



Agency of Human Services / Central Office

Waterbury State Office Complex | 280 State Drive | Waterbury, VT 05671-1000

802-585-5125 phone

<https://humanservices.vermont.gov/>

REQUEST FOR INFORMATION

Medicaid Permanent Supportive Housing (PSH) Assistance

ISSUE DATE	February 29, 2024
QUESTIONS DUE:	March 13, 2024 – 4:30 PM (EST)
RFI RESPONSES DUE BY	March 29, 2024 – 4:30 PM (EST)

PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND ADDENDUMS ASSOCIATED WITH THIS RFI WILL BE POSTED AT:

<http://www.bgs.state.vt.us/pca/bids/bids.php>

THE STATE WILL MAKE NO ATTEMPT TO CONTACT INTERESTED PARTIES WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH BIDDER TO PERIODICALLY CHECK THE ABOVE WEBPAGE FOR ANY AND ALL NOTIFICATIONS, RELEASES AND ADDENDUMS ASSOCIATED WITH THIS RFI.

STATE CONTACT: Diane Irish
E-MAIL: ahs.contracts@vermont.gov

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1 PURPOSE

This Request for Information (RFI) is issued for the Vermont Agency of Human Services (AHS) to gather input and obtain information to inform the design and implementation of a Medicaid/AHS Permanent Supportive Housing (PSH) Assistance benefit as authorized by Vermont's Global Commitment to Health [1115 Demonstration Waiver](#). Responses to this RFI will be utilized to assist with the following program design tasks:

- Determine the linkage between entry points to the service via the Medicaid/AHS PSH Assistance provider, [Conflict-Free Case Management](#), and Coordinated Entry System;
- Determine the eligibility criteria for enrolling as a Medicaid/AHS PSH Assistance provider agency, as well as the qualifications such agencies must meet to deliver Medicaid/AHS PSH Assistance services; and
- Determine the plan for rolling out the Medicaid/AHS PSH Assistance benefit statewide.

AHS intends to make use of the submissions by respondents to test assumptions, explore alternative approaches, and help finalize program implementation details. AHS shall not be held liable for any costs incurred by respondents in the preparation of their submissions to this RFI.

1.1 LIABILITY

THIS IS A REQUEST FOR INFORMATION ONLY. This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposals (RFP) or a promise to issue an RFP in the future. This RFI does not commit the State to contract for any materials or service whatsoever. Further, the state is not at this time seeking proposals and will not accept unsolicited proposals. Respondents are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued. If an RFP is released, it will be posted on the BGS bid opportunities web site: <http://www.bgs.state.vt.us/pca/bids/bids.php>. It is the responsibility of the potential offerors to monitor this site for additional information.

1.2 CONFIDENTIALITY

AHS retains the right to promote transparency and to place this RFI into the public domain, and to make a copy of the RFI available as a provision of the Vermont access to public records laws. Please do not include any information in your RFI response that is confidential or proprietary, as AHS assumes no responsibility for excluding information in response to records requests. Any request for information made by a third party will be examined in light of the exemptions provided in the Vermont access to public records laws.

The solicitation of this RFI does not commit AHS or the State of Vermont to award a contract. This RFI is for information gathering purposes only and no vendor will be selected, pre-qualified, or exempted based upon their RFI participation.

2 BACKGROUND INFORMATION

According to a 2019 [legislative report](#), the Specialized Housing Vouchers Working Group estimated that roughly 55% of Vermont households eligible for Continuum of Care (CoC) Shelter + Care (S+C) or Rapid Rehousing (RRH) assistance cannot be served due to a lack of service capacity or of subsidies in the communities where they are needed. In 2018, a report from the National Alliance to End Homelessness found that Black Vermonters were 5.4 times more likely to experience homelessness than white Vermonters. Improving access to PSH is an important strategy for promoting equity and reducing racial

disparities in homelessness in Vermont. In the past 15 years of the Global Commitment demonstration, Vermont has made significant progress in allowing Medicaid enrollees to obtain care in their homes and communities if they so choose. In 2022, Vermont received approval for its 1115 demonstration waiver to implement a Permanent Supportive Housing Pilot. Medicaid enrollees ages 18 and older who are eligible for full Medicaid State Plan benefits and who meet specific health- and risk-based criteria as outlined in the demonstration renewal application will be provided access to pre-tenancy supports, tenancy sustaining services, and community transition services. The goal is to enroll approximately 100 individuals in the first year and seek funding for additional capacity in future years with the aim to eventually having capacity to serve 350 individuals. Individuals who are eligible for full State Plan benefits and are enrolled in one of Vermont's Home and Community-Based Services (HCBS)-like programs (CFC, CRT, Developmental Disabilities Services, Brain Injury Program, or Mental Health under 22 for SMI/SED) will be eligible for the Pilot; however, these individuals cannot obtain any services or supports from the Pilot that duplicate benefits already available to them.

Studies conducted across the United States have shown that PSH programs are effective not only in reducing homelessness, but also in preventing emergency department use and hospitalization, and in reducing overall health care costs for high-need individuals. While Vermont has access to supportive housing vouchers through the Department of Housing and Urban Development (HUD), the state has been unable to use all the vouchers in recent years due to lack of available support services.

3 RFI DESCRIPTION

AHS is seeking information to help determine the structure and staffing, prioritization criteria, and statewide rollout approach for the new Medicaid/AHS Permanent Supportive Housing Assistance benefit, which is intended to help reduce homelessness and health care costs for high-need individuals in Vermont. It is critical that this benefit complement and align with the state's existing PSH models and other housing programs so as to effectively leverage limited resources and provide high-quality services for individuals with complex needs.

The RFI has four (4) key objectives:

- Gather information and feedback to inform the design and implementation of Conflict-Free Case Management overseen by the State of Vermont.
- Obtain insights and information to develop the prioritization criteria for receiving Medicaid/AHS PSH Assistance services.
- Collect information to help shape the development of the eligibility criteria and qualifications for enrolling as a Medicaid/AHS PSH Assistance provider agency.
- Gather feedback and insights needed to implement the benefit's statewide rollout.

AHS is seeking feedback in the above areas and will consider any information, including partial responses, received in response to this RFI. If AHS moves forward in the development of an RFP, the RFP process will be open to all respondents regardless of whether or not they participated in this RFI.

Who should complete this RFI?

Nonprofits, government entities, faith-based organizations, and others who serve those at risk of, or currently experiencing homelessness. This includes established and emerging organizations and those who wish to expand their programs and services to provide new supports or resources to those at risk of, or currently experiencing homelessness.

Those interested in providing Medicaid/AHS pre-tenancy and tenancy sustaining services to individuals currently experiencing or at risk of experiencing homelessness.

4 CURRENT STATE

Vermont currently funds a variety of programs that offer housing services and supports to help certain target populations maintain housing stability or transition into permanent housing options. All of these programs include at least some components of an evidence-based PSH model.

The Department of Mental Health (DMH) oversees *Community Rehabilitation and Treatment Services* (CRT), which is a Medicaid program for individuals with serious mental illness that provides a variety of services including care coordination; clinical services including therapy and medication management; community supports; and crisis care for people with serious mental illness. This can include some housing supports for people experiencing homelessness. CRT must be provided by a Designated Agency (DA) or Specialized Services Agency (SSA). DMH provides housing vouchers for a subset of CRT clients to support their transition out of hospital and residential settings. Individuals who are eligible for the Medicaid CRT program or Adult Outpatient Services and are experiencing homelessness may choose to receive services from Pathways Vermont, a Specialized Services Agency that uses a Housing First approach.

The Department for Children and Families (DCF) Office of Economic Opportunity (OEO) provides the *Family Supportive Housing* (FSH) program, which is funded through a combination of Medicaid Targeted Case Management and General Fund dollars. FSH offers intensive case management, transition services, and housing tenancy sustaining services to families with minor children who are experiencing homelessness, want to participate in the program, and are willing to engage with offered services. FSH prioritizes families that have had multiple episodes of homelessness, have an active case with DCF Family Services, and include at least one child under the age of six. Each criterion is weighted equally, and families meeting multiple criteria are prioritized above families meeting only one.

The Vermont State Housing Authority's (VSHA) *A Way Home* is a HUD CoC-funded program through the Vermont Coalition to End Homelessness that follows the coordinated entry (CE) PSH prioritization of individuals and families who meet the chronically homeless definition (disabling condition + long-term literal homelessness) or other [Dedicated Plus criteria](#). The program provides housing case management as well as security deposits, property damages, and vacancy costs, and is delivered by specific providers in certain geographic areas. VSHA also provides Shelter + Care serving households that meet the chronic homelessness definition with long-term rental assistance and robust services from local providers in all counties except Chittenden.

The Department of Disabilities, Aging, and Independent Living (DAIL) provides both *Support and Services at Home* (SASH) and *SASH for All in Vermont*. SASH is part of the Vermont All-Payer Accountable Care Organization alternative payment model which is a state-federal partnership with the Center for Medicare and Medicaid Innovation that enables Medicare financial support for the program. SASH focuses on older adults and people with disabilities and serves any Medicare beneficiary who lives in a SASH Hub (affordable housing sites across the state used as the locus of coordination), as well as Medicare beneficiaries living in a community setting near the SASH Hub, by offering a variety of individualized, on-site wellness supports. *SASH for All* is a pilot in one area of the state funded through a federal grant targeting low-income families and children living at affordable family housing sites. It offers individualized support and service planning (care coordination, peer support, health coaching, and motivational interviewing) based on a multifaceted

screening assessment, connection to community supports, regular check-ins, and support during transitions. The Vermont Legislature provided \$450,000 to DAIL in the 2024 state budget to continue *SASH for All* operations for a second year.

Finally, the Department of Corrections provides a couple of programs under its *Transitional Housing* program that offer direct voucher access with supportive housing services that facilitate successful reintegration. Priority is given to individuals being released to the community from incarceration, as well as individuals who are supervised in the community and are at risk of recidivism due to lack of appropriate and stable housing. Services vary depending on location but may include service coordination, substance abuse and mental health support, employment assistance, community referrals, and harm reduction.

In addition, Vermont has [two HUD CoCs](#) that apply for federal homeless response funding for their geographic areas, as well as local housing coalitions focused on regional efforts to address homelessness. The CoCs and local housing coalitions use a process called [coordinated entry](#), through which people experiencing or at risk of homelessness can access the homeless system in a streamlined way, have their strengths and needs assessed, and quickly connect to appropriate, tailored housing opportunities and mainstream services.

5 RFI Respondent

The purpose of this RFI is to determine if there are solutions that could meet the state’s anticipated requirements and to consider options for meeting those requirements that are consistent with the overall vision for the AHS and the state. We are asking for information necessary for implementation of services. We understand that the information provided is for planning purposes only and will not be binding in any way.

1. **Please briefly describe your organization or affiliation; your knowledge and expertise in PSH services, homeless or housing services, and/or supportive services for high-need individuals; and your experience working in Vermont’s housing, homelessness, or supportive services environment. (200 words or less).**

Conflict-Free Case Management

[Federal rules](#) require that individuals will have an independent, “conflict-free” person-centered care plan for any Medicaid-funded HCBS, including the Medicaid/AHS PSH Assistance program. The development of the individual’s person-centered care plan cannot be completed by anyone who works for the organization that will provide Medicaid/AHS PSH Assistance services to that individual. AHS expects to utilize a [Conflict-Free Case Management](#) approach to assess eligibility, determine prioritization, and then refer individuals determined to be eligible to Medicaid/AHS PSH Assistance providers. AHS is interested in how Conflict-Free Case Management, overseen by the State of Vermont, can best be structured to ensure successful implementation of the benefit, including the ability to link unsheltered individuals from Coordinated Entry to Medicaid/AHS PSH Assistance providers.

The roles and responsibilities envisioned for Conflict-Free Case Management include:

- a. Determining and documenting an individual’s eligibility/prioritization for Medicaid/AHS PSH Assistance services
- b. Maintaining the waitlist for Medicaid/AHS PSH Assistance services
- c. Referring eligible individuals to Medicaid/AHS PSH Assistance providers

- d. Approving community support transition funding
- e. Working with team members to assess and develop a person-centered care plan for the eligible individual
- f. Overseeing the authorization process

Conflict-Free Case Management is not intended to replicate any of the services provided by the Medicaid/AHS PSH Assistance providers, i.e., pre-tenancy supports, tenancy sustaining supports, or community transitions services.

2. **Based on the responsibilities listed above, what are the most important things for the State to consider for ensuring a direct connection between the eligibility/prioritization process, case management, and direct service providers? Are there any additional responsibilities that should be considered in designing this function? (250 words or less)**

3. **What do you see as the pros and cons associated with Conflict-Free Case Management carried out by a state agency? Please be sure to provide a brief rationale. (100 words)**

Pros	Cons	Rationale/Notes

4. **The caseload size for case managers implementing Conflict-Free Case Management is expected to be 50-75 individuals. Does this caseload size seem appropriate to you based on your knowledge of Conflict-Free Case Management, the roles and responsibilities listed above, and the Medicaid/AHS PSH Assistance program? Are there additional factors that should be considered in determining caseloads and staffing for Conflict-Free Case Management for this project? (250 words or less)**

5. **How can the state ensure that case managers are sufficiently knowledgeable about the PSH assistance benefit? What type of training should Conflict-Free Case Management staff be required to attend to demonstrate program knowledge? (250 words)**

Eligibility and Prioritization Criteria for Individuals Receiving Medicaid/AHS PSH Assistance Services

The eligibility criteria for receiving Medicaid PSH Assistance services described in Vermont's Global Commitment to Health 1115 Demonstration Waiver include:

- Enrolled in Medicaid
- Age 18 or older
- Eligible for full Medicaid State Plan benefits
- Has at least one of the following health needs:
 - Mental health diagnosis
 - Substance use disorder diagnosis

- Acquired brain injury (with need for assistance with two (2) or more activities of daily living (ADLs) or hands-on assistance with one or more ADLs)
 - Complex physical health needs
 - Delays in cognitive development
 - Has one or more Medicaid-eligible dependents who meet the health needs criteria
- And meets at least one of the following risk-based criteria:
 - Risk of homelessness
 - History of frequent stays in institutional or residential settings
 - History of frequent moves or loss of housing as a result of mental health or substance use disorder symptoms
 - At serious risk of institutionalization

Since the Medicaid/AHS PSH demonstration project is limited to approximately 350 PSH slots, AHS is considering how best to prioritize individuals who meet eligibility criteria and seek to enroll in Medicaid PSH Assistance services.

6. **Should prioritization criteria be identified for Medicaid/AHS PSH Assistance services, based on your knowledge of the population of individuals with high needs in Vermont and the array of services already available to them? If so, please feel free to suggest prioritization criteria, e.g., households experiencing homelessness, and provide a brief rationale for each one. (500 words or less)**

7. **AHS expects that some level of prioritization will be needed given the limited number of Medicaid/AHS PSH slots. One approach to prioritization is aligning the prioritization criteria for Medicaid/AHS PSH Assistance services with the PSH prioritization criteria currently utilized by Vermont's two Coordinated Entry Systems (CES). Does alignment with CES prioritization seem appropriate based on your knowledge of Vermont's two CESs and the array of resources currently available for high-need individuals in Vermont? (500 words or less)**

8. **Are there other factors that AHS should consider in thinking through a prioritization approach for Medicaid/AHS PSH Assistance services? If so, please identify the ways in which priorities should differ and provide a brief rationale. (500 words or less)**

Eligibility Criteria and Qualifications for Agencies Providing Medicaid/AHS PSH Assistance Services

AHS is interested in defining the types of provider agency that will be eligible to deliver Medicaid/AHS PSH Assistance services, as well as in determining additional qualifications an agency should be required to meet to be approved as a Medicaid/AHS PSH Assistance service provider.

Permanent Supportive Housing Benefits

PSH Housing Benefit	Illustrative Services Provided Under Benefit
Pre-tenancy supports	<ul style="list-style-type: none"> ▪ Housing needs assessment ▪ Assistance with locating and applying for housing ▪ Housing support plan development

Tenancy sustaining services	<ul style="list-style-type: none"> ▪ Assistance with maintaining benefits, such as TANF, Section 8 housing vouchers, Shelter Plus, or other rental assistance ▪ Connections to community resources ▪ Supports to develop independent living skills ▪ Eviction prevention services ▪ Home modifications to improve accessibility ▪ Coverage of expenses associated with landlord risk mitigation
Community transition services for all enrollees moving to permanent supportive housing, regardless of the setting they are moving from	<ul style="list-style-type: none"> ▪ Security deposits ▪ Utility deposits ▪ Moving expenses Household furnishings ▪ Pest eradication

9. Are there provider agency types that are particularly well-suited to deliver Medicaid/AHS PSH Assistance services, based on your knowledge of the Vermont provider landscape? Please identify all that apply and provide a brief rationale for your selections.

Provider Agency Type	Well-Suited to Deliver Medicaid/AHS PSH Services? (Y/N/ Maybe)	Rationale
Community Mental Health Centers/Certified Community Behavioral Health Clinics (Designated and Specialized Services Agencies)		
PSH Providers		
Health Care for the Homeless Programs/Federally Qualified Health Centers (FQHCs)		
Housing Providers		
Homelessness Services Providers		
Other (please identify)		

10. Are there additional qualifications with regards to expertise and experience that eligible provider agency types should be expected to meet in order to be approved as a Medicaid/AHS PSH Assistance provider? Please identify all that apply and provide a brief rationale for your selections.

Qualification	Should Be Required for Medicaid/AHS PSH Assistance Providers (Y/N)	Rationale
Experience providing housing services (inclusive of housing search and tenancy support services (e.g., education and training, coaching)		
Experience coordinating supportive housing (e.g., coordination with landlords, housing authorities)		
Capacity to provide culturally and linguistically responsive and trauma-informed service delivery		
Experience with and/or commitment to Housing First principles		
Familiarity with affordable housing programs/process/Public Housing Agencies		
Experience providing peer support services		
Other (please identify)		

11. If you work at a Vermont provider agency, what factors might encourage or discourage your agency from seeking to become a Medicaid/AHS PSH Assistance provider? Please list all that apply.

Encourage	Discourage

Plan for Implementation of the Medicaid/AHS PSH Assistance Benefit

The Medicaid/AHS PSH Assistance benefit is a time-limited project. The goal is to enroll approximately 100 individuals in the first year and to seek funding for additional capacity in future years with the aim to eventually having the capacity to serve 350 individuals. AHS is interested in exploring approaches to implementation that can support a streamlined approach, enable continuous learning and improvement, and promote equitable access to Medicaid/AHS PSH for eligible high-need individuals statewide.

12. An option for minimizing the administrative burden of implementing the Medicaid/AHS PSH Assistant benefit might be to cap the number of Medicaid/AHS PSH Assistance providers within a region or statewide. What do you see as the pros and cons of such an approach, based on your knowledge of Vermont's service needs and resources? Please be sure to provide brief rationales.

	Pros	Cons	Rationale/Notes
Statewide Cap on the Number of Medicaid/AHS PSH Providers			

Regional Caps on the Numbers of Medicaid/AHS PSH Providers			
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13. One approach to rolling out the Medicaid/AHS PSH benefit might be to launch Medicaid/AHS PSH Assistance services in one or two Vermont regions with a limited number of PSH slots (~100) in year one. Medicaid/AHS PSH Assistance services could be expanded to additional regions, as funding allows, in future years incorporating “lessons learned.” What do you see as the pros and cons of a phased rollout approach? Are there other variations on a phased rollout that should be considered? (For example, eligibility criteria could be limited in year one and expanded in later years.) Please be sure to provide brief rationales.

	Pros	Cons	Rationale/Notes
Year 1 regional + later expansion			
Other phased rollout approach (please describe)			

14. The supportive housing program will offer a wide range of pre-tenancy supports, tenancy sustaining services, and community transition services. How do you recommend the state ensure that the services delivered are high quality, follow best practices in the field, and achieve their intended goals? (300 words or less)
15. Is there any other feedback you would like to share, or any other information that you feel could be helpful to the design and implementation of Medicaid/AHS PSH Assistance services in Vermont? (300 words or less)
16. Please Indicate if your program would be interesting in providing Medicaid/AHS PSH assistance services.
- ☐ Yes
☐ No
☐ Interested in learning more
17. Please indicate any regions where you would be interested in providing Medicaid/AHS PSH assistance services.

Addison	Bennington	Brattleboro
Caledonia, Essex Orleans	Chittenden	Franklin/Grand Isle
Orange/Windsor North	Lamoille	Rutland
Windsor South/Windham North	Washington	

18. Is your company a contracted Medicaid/AHS Medicaid provider?

____ Yes

____ No

19. If you are currently providing CoC PSH now, what do you see as the opportunities and challenges to providing Medicaid/AHS PSH assistance services? (500 words or less)

Additional questions to support AHS' implementation of Medicaid/AHS PSH Assistance services

20. What support or technical assistance would your organization/program need to develop, sustain, or expand services?

21. What challenges might interfere with your success to launch or expand programs? (300 words)

6 REQUESTED INFORMATION

Each submission prepared in response to this RFI must include the elements listed below, in the order indicated:

- Cover Page
- RFI Respondent Questionnaire

6.1 COVER PAGE

The first page of the vendor's RFI Response must be a cover page displaying at least the following:

- RFI Title
- Vendor's Name
- Contact Person
- Telephone Number
- Address
- Fax Number
- Email Address

All subsequent pages of the RFI Response must be numbered.

6.2 VENDOR QUESTIONNAIRE

Please provide your answers to the stated questions related to the project. Additional information to supplement your answers may be attached to the RFI response.

6.3 CONTACT INFORMATION

SINGLE POINT OF CONTACT: All communications concerning this RFI are to be addressed in writing to the State Contact listed on the front page of this RFI. Actual or attempted contact with any other individual from the State concerning this RFI is strictly prohibited.

6.4 EXPLANATION OF EVENTS

1. Issuance of RFI

This RFI is being issued by the Agency of Human Services Contracting Office. Additional copies of the RFI can be obtained from the State Purchasing Division website (<http://bgs.vermont.gov/purchasing>) or directly from the State Contact listed on the first page..

2. Question and Answer Period

Any vendor requiring clarification of any section of this RFI or wishing to comment on any requirement of the RFI must submit specific questions in writing no later than the deadline indicated on the first page of this RFI. Questions may be e-mailed to the point of contact on the front page of this RFI. Questions or comments not raised in writing on or before the last day of the question period are thereafter waived. At the close of the question period a copy of all questions or comments and the State's responses will be posted on the State's web site <http://www.bgs.state.vt.us/pca/bids/bids.php>. Every effort will be made to post this information as soon as possible after the question period ends, contingent on the number and complexity of the questions.

3. Changes to this RFI

Any modifications to this RFI will be made in writing by the state through the issuance of an Addendum to this RFI and posted online at <http://www.bgs.state.vt.us/pca/bids/bids.php>. Verbal instructions or written instructions from any other source are not to be considered.

4. Submission of Responses

- 1.1. **CLOSING DATE:** Responses must be received by the State by the due date specified on the front page of this RFI. Late responses will not be considered.

- 1.1.1. The State may, for cause, issue an addendum to change the date and/or time when responses are due. If a change is made, the State will inform all bidders by posting at the webpage indicated on the front page of this RFI.

- 1.2. **BID DELIVERY INSTRUCTIONS:**

- 1.2.1. **ELECTRONIC:** Only electronic responses will be accepted.

- 1.2.1.1. **E-MAIL RESPONSES.** Emailed responses will be accepted. Responses will be accepted via email submission to ahs.contracts@vermont.gov. Responses must consist of a single email with a single, digitally searchable PDF attachment containing all components of the response. Multiple emails and/or multiple attachments will not be accepted. There is an attachment size limit of **40 MB**. It is the Bidder's responsibility to compress the PDF file containing its response if necessary in order to meet this size limitation.

5. Review and Evaluation of Responses

The review of responses to the RFI will be performed by AHS and their designees. The review process will take place in the weeks following the response due date. During this time, the RFI Manager or other AHS representatives may, at their option, initiate discussion with respondents for the purpose of clarifying aspects of their responses.

7. ADDITIONAL MATERIALS

Please provide any other materials, suggestions, cost, and discussion you deem appropriate.