |
|---|----|--|--|---|---|--|
| Preschool Pediatric Symptom Checklist (18 questions) | 11 | Does your child seem nervous or afraid? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2. If the score of this section > 9, a results msg to Dr alerting patient is "at risk" is needed |
| | 12 | Does your child seem sad or unhappy? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 13 | Does your child get upset if things are not done a certain way? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 14 | Does your child have a hard time with change? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 20 | Does your child have trouble staying with one activity? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 21 | Is your child aggressive? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 27 | Is it hard to keep your child on a schedule or routine? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| | 28 | Is it hard to get your child to obey you? | A)Not Yet, B) Somewhat, C) Very Much | Not at all=0, Somewhat=1, Very Much=2 | Y | Logic - If A score =0, If B score = 1, If C score = 2 |
| Parents Observations of Social Interactions (7 questions) | 29 | Does your child bring things to you to show them to you? | A)Many times a day, B)A few times a day, C)A few times a week, D)Less than once a week, E)Never | Many times a day or A few times a day=0; A few times a week, Less than once a week, or Never = 1 | Y | Logic - If A or B score =0, If C,D or E =1 |
| | 30 | Is your child interested in playing with other children? | A)Always, B)Usually, C)Sometimes, D)Rarely, E)Never | Always, Usually=0; Sometimes, Rarely, or Never=1 | Y | Logic - If A or B score =0, If C,D or E =1 |
| | 31 | When you say a word or wave your hand, will your child try to copy you? | A)Always, B)Usually, C)Sometimes, D)Rarely, E)Never | Always, Usually=0; Sometimes, Rarely, or Never=1 | Y | Logic - If A or B score =0, If C,D or E =1 |
| | 34 | How does your child usually show you something he or she wants? (check all that apply) | A)Says a word for what he or she wants, B) point to it with one finger, C) Reaches for it, D)Pulls me over or puts my hands on | If more than one of the following chosen score =1, otherwise =0: Reaches for it, Pulls me over or puts my hands | Y | Logic - Multiple answers can be selected. Use all options that apply. If select C,D and/or E score = 1. If select A, B or both score = 0 |

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| | | | it, E)Grunts cries or screams | <i>on it, Grunts cries or screams</i> | | |
| | 35 | What are your child's favorite play activities? <i>(check all that apply)</i> | A) playing with dolls or stuffed animals; B)Reading books with you; C)Climbing, running and being active; D)Lining up toys or other things; E)Watching things go round and round like fans or wheels | If more than one of the following chosen score =1, otherwise =0: Climbing, running and being active; Lining up toys or other things; Watching things go round and round like fans or wheels | Y | Logic - Multiple answers can be selected. Use all options that apply. If select C,D and/or E score = 1. If select A, B or both score = 0 |
| Parent Concerns (2 questions) | 36 | Do you have any concerns about your child's learning or development? | A)Not at all, B)Somewhat, C)Very Much | If Somewhat or Very Much --> additional conversation | Y | Logic - If Not at all score = 0, If Somewhat or Very Much =3 and result msg to Dr mentioning an additional conversation is needed |
| | 37 | Do you have any concerns about your child's behavior? | A)Not at all, B)Somewhat, C)Very Much | If Somewhat or Very Much --> additional conversation | Y | Logic - If Not at all score = 0, If Somewhat or Very Much =3 and result msg to Dr mentioning an additional conversation is needed |
| Family Questions (11 questions) | 38 | Is tobacco is smoked in the home? | On a Scale from 1-5, where 1=never true and 5=often true; | 1 to 5 | Y | Logic - If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1, needs monitoring and result msg to Dr mentioning |
| | 39 | In the last year, have you ever drunk alcohol or use drugs more than you meant to? | On a Scale from 1-5, where 1=never true and 5=often true; | 1 to 5 | Y | Logic - If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1, needs monitoring and result msg to Dr mentioning |
| | 40 | Have you felt you wanted or needed to cut down on your drinking or drug use in the last year? | On a Scale from 1-5, where 1=never true and 5=often true; | 1 to 5 | Y | Score 2,3,4,or 5 as "1" and 1 as "0": If 1 needs monitoring and result msg to Dr mentioning |
| | 44 | Over the past 2 weeks - Having little interest or pleasure in doing things? | A)Not at all, B)Some days, C)More than half the days, D)Nearly ever day | Not at all=0, Several days=1, More than half the days=2, Nearly every day=3 | Y | Logic - Report score of 0 if A, 1 if B, 2 if C, 3 if D. If this question #44 combined with question #45 (PHQ2) score >3, then a result msg to Dr recommending completing a PHQ9 separate from this screening |

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| | 45 | Over the past 2 weeks - Feeling down, depressed, or hopeless? | A)Not at all, B)Some days, C)More than half the days, D)Nearly every day | Not at all=0, Several days=1, More than half the days=2, Nearly every day=3 | Y | Logic - Report score of 0 if A, 1 if B, 2 if C, 3 if D. If this question #44 combined with question #45 (PHQ2) score >3, then a result msg to Dr recommending completing a PHQ9 separate from this screening |
| | 46 | In general how would you describe your relationship with your spouse/partner? | A)No tension B)Some tension, C)A lot of tension, D)Not applicable | | N | Logic - If C is selected, then a result msg to Dr recommending completing a WAST separate from this screening. Note: this score may be used to calculate the kindergarten readiness, but won't be used for calculating the Social Complexity score. |
| | 47 | Do you and our partner work out arguments with | A)No difficulty, B)Some difficulty, C)Great difficulty, D)Not applicable | | N | Logic - If C is selected, then a result msg to Dr recommending completing a WAST separate from this screening. Note: this score may be used to calculate the kindergarten readiness, but won't be used for calculating the Social Complexity score. |
| | 48 | During the past week, how many days did you or other family members read to your child? | 0-7 days | 0-7 | N | Logic - This question result 0-7 has no impact on calculating social complex and is not added to calculate the score. Result is informational only and reported back to the Dr in results. |
| PEARLS Child (19 questions) | 49 | The following set of questions may be considered by some to be particularly sensitive. If you would like your child's provider to see how you answered please mark "Yes". If you prefer that your child's medical provider only see a score, but not see the details of how you answered each item, please mark "No" and your specific answers will be kept confidential. " | Y or N | | N | Additional Note: For this entire section, the PEARLS will be broken into 2 sub segments and reporting back will be a 0-10 score for each segment. |

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| | 50 | Has your child ever lived with a parent/caregiver who went to jail/prison? | On a scale from 1-5, where 1=not at all true and 5=completely true; | If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 | Y | Logic - If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1, needs monitoring and result msg to Dr mentioning. |
| | 66 | Has your child ever been separated from their parent or caregiver due to foster care or immigration? | On a scale from 1-5, where 1=never true and 5=often true; | If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 | Y | Logic - If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 |
| | 67 | Has your child ever lived with a parent or caregiver who died? | On a scale from 1-5, where 1=never true and 5=often true; | If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 | Y | Logic - If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 |
| Other Questions (9 questions) | 68 | I need help reading information about my health | On a scale from 1-5, where 1=not at all true and 5=completely true; | If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 | Y | Logic - If 1 score = 0, If 2,3,4,or 5 score =1; If score is a 1 |
| | 73 | How would you describe your own overall health? | A)Excellent, B)Very Good, C)Good, D)Fair, E)Poor | | N | Logic - Reporting is actual choice selected. This is not used to calculate in the Social Complexity score. |
| | 74 | How would you describe [Child's name] overall health: | A)Excellent, B)Very Good, C)Good, D)Fair, E)Poor | | N | Logic - Reporting is actual choice selected. This is not used to calculate in the Social Complexity score. |

Appendix B: General & Technical Questions

General (Up to 3 pages)

1. What is the organization's Dun and Bradstreet number?
2. Where is the organization headquartered?
3. How long has the organization been in business?
4. Is the organization privately held or publicly traded?
5. How many employees work for the organization? How many FTE's are allocated to the specific product/solution?
6. Please note any relevant accreditations your organization has achieved.
7. Please describe your work with other community-based initiatives, if any. In your work with initiatives, like NJ-InCK, do you rely on any partnerships, subcontracts, or other relationships? If so, please explain.
8. How many sites, defined as separate organizations, even if using the same instance of the software, currently use your solution?
9. Please describe your largest implementation with the following:
 - a. Brief narrative (1 paragraph) containing problem statement and how the solution is leveraged
 - b. Number of eligible patients/members
 - c. Number of actual patients/members enrolled and using
 - d. Number of operational users, broken out by role or title
10. Do you have an implementation(s) in New Jersey? If so, please describe the implementation (s) with the following information:
 - a. Brief narrative (1 paragraph) containing problem statement and how the solution is leveraged in each implementation
 - b. Number of eligible patients/members
 - c. Number of operational users, broken out by role or title
 - d. Contact information for site

Technical and Functional Requirements

For the capabilities listed below, please assert whether the proposed technology solution can support the listed functionality for a consolidated screening tool. Please feel free to include explanations, caveats, conditions or other information that will help qualify or explain your answers. Please also include any additional cost that may be incurred by NJ-InCK above and beyond the proposed pricing quoted.

General and Technical Questions (Up to 5 pages)

1. Please provide an architectural overview, including relevant diagrams, of the solution.
2. Is the solution HIPAA compliant? If so, describe compliance and provide documentation.
3. Does the solution have any certifications? If so, describe certification and provide documentation.
4. Define the implementation process. Please provide a project plan and requirements for NJ-InCK and provider sites receiving results.
5. Can the solution generate and receive data using the following standards? Please provide a yes or no answer and any versions being supported.
 - a. HL7

- b. C-CD-A
 - c. C-CDA R-2 Care Plan Templates
 - d. FHIR
 - e. PDF
 - f. Flat files
6. Please describe the ability to consume RESTful Application Programming Interfaces (APIs) and examples thereof.
7. Does the organization provide hosting services for the solution?
 - a. If Yes, is the system hosted by the organization or in a colocation or cloud service provider?
 - b. If No, please provide the minimum technical specifications for NJ-InCK to host the system at a cloud service provider..
8. Can the solution be run via the web in a browser?
 - a. If Yes, what browsers and versions does the solution support? What are plans for future browser support?
9. Does the solution require any software to be installed locally and run on a client machine or mobile device?
 - a. If yes, please explain how?
10. What is the core code base and database use for the solution?
11. Explain in detail how it is recommended for the solution to be installed, set up, and configured to support NJ-InCK and its potential end customers?
12. In what way(s) can a patient record be created in the solution? Can you receive data messages to auto-create a patient record? Please describe all automated and manual processes that can create a patient record.
13. How are patient identities managed? Is there an internal unique ID assigned to the patient? Can external IDs be accepted to serve as the “master” ID?
14. What configuration options are available at the client user and client administrative user level (at an organization/site only; NJ-InCK/Vendor administrative functions is addressed in a later section.)?
15. How would you enable audit and monitoring of the production environment?
16. Please describe how the solution can scale up to respond to increasing data exchange and user-based utilization.

Functionality (Up to 5 pages)

17. Does the solution provide the ability to track time spent reviewing the screening results of each patient that can be reported on for reimbursement purposes?
18. Does the tool include risk scoring or other scoring/sub-scoring functionality? If so, please describe the scoring methodology.
19. Is there a means for patients and families to access the platform directly? If so, please provide a narrative and explain identity validation.
20. Does the solution provide the ability to receive pre-calculated other medical patient data representative of the medical complexity score? Please describe.
21. Does the solution provide the ability to calculate the health complexity score based on the provided medical complexity score and the social complexity score determined by the needs assessment? Please describe.

22. Does the solution produce patient comparative and outcome reports? If so, please describe the reports and provide examples.
23. What reports are available to users with a patient census? How does a user define and configure reports or queries? Describe content and unique identifiers for patients. Provide sample reports and an overview of the process to create reports with visualization.
24. What reports are available to NJ-InCK administrators? What competencies are required to create reports or queries? Please provide sample reports and an overview of the process to create reports with visualization.

Customer Support (Up to 3 pages)

25. Please describe the administrative toolset. What can be done through a user interface by NJ-INCK staff and what will require coding by the vendor?
26. Please describe the training process for power users.
27. Please describe your training process for administrators.
28. Describe the approach to customer support, including the issue escalation process and how you track and resolve problems.
29. Is there a helpdesk available, and if so, what is the availability of the helpdesk?
30. Please include a copy of a draft Service Level Agreement (SLA) as an appendix, and document different levels of support and pricing, if applicable.

Availability and Disaster Recovery (Up to 2 pages)

31. Please provide the average monthly uptime percentage over the last 2 years as well as the forward-looking uptime commitment (both reflected as a percentage uptime – 99.x%).
32. Please describe the scheduled system maintenance activities, their frequency, and duration of downtimes associated with them.
33. What is the typical planned outage time per year?
34. Have there been any unplanned outages in the last year lasting more than 3 hours? If yes, please describe the longest outage in the last year.
35. What is the data backup approach?
36. Is there an off-site data recovery plan?
37. Is there a system fail-over approach?
38. How do you ensure NJ-InCK will have access to all data created by an eligible participant?
39. Is source code maintained by a third-party escrow agent? Please include any fee for escrow participation.

Privacy and Security (Up to 2 pages)

40. How does the solution ensure the security and confidentiality of protected health information and personal medical records?
41. Would the organization agree to an annual audit from an industry recognized third party? Would there be a cost to NJ-INCK?
42. Has the applications or similar applications to the one proposed been subjected to penetration testing? If so, please provide those reports as an appendix.
43. Is data in the solution encrypted at rest? What method is used to encrypt data at rest?

44. Does the solution include secure and encrypted methods to transmit data? What methods are used to encrypt data in transit?

Additional Information (Up to 2 pages)

If your solution has functionality or uses not specifically mentioned in the questions above, please do share that information with NJ-INCK. For example, once an eligible user is recognized in the solution can other patient engagement capabilities be accessed under the same user access?

Appendix C: Financial Proposal

The Pricing Template mentioned in Section 4 to be included in the RFP response as Appendix C is available as a separate Excel file to this document. The file name is: Financial Worksheet NJ-InCK Needs Assessment Tool Solution RFP.xls