

Solicitation Addendum

Solicitation Number: 13-DOA1677390536

Solicitation Description: Operation and Management of North Carolina State Veterans Homes

Solicitation Opening Date and Time: March 16, 2026 @ 2:00PM

Addendum Number: 3 – Vendor Questions

Addendum Date: February 25, 2026

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1. This addendum does not need to be returned.
- 2.
3. Following are questions received about the solicitation and the State’s answers to the questions.

Question #	Solicitation Section	Solicitation Subsection	Vendor Question	States Response
1	3.0	3.4.2	Will a certification letter from our CEO be sufficient to satisfy the requirement of a minimum of five (5) years of continuous experience managing or operating a licensed skilled nursing facility, assisted living facility, or state veterans home with at least 100 beds?	A certification letter from an authorized official may be included. However, vendors must provide sufficient information and documentation to demonstrate compliance with requirement.
2	3.0	3.4.2	Will a certification letter from our CEO confirming that we have successfully managed or operated facilities licensed by a state regulatory authority and certified for participation in Medicare and Medicaid be sufficient?	A letter of certification from an authorized official is acceptable, provided the vendor expressly addresses the requirements.
3	3.0	3.4.2	For the certification that the vendor has no history of license revocation, facility closure, or suspension attributable to the vendor’s management within the past five (5) years, are letters required from each state licensing authority in which we operate, or will a certification from our CEO suffice?	A letter of certification from an authorized official is acceptable, provided the vendor expressly addresses the requirements.
4	6.0	6.1	The evaluation process indicates that state agency employees will review all offers, initially classifying them as responsive or non-responsive,	Department of Administration will act as the administrative procurement office on this project and determine responsiveness of proposals ensuring the requested documentation was submitted. DMVA and

			and that an evaluation committee may request clarifications. Can you provide additional detail regarding which agency and which parties will be responsible for evaluating the bids?	the NCVAC will assign staff to be on the evaluation team. This team will review the proposals in accordance with meeting requirements and the evaluation criteria. Department of Information Technology staff will review the Vendors responses as it concerns the software proposed to ensure it meets the States requirements.
5	4.0	4.1 G	The RFP requires quarterly billing compliance reports including avg days from service to initial claim submission, denials, resubmissions etc. Are there targeted thresholds for the criteria? For example: Initial billing within XX amount of days from the service date, or denial rate below X.X%?	Please refer to 4.1.G. and RFP as issued. Any additional specifics will be determined, as needed, following award.
6	4.0	4.1 H	What does "closed within 90 days" mean operationally? The RFP references that non paying accounts be closed within 90 days, how does payment plans, or placed with collections, referred to the estate work in conjunction with the "closed within 90 days" criteria work?	A resolution of non-payment. Any additional specifics will be determined, as needed, following award.
7	4.0	4.1	Who owns the legacy AR prior to a cutover to a new vendor? Will the legacy vendor keep that AR or will the new vendor be responsible for collections of the older AR?	Any additional details or responsibility will be determined following award.
8	4.0	4.1	Who has the authority to approve Write Off's / Adjustments / and are there caps or approval tiers involved?	NCDMVA State Veterans Homes Administrative Director or NCDMVA designee.
9	4.0	4.1	Are there any non VA residents admitted into these facilities...ie: Spouse, relative of the Veteran? Are these residents handled identically to how we work with the veteran residents in regards to payers, billing etc?	The percent of the facility residents eligible for VA nursing home care must be at least 75 percent veterans except that the veteran percentage need only be more than 50 percent if the facility was constructed or renovated solely with State funds. All non-veteran residents must be spouses of veterans, or parents any of whose children died while serving in the Armed Forces.
10	2.2, 2.1	2.2, 2.1	Regarding the Fayetteville Facility (closed to residents, administratively open): (a) What IT systems, if any, must remain operational? (b) What is the expected timeline or conditions for reopening, and	No timeline has been established. Options are still under consideration.

			should the Vendor's technology proposal account for a full reopening? Similarly, for the planned Raleigh Facility, should the Vendor's technology architecture and cost proposal account for a sixth facility, and if so, what assumptions should be used for bed count and timeline?	
11	3.2	3.2.1	Should the Vendor Readiness Assessment Report (VRAR) cover the entire solution ecosystem (clinical systems, billing systems, integration layers, hosting environments), or only externally hosted SaaS components? Will the State provide a preferred shared-responsibility matrix template?	Yes, each vendor is required to complete a VRAR document and provide a SOC 2 report for review by the agency Security Liaison, agency Privacy Officer, ESRMO, Privacy Office.
12	3.2	3.2.1(b)	Will the State accept SOC 2 Type 2 reports from individual solution component vendors (e.g., one from the EHR platform, one from the cloud hosting provider) as meeting the 3rd party assessment requirement, provided each report covers the relevant data handling environment? Are consolidated risk statements across components required? Additionally, if the submitted report contains findings accompanied by a remediation plan, is that acceptable, or must the report be finding-free?	Yes, each vendor is required to complete a VRAR document and provide a SOC 2 report for review by the agency Security Liaison, agency Privacy Officer, ESRMO, Privacy Office.
13	3.2	3.2.1	The RFP requires annual security assessments using NIST 800-53 controls. For the independent 3rd party assessment report required under Section 3.2.1(b), must the assessment be explicitly mapped to NIST 800-53 controls, or does a standard framework report (SOC 2 Type 2, HITRUST, ISO 27001) satisfy this requirement without a separate 800-53 crosswalk?	The SOC 2 or ISO27001 report will satisfy the requirement.
14	3.2	3.2.1	The RFP classifies the data as High Risk. Can NCDMVA clarify which specific data elements are classified as High Risk versus Medium Risk?	All data

			Does this classification apply to all data, or only specific subsets (e.g., PHI, VA disability ratings, SSNs)?	
15	3.2	3.2.1	Does the VRAR and/or 3rd party security assessment requirement apply to the Vendor's internally developed operational tools that will handle NCSVH data, or only to the primary EHR and financial systems?	Both
16	3.2, 2.3	3.2.1(b), 2.3	The contract commences July 1, 2026 (transition period), with full operations beginning December 1, 2026. The RFP allows 365 days from the Effective Date for a preferred 3rd party assessment report. Please confirm: (a) Is any baseline security attestation (e.g., SOC 2 Type 1 or completed VRAR) required at the start of the transition period (July 1), or only by the Effective Date (December 1)? (b) Does the 365-day clock begin from July 1 or December 1?	The SOC 2 or ISO27001 report will satisfy the requirement.
17	3.3	3.3.6	For historical data migration: (a) What is the minimum number of years of historical clinical, billing, and AR data that must be migrated to the new or continuing system? (b) What data formats and transport mechanisms will the incumbent operator provide for extraction (e.g., database exports, HL7, FHIR, flat files)? (c) Will the State facilitate access to the incumbent's systems during the transition period (July 1 – November 30, 2026) for parallel-run validation?	The RFP does not specify. Any such matter will be addressed following contract award.
18	3.3	3.3.5	Does the State require minimum standards for clinical data availability during system outages—for example, read-only access to recent medication records, care plans, or physician orders? If so, what RPO and RTO targets should the Vendor's DR/BCP plan demonstrate?	Vendor should have a disaster procedures and include any processes and procedures in the RFP proposal

19	3.3	3.3.3	Which identity federation protocol does the State require (SAML 2.0, OpenID Connect)? Should the Vendor support SCIM or another automated provisioning/de-provisioning mechanism? Please confirm: (a) Is integration with NC Identity (NCID) required for Vendor-employed clinical and administrative staff, or only for State/NCDMVA personnel who access the system? (b) What are MFA expectations for clinical workstations, remote access, and privileged accounts?	No. Integration with NCID is preferred but Security Exception is required if other method is used. MFA would be required for workstations, remote access, and privileged accounts.
20	3.3	3.3.1	For the required Network Architecture and Technology Stack diagrams: (a) Should these reflect only the Vendor's proposed IT solution (EHR, accounting, reporting), or also facility-level infrastructure (network switches, Wi-Fi, nurse call systems, medical devices)? (b) Does the State expect logical-level diagrams, physical network details, cloud tenant-level segmentation, or all of the above? (c) Will the State provide recommended templates beyond what is available at the NC DIT Vendor Resources page?	(a) vendor would provide IT Solution diagram in VRAR. (b) State would expect site diagrams. (c) need to consult with Procurement team on any templates.
21	3.3, 4.1	3.3.1, 4.1.4(C)	Please confirm the supported integration mechanisms for the current MatrixCare system (e.g., APIs, HL7, FHIR, flat files). Does the State require any form of real-time data exchange between the Vendor's clinical or financial systems and NCDMVA systems or analytics platforms?	No integration, but data sharing exists via reports through a secure DMVA mechanism.
22	3.3	3.3.4	Beyond the EHR and EDI clearinghouse transactions, please confirm required interfaces for: (a) VA per diem submissions, (b) survey/inspection document exchange, (c) North Carolina Health Information Exchange (NC HealthConnex) connectivity, and (d) any State-level analytics integrations. For each, please specify whether the State requires push, pull, or	No integration, but data sharing exists via reports through a secure DMVA mechanism.

			hybrid integration models and any preferred standards (HL7, FHIR, APIs, SFTP). Does the incumbent currently maintain an active HIE connection?	
23	3.3	3.3.2	Is NCDMVA looking for a Solution Roadmap of the Vendor's EHR/technology platform specifically, or a broader operational roadmap covering clinical programs, staffing models, and technology together?	Both
24	3.3	3.3.7	Which application, infrastructure, security, and API log sources must be made available to the State for audit review? Does the State require direct API-level access to monitoring/metrics dashboards, periodic exports, or on-request delivery of observability data?	All applications must be reviewed through VRAR and third-party attestation.
25	3.3	3.3.5	Please specify the expected disaster recovery test frequency and required evidence for compliance (e.g., annual full failover, tabletop exercises, data-restore validation, RPO/RTO demonstrations). Are there State-defined success thresholds for these tests?	DMVA BCP admin would be required to include the software/vendor information into the State BCP (Business Continuity Plan) Assurance software in the 2026 DMVA BCP plan.
26	3.3	3.3.8	Is a current VPAT required as part of proposal submission, or will the State accept a VPAT plus a defined accessibility remediation roadmap? Does this requirement apply only to public-facing components, or also to internal clinical and administrative systems used exclusively by staff? How frequently must the VPAT be updated during the contract term?	The solution must meet current accessibility requirements. (WCAG) 2.1 Level AA
27	3.4, 4.1	3.4.2(G), 4.1.4(C)	The RFP states that Electronic Charting Systems "must be compatible with current resident information systems" (MatrixCare/Smart Charting). Please clarify: (a) Does "compatible" mean the Vendor must continue operating MatrixCare, or may the Vendor propose an alternative EHR provided it can migrate all data	The Agency's reference to MatrixCare reflects the current platform in use. Vendors may offer or propose alternatives, provided such systems deliver equivalent functionality and continuity of operational needs.

			from MatrixCare and be fully operational by Day 1? (b) Who holds the current MatrixCare licenses—the State or the incumbent Vendor? (c) If the incoming Vendor proposes a different EHR, will the incumbent be required to provide complete data extract packages (schemas, historical files, code tables, value sets)?	
28	3.4	3.4.4(F)	For PBJ and other federal/state quality reporting: (a) Is the Vendor expected to submit PBJ data directly to CMS, or does NCDMVA or a third party handle the actual submission? (b) What specific submission formats, transport methods, and validation steps are required? (c) Will the State provide test endpoints and acceptance criteria?	The vendor is expected to submit PBJ data directly to CMS. Whatever submission formats, transport methods, and validation steps CMS requires is expected by the vendor. The state does not provide test endpoints and acceptance criteria.
29	3.4	3.4.4(G)	Are any of the current NCSVHs currently Joint Commission (formerly JCAHO) accredited? If not, is the State expecting the incoming Vendor to pursue new accreditation, and what is the expected timeline for achieving it?	All current NCSVHs are Joint Commission (formerly JCAHO) accredited.
30	4.1	4.1.2, 4.1.6	Are any existing building systems—such as BMS/HVAC, nurse call systems, access control, CCTV, or life safety systems—network-connected? If so, what are the State's required standards for network segmentation, vendor access control, and monitoring of operational technology (OT) environments?	IoT devices should be segmented on separate network layers (VLAN)
31	4.2, 9.7	4.2(F)(2), 9.7	Upon contract termination, does the State retain all data in the system, or is the Vendor responsible for exporting and delivering data in a specified format? What is the expected IT transition process during the July 1 – November 30, 2026 transition period—will the incoming Vendor have parallel access to existing systems, and is there a specific go-live cutover date expectation?	State retains ownership to all data. Vendor must export and deliver data in industry standard format. The vendors will work together on the transition on a DMVA specified timeline.

32	4.3, 4.1	4.3.1, 4.1.4(C)	Must the Vendor's financial/accounting system integrate with any State financial systems (e.g., NCFS/SAP), or does the Vendor operate its accounting independently and submit invoices per Section 4.3.1? Additionally, if the Vendor uses a proprietary or affiliated technology platform, is that system's licensing fee subject to the related-party cost-or-market-value rule under Section 4.3.1(B)?	No. Vendors will submit invoices, applicable financial records, reports, and supporting documentation.
33	5.1	5.1(A)	Section 5.1(A) states that a third-party accounting service will review invoices. Will the Vendor need to provide direct system access or scheduled data exports to this third party?	No. Vendor will provide and upload invoices to the third-party accounting service's system as directed.
34	9.1, 4.1	9.1(A)(7), 4.1.6(A)	Please clarify the IT asset ownership boundary between the State and the Vendor: (a) Can NCDMVA provide an inventory of State-provided IT infrastructure at each facility (servers, workstations, network equipment, Wi-Fi, nurse call systems)? (b) Who is responsible for internet connectivity and network infrastructure at each facility—the State or the Vendor? (c) Are there existing network service contracts that will transfer to the incoming Vendor? (d) Are there required State standards for vulnerability management, patch cycles, or end-of-life hardware policies for State-owned equipment?	The vendor is responsible for internet connectivity and information about services will be provided during transition period. The State only provides internal phone service at some of the facilities.
35	1.	1.	For interested Vendors, can North Carolina offer a pre-bid conference to review the RFP process?	No
36	2.	2.2.	Recognizing that there are virtual tours available online for 3/5 of the NCSVHs, can a potential Vendor tour one or more Homes with a DMVA representative in advance of the Offer Deadline? If so, how can/should the potential Vendor arrange such a visit?	No

37	2.	2.2.	What is the current census/occupancy of each Home? Can you provide the occupancy % by month by Home for the past 18 months?	The agency is able to provide the information below at this time. Current census/occupancy of each home Census and Daily Occupancy % Kernersville 56 46.6% Black Mountain 81 81.0% Kinston 94 94.0% Salisbury 85 85.8%
38	2.	2.2. and 3.4.5	Can you please provide the layout and floorplans of all five Homes? Can you please include indicators of how many residents each resident room is intended to house? This is critical for describing staffing plans for each Home.	At this time, floor plans will not be provided. Bed count and unit breakdown is provided in the RFP under section 2.2.
39	2.	2.2.II.	Are the 150 beds at the Fayetteville Home private rooms? If not, and there is a mix, can you please describe the number of private and semi-private rooms in each unit?	SVH Fayetteville is currently closed. The previous beds were 150. The Agency is still evaluating options for the future of the facility.
40	2.	2.2.III.	Are the 120 beds at the Kernersville Home private rooms? If not, and there is a mix, can you please describe the number of private and semi-private rooms in each unit?	The 120 beds at the Kernersville home are private rooms.
41	2.	2.2.IV.	For the proposed Home in Wake County, can you elaborate on the progress of this NCSVH's development? Have architectural plans been created?	This facility has not been constructed and is not currently under active development.
42	2.	2.2.	Can you confirm that all 419 beds among the four operational Homes are CMS certified?	All 419 beds among the four operational homes are CMS dually certified.
43	2.	2.2.	Who is responsible for obtaining the Medicare/Medicaid Provider Number for the NCSVHs? The DMVA, or the Vendor?	The agency and Vendor work together to provide those numbers.
44	2.	2.3. and 5.1	Can you confirm whether the management fee will begin on	Operational management fee will commence on 12/1/2026, full operational

			7/1/26 at the commencement of the contract (during the initial term), or not until the contract is fully operational on 12/1/2026? If the latter (12/1/26), can you confirm that it is the DMVA's intent that the cost proposal of each potential Vendor should absorb the five months of transition costs into its overall proposed management fee for the duration of the contract? If the management fee does not start until 12/1/26, are costs reimbursed for cost incurred between 7/1 and 12/1 (e.g., transition costs, hiring costs, etc.)?	control. The RFP does not prescribe how transition cost must be structured. Vendors should propose pricing in accordance with RFP. Pricing structure will be finalized following contract award.
45	2.	2.5.	If the DMVA makes partial awards, i.e., for the management of some number of NCSVHs less than the full five Homes, will the proposed management fee of a potential Vendor be applied to each NCSVH, or will Vendors, through the negotiation process, be able to provide different management fees for each unique Home?	The percentage quoted by the Vendor will be applied to a revenue calculation unique to each facility.
46	2.	2.5.	In a multi-part award, how would regional leadership expenses be handled? Would there be a partial need for these six positions?	No overall difference.
47	3.	3.1.4.	Does this requirement include proprietary consumable products, including but not limited to paper products and chemicals (e.g., hand soap, hand sanitizer, cleaning chemicals, and laundry chemicals), all of which would require dispenser or receptacle changes and may be subject to formulary changes under a new operator?	Vendor is responsible for providing all products for the operation of the facility.
48	3.	3.2. and 3.3.	For interested Vendors, can North Carolina DIT offer a pre-bid conference to review expectations for addressing systems specific aspects of this RFP (in 3.2 and 3.3) that are unique to State Veterans Homes?	No

49	3.	3.2.	Can you please supply a list of all currently in use software systems at and for the NCSVHs?	<p>Vendor is responsible for providing all systems and software used to operate the State Veteran Homes.</p> <p>The systems transition will be discussed during transition.</p> <p>Software systems for example in use at the NCSVHs consist of the following:</p> <ul style="list-style-type: none"> -MatrixCare 360 -MatrixCare Care Assist -Referral Connect -DocuSign -Abaqis
50	3.	3.2.1.	<p>When accessed 2/11/26, the link in this section for the North Carolina Statewide Data Classification and Handling Policy returns the following message. "404: Page Not Found, Oops! We searched high and low but couldn't find the page you're looking for."</p> <p>Can you confirm that the correct, and current, policy is found here: https://it.nc.gov/documents/statewide-policies/statewide-data-classification-handling-policy/open</p>	<p>Statewide Data Classification and Handling Policy</p>
51	3.	3.2.1.	<p>The Policy listed at the link above (https://it.nc.gov/documents/statewide-policies/statewide-data-classification-handling-policy/open) states that it is only effective until 3/31/26. Can you please provide the policy that will be in effect at the commencement of this contract?</p>	<p>Statewide Data Classification and Handling Policy</p>
52	3.	3.2.1.A.	<p>For completing the VRAR, and other required information in 3.2 and 3.3., this RFP only names one system, MatrixCare. Should the Vendor assume, for all parts of 3.2. and 3.3., that the Vendor will transition via implementation the use of all of the Vendor's specific systems, for every aspect of the management of these Homes? If not, can you please elaborate on the systems that need to be</p>	<p>Available information is in the solicitation document. Additional items will be provided during the transition period.</p>

			described in section 3.2 and 3.3.?	
53	3.	3.2.1.A.	Can you provide the VRAR, or VRARs, for all of the current systems and the overall system setup at the NCSVHs?	No. Considered confidential information. Setup information will be provided during transition period.
54	3.	3.2.1.A.	Can you provide a pre-approved list of software companies and systems, i.e., companies/systems that have already been deemed "state ready" that are in use by the NCSVHs? For these systems, if the Vendor intends to use the same system(s), does the new Vendor need to complete a VRAR?	Vendor list is on evp.nc.gov Solution vendors require security assessment
55	3.	3.2.1.A.	Is a unique VRAR required for every system utilized by the Vendor? Or can the Vendor complete one VRAR for all its systems? Or, is there a specific system type / are there specific system types, that need a VRAR (for example "only systems with Veteran resident data")?	Yes, each unique system.
56	3.	3.2.1.A.	The RFP describes the software solution for NCSVHs as classified as High Risk. The VRAR (in its section #2) states that "The VRAR template is intended for systems categorized at the Moderate or Low security impact level". Is this a contradiction, or are "security impact level" and "risk" different descriptors for the NC DIT?	VRAR is required for all systems.
57	3.	3.3.1.	Using the link provided (https://it.nc.gov/resources/statewide-it-procurement/vendor-engagement-resources#Tab-Architecture-1192) there is no description or detail for the second required diagram, for "Technology Stack". Given that this diagram is required, and there is not information regarding what this should include, can you please describe further what is required for this diagram? Can you provide an example "Technology Stack" diagram?	A technology stack diagram is a visual representation of the layers of software, frameworks, databases, and infrastructure tools that support the development and operation of an application. Typically arranged from user-facing front-end components to server-side back-end systems, it illustrates the application's architecture, showing data flow, functionality, and technology dependencies.

58	3.	3.3.1.	Can you please provide the Network Architecture diagram for the current setup for the NCSVHs?	Confidential
59	3.	3.3.1.	Can you please provide the Technology Stack diagram for the current setup for the NCSVHs?	Confidential
60	3.	3.3.1.	Can you provide other publicly available examples that satisfy the requirements of this section (3.3.1.)?	https://it.nc.gov/resources/statewide-it-procurement/vendor-engagement-resources#Tab-Architecture-1192
61	3.	3.3.2.	Can you please give as much context as possible for the "Solution" as described in section 3.3.2.? In this sentence: "A Solution Roadmap defines the vision and strategic elements of the solution", can you define what is meant by "solution" in the context of this RFP for operation and management of the NCSVHs?	Solution is identified as a technology solution, including software, network and all components.
62	3.	3.3.2.	In the sentence "The Solution Roadmap is a plan of action for how a Solution will evolve over time" it is unclear what needs to evolve over time, in the context of this RFP for operation and management of the NCSVHs; can you please elaborate on what this entails, i.e., what needs to evolve?	The minimum content should include: • Vision for the solution • High-level functionality expected for each solution release into production environment • High-level timeline • Description of how customer feedback is collected and incorporated into solution enhancements Describe the solution roadmap for your product. Include content on release strategies for functionality, roadmap for technical architecture, how scalability of solution is planned.
63	3.	3.3.2.	What customers are referred to in the phase "Description of how customer feedback is collected and incorporated into solution enhancements" in the context of this RFP for the operation and management of the NCSVHs? Are the Veteran residents the customers? Is the DMVA the customer? Are the Vendor's employees that use the systems the customers?	NCDMVA is the customer and receive feedback from residents and/or responsible parties through surveys.
64	3.	3.3.2.	Can you please describe what "product" refers to in the sentence "Describe the solution roadmap for your product" in the context of this RFP for operation and management of the NCSVHs?	Related to the software and IT components.

65	3.	3.3.2.	Can you please provide publicly available examples that satisfy the requirements of this section(3.3.2.)?	Enterprise Architecture & Standards: https://it.nc.gov/services/enterprise-architecture
66	3.	3.3.2.	If we are to assume that the new Vendor should be migrating every system necessary to manage the NCSVHs to different systems, critical knowledge required to create a transition roadmap is where the new Vendor is starting from. Can you please describe the setup currently, with VRAR, diagrams, and descriptions?	The current setup contains confidential information. This will be provided to the awarded vendor during the transition period.
67	3.	3.3.2.	Does the requirement to “externalize identity and access management” apply to all systems, or only systems that meet certain security needs? For example, for systems that have personal information, but not systems that have equipment data.	https://it.nc.gov/services/enterprise-architecture
68	3.	3.3.4.	In this section, and sections 3.3.5., 3.3.6., 3.3.7., and 3.3.8., does the term “proposed solution” mean the same thing in all of these sections. What is meant by this term? Can you please provide more detail or context?	Yes, Solution is identified as a technology solution, including software, network and all components.
69	3.	3.3.4.	In this section (“Describe proposed solution capabilities to interoperate with other solutions”) what is meant by “other solutions”. Can you please provide more detail or context?	In this context, “other solutions” refers to any existing or future systems, applications, or platforms that the proposed solution may need to integrate or exchange data with. The goal is to understand how your proposed solution will communicate, share data, or work in conjunction with these other technologies.
70	3.	3.3.4. and 3.3.6.	Are there State/DMVA identity provider(s) that the Vendors should anticipate integrating with?	Will not integrate with state systems.
71	3.	3.3.4. 3.3.6.	Are there known State or Federal VA systems that the Vendor should plan to integrate with during the contract term?	NCDMVA utilizes the Tungsten system to submit 10-5588 claims to VA.
72	3.	3.3.4. and 3.3.6.	Will the State/DMVA provide a data dictionary or data quality assessment for legacy data prior to migration?	If applicable, will be provided during transition.

73	3.	3.3.6.	If, upon receiving the list of currently used systems, the Vendor does not intend to change systems, is addressing data migration in the proposal necessary, given no data migration will occur?	A description is required, even if the description includes no data migration will occur.
74	3.	3.3.8.	Are there specific uptime or SLA thresholds the State/DMVA expects vendors to meet beyond standard commercial practices?	3.3.8 relates to accessibility. Must meet requirements of (WCAG) 2.1 Level AA
75	3.	3.4.2.G. & 4.1.4.C.	Would a move to PointClickCare be acceptable by the DMVA?	The Agency's reference to MatrixCare reflects the current platform in use. Vendors may offer or propose alternatives for Agency consideration, provided such systems deliver equivalent functionality and continuity of operational needs.
76	3.	3.4.4.D.	Is there space at each NCSVH to operate an onsite pharmacy? If each NCSVH is different, can you describe available space for pharmacy operations at each?	There is currently no space for each NCSVH to operate an onsite pharmacy.
77	3.	3.4.4.D.	Is the pharmacy function currently handled onsite at each Home? Or are medications sourced externally and delivered?	The pharmacy function currently is not handled onsite at each home. Medications are sourced externally and delivered.
78	3.	3.4.4.D.	How many pharmacy staff are present in each Home?	None
79	3.	3.4.4.D.	Who owns the pharmacy registration, the DMVA, or the Vendor?	Pharmacy registration is handled by the vendor.
80	3.	3.4.4.D.	Can you please share a list of med carts and other medication storage at each Home? Can you confirm these are owned by the DMVA? If not owned by the DMVA, are they owned by the incumbent Vendor, a related party, or a subcontracted provider?	Medication storage follows all state and VA regulations and standards. Medication carts are supplied by the vendor/pharmacy.
81	3.	3.4.4.D.	Can you share the serial numbers of the medications carts in each Home?	There are various serial numbers. This information will be provided following award.
82	3.	3.4.4.D.	How many respiratory carts are there, per Home?	Each home has crash carts on each household.
83	3.	3.4.4.D.	How many wound care carts are there, per Home?	NCVA Salisbury – 2 wound carts; 2 crash carts NCVA Black Mountain – 4 wound carts; 4 crash carts

				NCVA Kernersville – 9 wound carts; 4 crash carts NCVA Kinston – 4 wound carts; 4 crash carts
84	3.	3.4.4.D	Are there automated medication filling machines at each NCSVH, or EKITS? Can you describe these at each Home, if so?	Each home is equipped with one PYXIS Med Bank, an IV kit including IV supplies and fluids, and a refrigerator kit including various insulins and promethazine suppositories.
85	3.	3.4.4.D.	If pharmacy services are not fulfilled onsite, how many pharmacy deliveries do you have per week in each Home?	Each home has a delivery once per day, six days per week Monday through Saturday.
86	3.	3.4.4.D.	What is the current process for onsite narcotic destruction?	Controlled substance destruction occurs onsite utilizing waste kiosks under the oversight of the pharmacy.
87	3.	3.4.4.D.	On average, how many prescriptions are there per resident, at each Home?	Any additional information will be provided during the transition.
88	3.	3.4.4.D.	Do eligible Veterans get their medications from the VA of jurisdiction? What is that process?	Eligible veterans receive their medications from VA of jurisdiction per VA standards and requirements.
89	3.	3.4.4.D.	Can you provide the current pricing schedule for medications?	Pricing schedule for medications varies.
90	3.	3.4.4.D.	Can you share the total annual pharmacy spend of each Home?	No. Information will be provided during the transition.
91	3.	3.4.4.D.	Do the Homes provide IV services? Who do they receive IV services from?	Salisbury – None currently but have the capability to provide them. Black Mountain – IV services are offered in-house. A peripheral is completed by the home's staff, and midlines are completed by National Mobile X-Ray. Kernersville – IV services are offered via Mobile Images. NCVA Kinston IV services are offered by staff.
92	3.	3.4.4.D.	Who provides vaccinations in each Home?	Licensed clinical contracted staff provides vaccinations in each home.
93	3.	3.4.4.D.	Do you have 24-hour pharmacy service and delivery, for each Home?	Yes, all homes can access 24-hour pharmacy services and delivery.

94	3.	3.4.4.D.	Does the pharmacy have e-prescribing?	Yes, the pharmacy has e-prescribing via MatrixCare as well as via SureScripts.
95	3.	3.4.4.D.	Do the NCSVHs refill on demand or on a cycle fill cadence?	All routine tablets and capsules have a standard 7-day cycle, but refill on demand is available for bulk medications and controls.
96	3.	3.4.4.D.	Who handles part B billing (e.g., flu vaccines, or any CMS recommended vaccinations)?	Vendor is responsible for billing.
97	3.	3.4.4.H.	Are the current Registered Dieticians contracted employees?	The current Registered Dieticians are contracted employees.
98	3.	3.4.4.H.	What is the meal delivery system currently in use in each Home?	The contracted vendor is required to maintain meal delivery system currently in use in each home based on the guidelines set by CMS and VA standards/regulations.
99	3.	3.4.5.	Is it the DMVA's intent for proposals to include resumes of specific individuals that will be employed by the contractor for each NCSVH, or representative resumes? If specific individuals, can the DMVA confirm that public posting of job listings in advance of the contract start date will not be an inconvenience to the state/DMVA? We have found that this can cause disruption and anxiety among current staff.	Vendor shall provide in its response to 3.4.5 professional personnel of the Vendor. Vendor can issue job descriptions at its own discretion.
100	3.	3.4.5.	When the RFP calls for the Vendor to provide "information as to the key personnel..." and "Additionally, describe the structure..." Is this proposal requirement intended to describe the structure at each specific NCSVH, or the structure for the entire state-wide staffing plan, inclusive of the management team as described in 4.1.4.A., or both? Is the DMVA soliciting alternative structures to the management team described in 4.1.4.A., or structures that	Yes. Vendors describe a staffing plan for each facility. Vendor shall follow all State and VA requirements when completing their plan.

			augment the six-person Regional Support Team?	
101	3.	3.4.5.	Can the DMVA provide current staffing plan per Home, by FTEs, by job type?	No. Current vendor is responsible for staffing.
102	3.	3.4.5.	Is there currently "agency" staff (i.e. temporarily labor) in the Homes? If yes, can you describe the agency spend per Home and by departments and what the current percentage of the personnel is agency (either by FTE or by cost)?	There is no agency staff or temporarily labor staff in the homes.
103	3.	3.4.5.	Do any of the facilities currently participate in the Nurse Grant programs?	Not at this time.
104	3.	3.4.5.	Are the floor staff currently working 8-hour or 12-hour shifts? Do they employ medication aides at this time?	Floor staff currently work 8 hour and 12 hour shifts. The homes do not employ medication aides.
105	4.	4.1.1.A.	For the Fayetteville location, it is understood that the contractor is required to provide an administrator. Since this Home produces no revenue, will this cost be reimbursable?	Vendor is required to have Administrator's license on record as required for the Fayetteville home. All administrators will be treated the same across all homes. Further information and discussions during the transition.
106	4.	4.1.1.A.	Is security required to be employed by the Vendor? Is it required to be armed security (which can impact liability and insurance)?	Security is not required to be employed by the vendor.
107	4.	4.1.1.D.	Can the DMVA describe the currently in place transfer agreements and sharing agreements? Are there any agreements that have been proposed, but that a Veteran Affairs Medical Center (or other facilities) have not yet completed? If so, how long has the unsigned agreement been outstanding, and what care gaps does it present?	All current SVHs have transfer agreements. The vendor is responsible for obtaining a written transfer agreement with one or more hospitals that reasonably assures that (i) Residents will be transferred from the nursing home to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the primary physician; and (ii) Medical and other information needed for care and treatment of residents, and, when the transferring facility deems it appropriate, for determining whether such residents can be adequately cared for in a less expensive setting than either the nursing home or the hospital, will be exchanged between the institutions. (2) The facility is considered to have a transfer agreement in effect if the facility has an agreement with a hospital sufficiently close to the facility.

108	4.	4.1.1.1.H.	Can you please supply the handbook referenced in 4.1.1.1.H, or a link to it. We could not find one available online.	The referenced NCSVH handbook was in error. There is currently no NCSVH handbook.
109	4.	4.1.1.K. and 4.2.G.8.	Is there an opportunity for amending the operating budget based on newly discovered facts based on transition?	Agency would consider amendments on an as needed basis.
110	4.	4.1.1.1.N.	Can you share a catalog of all vehicles, in totality and specific to each location (including vehicles such as golf carts), with useful life, mileage, and age?	No catalog available. No golf carts at any of the homes. Kernersville- 5 passenger truck w/log, 10 passenger bus w/log Kinston- 2 trucks, one 3 passenger and the other 5 passenger 3 buses- 10 passengers (6 seated and two wheelchairs. Ages and mileage logs maintained, usage life not determined Black Mountain- two 16 passenger mini vans and 3 trucks, logs maintained Salisbury- one 20 passenger van and 8 passenger that is configured for 6 with a ramp and wheelchair, logs maintained.
111	4.	4.1.1.1.N.	Where are the two 20-passenger vehicles located, and are they assigned or used for specific NCSVHs?	Salisbury is the SVH with a 20-passenger bus. They are not assigned or used for any specific NCSVHs.
112	4.	4.1.1.1.N.	Do all drivers need to be CDL certified?	No.
113	4.	4.1.1.1.N.	Does the DMVA intend or expect to expand its operational fleet during the course of the contract, requiring additional CDL certified drivers?	NCDMVA does not require CDL certified drivers.
114	4.	4.1.1 Z.	What are the current mealtimes for residents? This would assist in staffing pattern proposals.	Vendor employees are required to ensure each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and the availability of breakfast the following day. The facility staff must offer snacks at bedtime daily. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day.
115	4.	4.1.2.	Is there a current required maintenance system(s) in place and if so, what is the system?	The vendor is required to have a maintenance team and a Maintenance Director at each home.

116	4.	4.1.2.A.	Can you provide a list of significant capital equipment by Home, with age and lifespan? Also, can you share any significant equipment that is nearing its end of life or has known deficiencies requiring repair or replacement?	Not at this time. Will be shared following award.
117	4.	4.1.2.A.	Can you please identify any equipment currently leased by the Homes or the current operator for daily operations, routine maintenance, or patient care. This includes any equipment that supports the general functioning of the Homes, staff operations, and the overall healthcare and well-being of residents. If applicable, provide details regarding the lease terms and the duration of these leases.	Not at this time. Will be shared during transition.
118	4.	4.1.2.A.	Which equipment will not be transferred to the new contractor's use upon contract commencement that is currently in use, and what specific equipment is expected to be replaced or renewed to ensure seamless continuity of care for residents, as well as the completion of routine Home maintenance and cleaning?	Not at this time, will be shared during transition.
119	4.	4.1.2.A. & 3.4.4.H.	Can you please provide the age and operating status of the equipment in the kitchens at all four Homes that house residents.	All equipment in the kitchen within the homes are based on purchase date and warranties. Equipment is maintained and surveyed annually by all regulatory agencies.
120	4.	4.1.2.B.	Is the current landscaping handled by Vendor employees or a third-party contractor?	Current landscaping is handled by vendor employees and third-party contractors.
121	4.	4.1.2.	Are the utilities; electrical, water, sewage, television(cable/satellite) under the Agency name or the Vendor?	Utilities are under the SVH name/agency.
122	4.	4.1.2.	Are utilities, Electrical, Water, Sewage, Television/cable payment the direct responsibility of the Agency or the Vendor?	Utilities payments are the responsibility of the vendor.
123	4.	4.1.2.H.	Understanding that the Vendor coordinates with contractors, are repairs and renovations to be overseen and fully managed	Vendor manages and employs a Regional Environmental Consultant as well as a Maintenance Director and maintenance team for each home who are responsible

			by the Vendor, by the DMVA, or by another NC agency? I.e., who is ultimately responsibility for larger capital improvements considered as "Projects"? How does this apply to the potential solutions or improvements for making the Fayetteville Home operational?	for the day-to-day repairs. Capital projects for the SVHs are followed up with NCDMVA Capital Project Coordinator.
124	4.	4.1.2.H. & 8.11	Is it the intent of the DMVA that the Vendor manage NCSVH projects as "Project Manager", including new equipment installation and equipment replacement (as cited above)? Or, are there some project that the DMVA or another NC Agency will be the project manager for?	Yes, Vendor will act as the Project Manager
125	4.	4.1.2.H. and 8.11	What are the projects planned or in-progress for fiscal 2026 and 2027?	Any new or planned projects will be shared following award.
126	4.	4.1.2.H. and 2.2	Are there any current or expected capital projects that will disrupt Home capacity of bed counts? If so, can you share the Homes and bed counts? Will consideration be awarded to the Vendor for the impact of this reduction in beds to revenue?	Any current or expected capital projects will be shared following award.
127	4.	4.1.2.H	The DMVA currently lists significant open projects per its FY24-FY25 Annual Report, some over \$1M. For projects like these, will the Vendor be responsible for costs and then reimbursed, or will these project expenses be directly paid by the DMVA?	Depends on the type of project. This will be determined in coordination with the agency.
128	4.	4.1.3.	Aside from the reporting requirements described in 4.2 and specifically 4.2.G. with the Contract Manager, does the DMVA have a prescribed manner in which the Vendor should work with the State Veterans Home Operations Director and/or other Department level NCSVH leadership personnel?	Vendors are required to follow all state and federal guidelines. Meetings, SVH updates will be ongoing with the State Veterans Home Operations Director and/or other department level NCDMVA leadership personnel.
129	4.	4.1.4.D.	How is the wait list at each Home maintained / marketed (owner-driven, or operator-driven)?	Currently, the homes do not have a wait list. All referrals, and marketing is the responsibility of the vendor employees.

130	4.	4.2.F.	If resident records are stored in cloud-based software systems, do records need to also be printed and maintained onsite? Or, can onsite access to these records electronically suffice for the requirements of 4.2.F.?	Vendor shall follow standard requirements for patient record storage and retention.
131	4.	4.2.F.	Does billing include preparing and submitting VA 10-5588, as the responsibility of the operator?	Submitting the 10-5588 will be the responsibility of the VSO
132	4.	4.2.G.8.	For budgets, will they need to be completed on the state's FY or the Federal FY?	State FY
133	4.	4.2.G.	Are the "Contractor Administrator" and "Contract Manager" the same person?	Please refer to section 9.2.
134	4.	4.2.G.8.	Are there any third party service agreement contracts that are known and required by DMVA that are not currently in place with the current Vendor that would change operational costs?	Not at this time.
135	4.	4.2.N.	4.2.N references section 4.2. Does this intend to reference section 5.1 or 5.2? Or a different section?	This should reference section 5.0
136	4.	4.2.O.	Can you clarify when the DMVA will provide an inventory list, i.e., within 30 days of what milestone?	Within 30 days of the Vendor's full assumption of operational responsibility.
137	4.	4.3.1.A and 5.1.C.	Both sections 4.3.1.A and 5.1.C. reference Appendix A. Checking the Ariba Sourcing tool, a document titled Appendix A is not available. Can you please provide?	Appendix A sample invoice and income statement are attached in Ariba and available for view through eVP: https://evp.nc.gov/solicitations/details/?id=d8e819f3-4ffc-f011-8407-001dd803db57
138	4.	4.3.1.B	If a long term care pharmacy (i.e., an offsite, semi-automated, central location) that is a "related party" is leveraged to supply medications to the NCSVHs, can you define how actual costs should be derived, in the event that a material portion of the costs to fulfill dispensing of these medications is in the overhead costs of automated machinery (reducing direct labor costs), personnel costs at the LTC pharmacy facility, and	Vendor is responsible for all pharmacy protocols with any offsite pharmacies and costs are determined by resident care.

			the facility overhead to house such machinery and team?	
139	4.	4.3.2. & 4.3.3.	Can you further describe the nature of the timing of an incentive award or penalty? Is net revenue for a full year? How and when would this be applied? For example, if a NCSVH receives a deficiency free survey on April 15th of 2027, when would this be applied (i.e., credited to the Vendor), and for what period of net revenue would it be applied to? Will the contractor receive the adjustment for the remainder of the survey period or only for the one month following?	Refer to RFP section 4.3.2 and 4.3.3
140	4.	4.3.3.	Relating to 4.1.2. (maintenance and capital projects), if the DMVA or other state agency is responsible for a repair or capital project, and the project (or the project's team) results in a finding on a survey that would merit a penalty per 4.3.3., will this penalty be waived because the causation is out of the Vendor's control?	Vendor will not be penalized for state agency responsibility.
141	5.	5.1.A.	Of the following, which would be excluded from "Qualified Expenses," if any? Legal Expenses in relation to Residents, Interim/Agency Staffing Cost, Recruiting Fees, Employee Appreciation Cost (annual Banquet, nurses week), allocations of software cost and/or implementation cost, allocations for workers comp and health insurance.	Determined on case-by-case basis. Please refer to 5.1.A.
142	5.	5.1.A.	Who determines the third-party accounting service?	NCDMVA
143	5.	5.1.A.	Outside of the annual budget process, are pay raises necessary from market trends subject to approval by the DMVA (for example, for raises that are necessary to fill positions that have been vacant for a period of time)?	Anything outside of the set budget will need to be approved by NCDMVA.
144	5.	5.1.	We would appreciate clarity on the cost reimbursement and management fee model, using an example. If the management	Please reference Section 5.1 for proposal. Management fee is verified by a NCDMVA designated 3rd- party CPA firm based on

			fee was 15%, and the NCSVH's received \$20M in revenues (assume all from Medicare), and the Vendor spent \$21M in operational costs directly for the Homes excluding the cost of Administrators, and the Vendor spent an additional \$0.6M in costs for the administrators and regional leadership team members; what would be the value of costs that the Vendor would be reimbursed for? What would the Vendor's management fee be?	revenues, any required leadership roles and percentage referenced in the RFP.
145	5.	5.1.	To further the example, if the management fee was 15%, and the NCSVH's received \$20M in revenues, \$12M from Medicare and \$8M from VA paid prevailing rate per diem, and the Vendor spent \$21M in operational costs directly for the Homes excluding cost of Administrators, and the Vendor spent \$0.6M in costs of the administrators and regional leadership team members; what would be the value of costs that the Vendor would be reimbursed for? What would the Vendor's management fee be?	Please reference Section 5.1 for proposal. Management fee is verified by a NCDMVA designated 3rd- party CPA firm based on revenues, any required leadership roles and percentage referenced in the RFP.
146	5.	5.1.	If the DMVA deems that there are other examples that better illustrate the cost reimbursement and management fee model that you can provide, can you please provide with values and the ultimate cost the Vendor is reimbursed for and the value of the management fee?	N/A
147	5.	5.1.B.	Who is the recipient of the payment generated by the form 10-5588, Contracting Agent or State?	State
148	5.	5.1.B.	Can you give all examples of "any federal per diem that would be paid directly to the Contracting Agent?"	N/A
149	5.	5.1.B.	If, in coordination with or at the request of the DMVA, the Vendor determines that an additional regional support	Further consideration will be given based on need.

			team member(s) is/are necessary, will this position(s)'s expenses be eligible as claimed expenses?	
150	5.	5.1.B.	Language in this section states: "Actual revenue information shall be provided based on the past year. Use a disclaimer on Information based on history." Is this RFP drafting language? Can you please provide previous actual revenue information, for each Home, for the past three calendar or fiscal years?	Please refer to the SAMPLE PAY SOURCES to assist in calculating the estimated revenue to determine the percentage of management fee.
151	5.	5.1.B. (and 2.2)	Resident distribution. Can you describe how many Veteran residents are 70% or more service connected disabled at each Home, currently?	Salisbury – 16 service connected; 69 non-service connected Kernersville – 27 service connected; 9 non-service connected Black Mountain – 31 service connected; 44 non-service connected Kinston – 90 service connected; 4 non-service connected
152	5.	5.1.B.	What portion of the daily rate paid is by a non-70% or greater service-connected resident?	Daily rates may vary based on VA determination regarding VA level or service connection.
153	5.	5.1.B.	Does the Vendor receive any revenue if a room has been removed from service by the DMVA due to a Capital project?	No
154	6.	6.2.	Can you give or describe the weightings that will be given to the evaluation criteria #1-5?	This is a Best Value procurement. No weightings will be assigned.
155	6.	6.2.#2.	This evaluation criteria (#2) describes comparison to other Vendors. Is this comparison based on quality (of criteria #1), or cost (of criteria #3), or based on some other comparison, or at the Veterans' Affairs Commission's discretion of both quality and cost? Is there a formulaic comparison, and if so, can you share?	The offers will be evaluated per the evaluation criteria where the evaluation team notes strengths and weaknesses of each vendors responses and then compare each offer and justify narratively where the recommended Vendor provides the State the best overall solution in consideration of all factors.
156	6.	6.2.	Will the Veterans' Affairs Commission use a particular scoring rubric for each criteria, and if so, can you share?	No. Please see answer to question 154 & 155
157	7.	7.3.2.E.	Detailed project timeline. The RFP does not explicitly call for a description of a transition plan. Is the detailed project	The project timeline should outline vendor's anticipated sequencing of activities under the RFP.

			timeline of 7.3.2.E. intended to request a transition plan as part of a Vendor's proposal? Or, alternatively, can you describe what is intended by the request of a detailed project plan in 7.3.2.E.?	
158	8.	8.2.A.	What does the DMVA consider an indicator for the ability to maintain \$18,000,000 in "excess Cash Flow"?	Any supporting documentation that reflects a balance of \$18,000,000 and ability to maintain (e.g., bank, income cash flow statements, balance sheet, tax returns).
159	8.	8.11.	Can the Agency better define the role of the "Project Manager" to be employed by the Vendor? Can the project manager and maintenance director for each location be the same individual or does this position need to cover all locations?	Vendor project manager is the individual designated to serve as a primary point of contact for vendor's work.
160	8.	8.13.	Recycling – What are the requirements for recycling outlined in this section? Are there any mandatory requirements for recycling?	The RFP references the State's policy encouraging recycling and source reduction where feasible and practicable. No requirements beyond what is stated in RFP.
161	8.	8.14.1.A.b. 2.c.	Can you please share a list of open worker's compensation claims?	Vendors should base proposals on the information provided in the RFP.
162	8.	8.14.1.A.b. 2.c.	Can the Vendor include any work restrictions required to be accommodated for the open claims?	The question is unclear. Vendors should base proposals on the requirements set for in the RFP.
163	9.	9.1.A.8.	Regarding mutually agreed upon purchases of capital equipment by the Vendor, in which the Vendor would purchase and then be reimbursed, generally, in advance of discussions to coordinate, is there an expected maximum value or threshold for these purchases? Or, will it always be a mutually agreeable value. Often for convenience of procurement?	This will be determined as needed. Generally, a CER is required over \$500.
164	3 RFP Requirements and Specifications	Subsection 3.4 Proposal Requirements and Specifications, Subsection 3.4.5,	Section 3.4.5, Staffing Plan states that the Vendor shall provide information as to the key personnel assigned, including resumes of all executive, managerial, legal, and professional personnel to be assigned to NCSVHs. Please confirm that, in addition	Confirming, in addition to the Vendor's corporate/executive key personnel, resumes for the following Regional Support Team and Facility-Level Key Personnel positions are required: Regional Senior Nurse Consultant Regional Finance Director Regional Area Vice President Regional Admission Coordinator

		Staffing Plan	<p>to the Vendor's corporate/executive key personnel, resumes for the following Regional Support Team and Facility-Level Key Personnel positions are required:</p> <p>Regional Director of Nursing Regional Finance Director Regional Vice President Regional Admission Coordinator Regional Environmental Consultant Regional Clinical Reimbursement Consultant Administrator (one resume per operational facility) Security Director (one resume per operational facility) Director of Social Work (one resume per operational facility) Psychology Director (one resume per operational facility) Director of Nursing (one resume per operational facility) Facility Plant Manager (one resume per operational facility) Activities Director (one resume per operational facility) Quality Improvement Director (one resume per operational facility)</p>	<p>Regional Environmental Consultant Regional Clinical Reimbursement Consultant Administrator (one resume per operational facility) LCSW/Director of Social Worker (one resume per operational facility) Director of Nursing (one resume per operational facility) Facility Maintenance Director (one resume per operational facility) Activities Director (one resume per operational facility) Quality Improvement Director (one resume per operational facility)</p>
165	3 RFP Requirements and Specifications	Subsection 3.4 Proposal Requirements and Specifications, Subsection 3.4.5, Staffing Plan	Given that the Fayetteville NCSVH is currently closed to residents but remains administratively open, please confirm whether the Vendor is required to submit a staffing plan and organizational chart for the Fayetteville facility as part of the proposal submission.	Yes
166	2 Purpose of RFP	Subsection 2.2, Background; II, Fayetteville	<p>Please clarify what is meant by the Fayetteville facility being "administratively open but not operationally open." Specifically, what administrative, regulatory, or operational functions are expected to continue during this status?</p>	There are currently no veterans or staff in the home. The home is officially closed for operations. However, the home is Administratively open due to a licensed administrator is on record as the license for the home is still current.
167	2 Purpose of RFP	Subsection 2.2, Background	Please identify which staffing positions are currently filled and actively working at the	Currently a licensed nursing home Administrator of record is staffed by

		d; II, Fayetteville	Fayetteville facility while it is administratively open.	vendor. A Veteran Service Officer employed by DMVA is staffed as well.
168	2 Purpose of RFP	Subsection 2.2, Background; II, Fayetteville	Is the Fayetteville NCSVH planned to reopen to residents during the term of this contract? If so, is there an estimated or target reopening timeframe that Vendors should consider for staffing and transition planning purposes?	No final decision has been made at this time.
169	7 Vendor Information and Instructions	Subsection 7.3 Instructions for Offer Submission, Subsection 7.3.2 Offer Organization	Please confirm whether pricing should be included within the technical proposal or submitted as a separate cost proposal document, consistent with the Offer Organization requirements.	Please refer to Section 7.3.2. Offer Organization
170	7 Vendor Information and Instructions	Subsection 7.3 Instructions for Offer Submission, Subsection 7.3.2 Offer Organization	Section 7.3.2, Offer Organization references inclusion of the solicitation document. Please confirm whether Vendors are required to include the entire solicitation document within the proposal submission, or if this reference is intended only to guide proposal organization.	Yes Vendor should return the fully executed solicitation document.
171	3 RFP Requirements and Specifications; 7 Vendor Information and Instructions	Subsection 7.3.2(E), Architecture Diagrams; Section 3.3.1, Architecture Diagrams	Section 3.3.2 references submission of a Solution Roadmap, and Section 7.3.2(E) references a Detailed Project Timeline. Please confirm that this requirement is not applicable to this solicitation since the Government is providing the facilities.	Solution roadmap is related to software and architecture. We require a review of the solution architectural diagrams during VRAR review. Enterprise Architecture & Standards: https://it.nc.gov/services/enterprise-architecture
172	3 RFP Requirements and Specifications; 7 Vendor Information and Instructions	Subsection 3.3.2, Solution Roadmap; Section 7.3.2(E), Detailed Project Timeline	Please confirm whether the proposal should be organized strictly in accordance with Section 7.3.2 (Offer Organization) or Section 3.4 (Proposal Requirements and Specifications).	Section 7.3.2
173	3 RFP Requirements and Specifications; 7 Vendor Information	Subsection 3.4, Proposal Requirements and Specifications; Section 7.3.2, Offer	Please confirm whether the proposal should be organized strictly in accordance with Section 7.3.2 (Offer Organization) or Section 3.4 (Proposal Requirements and Specifications).	Section 7.3.2.

	and Instructions	Organization		
174	4 Scope of Services	Subsection 4.1.4, F, JCAHO	Please confirm which of the five facilities currently have JCAHO accreditation?	Black Mountain, Salisbury, Kernersville and Kinston have JCAHO accreditation.
175	4 Scope of Services	Subsection 4.1.4, F, JCAHO	If any of the facilities are not currently JCAHO accredited, will the Vendor be required to achieve accreditation?	Fayetteville due to closure is not currently JCAHO accredited. The vendor will be required to achieve accreditation once reopened.
176	4 Scope of Services	N/A	Do each of the facilities have an onsite pharmacy?	None of the homes have an onsite pharmacy.
177	4 Scope of Services	Subsection 4.1.1, C, Medical Director	Does the current operator employ the Medical Directors at each facility, or are they contracted positions?	Yes, the current vendor contracts the Medical Directors at each of the homes.
178	4 Scope of Services	Subsection 4.1.1, T, Therapy	Does the current operator contract therapy services at each of the facilities?	Yes, the current vendor contracts therapy services at each of the homes.
179	Census Data – Black Mountain	N/A	Please provide the average daily census at the Black Mountain Facility.	Black Mountain- average daily census-57
180	Census Data – Black Mountain	N/A	Please provide the breakdown of service-connected versus non-service-connected residents for the Black Mountain Facility.	Black Mountain – 31 service connected; 44 non-service connected
181	Daily Rate – Black Mountain	N/A	Please provide the current daily rate for the Black Mountain Facility.	Please refer to RFP section 5.1 Offer Cost
182	Census Data - Kernersville	N/A	Please provide the average daily census at the Kernersville Facility.	Kernersville – 57 average daily census-
183	Census Data - Kernersville	N/A	Please provide the breakdown of service-connected versus non-service-connected residents for the Kernersville Facility.	Kernersville – 27 service connected; 9 non-service connected
184	Daily Rate - Kernersville	N/A	Please provide the current daily rate for the Kernersville Facility.	Please refer to RFP section 5.1 Offer Cost
185	Census Data - Kinston	N/A	Please provide the average daily census at the Kinston Facility.	Kinston- average daily census-96
186	Census Data - Kinston	N/A	Please provide the breakdown of service-connected versus non-service-connected	Kinston – 90 service connected; 4 non-service connected

			residents for the Kinston Facility.	
187	Daily Rate - Kinston	N/A	Please provide the current daily rate for the Kinston Facility.	Please refer to RFP section 5.1 Offer Cost
188	Census Data - Sailsbury		Please provide the average daily census at the Sailsbury Facility.	Salisbury- average daily census-79
189	Census Data - Sailsbury		Please provide the breakdown of service-connected versus non-service-connected residents for the Sailsbury Facility.	Salisbury – 16 service connected; 69 non-service connected
190	Daily Rate - Sailsbury		Please provide the current daily rate for the Sailsbury Facility.	Please refer to RFP section 5.1 Offer Cost
191	4 Scope of Services	Section 4.1.1.A	“NCDMVA requires a minimum average of at least 4.25 hours of nursing services per resident per day to meet the needs of the residents.” Is this direct care (Nurses, CNAs) or total nursing?	Direct care hours.
192	Floor Plans	N/A	As site visits are not currently being offered as part of this procurement, please provide the most current available floor plans for each North Carolina State Veterans Home facility, including Fayetteville. Access to floor plans will assist in developing accurate staffing models, environmental services planning, life safety considerations, and operational transition planning.	At this time, floor plans will not be provided.
193	4 Scope of Services	Section 4.1.4.C	Current operator uses MatrixCare for the EHR and accounting. Would the department be amenable to transitioning to Point Click Care (the industry standard), with the assumption that current records in MatrixCare would transfer to PCC?	The Agency’s reference to MatrixCare reflects the current platform in use. Vendors may offer or propose alternatives for consideration, provided such systems deliver equivalent functionality and continuity of operational needs. It must comply with state security requirements and will require architectural review. Enterprise Architecture & Standards: https://it.nc.gov/services/enterprise-architecture
194	4 Scope of Services	Bad Debt	Would existing bad debt be the responsibility of the current operator, or will these balances carry over to a new operator?	Unless otherwise specified, previous bad debt will not be responsibility of a new vendor. Any additional specifics will be determined, as needed, following award.

195	4 Scope of Services	Section 4.1.1.N	Regarding the two 20-passenger vans that require a CDL, where are the vehicles located?	N/A
196	7	7.32	Section 7.3.2 states that the offer should be organized and indexed such that item (a) consists of a single PDF containing the Signed Execution Page and all pages of the solicitation document, including completed Attachments A–H, followed by item (b) Vendor Response to Specifications and Requirements, and items (c)–(g) as listed. Please confirm that Attachments A–H are required to be included only within the single solicitation document PDF described in item (a) and are not required to be duplicated or re-presented within the Vendor Response to Specifications and Requirements, and that the narrative response should begin with item (b) after submission of the solicitation document PDF.	<p>Within the Ariba sourcing tool section 5 “vendor Response” consists of multiple sections to upload the preproposal:</p> <p>5.1 Vendor shall upload a Signed and Completed version of the solicitation document found in Section 3 of the Sourcing Event here. Vendor is advised to confirm that it has reviewed and provided all requested information as applicable</p> <p>5.2 Vendor shall upload file(s) that contains its complete offer with all applicable contents as specified in the Proposal Content and Organization section of the solicitation.</p> <p>5.3 Vendor may upload any Appendix materials that it feels may improve the quality of its responses.</p> <p>5.4 Vendor shall upload Financial Statements as requested in RFP section 8.2.</p> <p>5.5 Vendor shall upload Security Vendor Readiness Assessment Report (VRAR) and Architecture Diagrams</p>
197	7	7.32	Section 7.32 states that vendors must submit “Signed Execution Page AND all pages of this solicitation document in ONE (1) PDF,” including Attachments A–H, and separately submit the Vendor Response to Specifications and Requirements and other listed materials. Please confirm that this requirement means vendors are to upload the solicitation document as issued, with all required execution pages, forms, certifications, and the Cost Form completed and signed as applicable, as a single PDF, and that technical and narrative responses to specifications are to be submitted as separate proposal documents and not embedded within the solicitation document itself.	See answer to Question 196
198	7	7.32	Section 7.3.2 states that “all discussion of offered costs,	Correct. This should reference section 5.0, Cost of Vendor’s Offer.

			<p>rates, or expenses must be presented in Section 4.0, Cost of the Vendor's Offer." However, the solicitation identifies Section 5.0 as the Cost of the Vendor's Offer, while Section 4.0 addresses the Scope of Services. Please confirm that the reference to Section 4.0 in Section 7.3.2 is intended to refer to Section 5.0.</p>	<p>The reference to section to 4.0 in 7.3.2. is in error.</p>
199	7	7.32	<p>Section 7.3.2 identifies item (b) as the "Vendor Response to Specifications and Requirements." Please confirm that item (b) is intended to include the Vendor's narrative responses to Sections 3, 4, and 5 of the RFP, including all specifications, scope of services, and cost-related narrative requirements (excluding the completed Cost Form), and that these responses should be organized in the same order as the applicable RFP sections.</p>	<p>Yes. Please refer to section 7.3.2.</p>
200	8	8.2	<p>Please confirm where the Vendor should present the narrative response addressing the requirements of Section 8.2, including explanation of financial stability, liquidity, and ability to operate without reimbursement—specifically, whether this narrative should be included within item (b) "Vendor Response to Specifications and Requirements," and if so, under which section of the response.</p>	<p>Within item (b). Please refer to section 7.3.2.</p>
201	Attachment 8	8.2	<p>Attachment H provides instructions to provide responses in gray-shaded boxes and submit the completed form as an Excel file with its offer. To ensure full compliance with submission requirements, please clarify:</p> <p>Should Vendors recreate the PDF page (including gray-shaded response boxes) in Excel and submit the entire Attachment H as a single Excel file?</p> <p>Alternatively, should the PDF</p>	<p>Attachment H must be completed, however it does not need to be returned as a sperate excel file.</p>

			<p>portion be completed in its native format and submitted as part of the signed solicitation PDF, with only the Balance Sheet submitted in Excel?</p> <p>If the State intends for Attachment H to be submitted entirely in Excel format, will a fillable Excel version of the full Attachment H be provided?</p>	
202	3	3.2.1.a.; 7.3.2.c.	<p>Section 2.2.2 Non-State VRAR Report: For solutions utilizing a third-party, cloud-hosted SaaS platform not managed by the Vendor, should the data flow diagram depict only the Vendor-controlled system boundary (e.g., endpoints and network transmission) with the SaaS platform identified as an external system, or must it include the detailed internal infrastructure of the SaaS provider?</p>	<p>The SaaS provider should have a separate security attestation, and the solution should have its attestation.</p>
203	5	5.1.B	<p>Section 5.1.B, the RFP states that the management fee percentage will be applied to a facility-specific revenue calculation beginning with "Net Revenue," and further reduced by VA federal per diem paid to the Contracting Agency, bad debt carried by the Vendor, and Medicare/Medicaid billing denials, with prior-year cost report settlements excluded. The RFP also defines Net Revenue as Gross Revenue less the difference between the standard room charge and the amount paid by a payor. Attachment D similarly references net revenues (gross revenues less contractual) for management fees.</p> <p>Question: For purposes of monthly invoice calculation and auditability, please confirm the State's intended definitions and calculation methodology for:</p> <ol style="list-style-type: none"> 1. Gross Revenue and Net Revenue (including what specific items constitute "contractual" adjustments/allowances), and 2. The timing and treatment of Medicare/Medicaid denials and 	<p>Please refer to section 5.1.B.</p>

			bad debt in the management-fee base (e.g., whether applied in the month of service, month of denial/write-off, or month posted), including how/if fee-base true-ups will occur when denials are later overturned or recovered	
204	5	5.2	<p>Section 5.2 Payment Schedule – Deliverables/Acceptance and Invoice Package Components (RFP Sections 5.2, 4.3.1, Attachment B–Payment Terms/Acceptance, and Appendix A/Sample Invoice) Question: For Section 5.2 Payment Schedule, please confirm what the State considers the “Deliverable(s)” whose acceptance triggers payment for (a) reimbursable qualified expenses and (b) the management fee. Specifically:</p> <ol style="list-style-type: none"> 1. Should Vendors structure the payment schedule around acceptance of the monthly invoice package (submitted by the 15th of the month, or 25th at quarter end, per Section 4.3.1), with amounts due calculated as YTD totals less prior-month YTD totals (as reflected in the Appendix A/sample invoice approach)? 2. Does the State require acceptance/approval separately by facility (i.e., acceptance of each facility invoice package), or can acceptance occur for a consolidated invoice with facility schedules? 3. Under Attachment B Payment Terms/Acceptance, is “acceptance” for payment purposes defined as (i) third-party review recommendation plus Contract Manager approval, or (ii) Contract Manager approval alone, and will the State treat required supporting schedules (e.g., denials list, resident refunds, AR other, CER detail, incentive/penalty) as part of the “correct invoice” needed to start the Net 30 payment period? 	Vendors should propose their best solutions based on RFP. Any Additional matters will be addressed, as needed, following award.

205	General		What would the requirements for the operator be for the Fayetteville facility under this RFP?	While the Fayetteville facility is currently closed to residents, the Vendor shall designate a licensed nursing home administrator for the facility.
206	Insurance	8.14.1 – 1.a Commercial General Liability	Is a claims-made basis General Liability policy form acceptable? Can an exception be made to allow a \$1M per claim limit? We have the ability to reinstate the aggregate limit twice allowing for a total \$9M aggregate. Is this arrangement acceptable?	The insurance requirements are set forth in the RFP under 8.14. Vendors should refer to that section for applicable coverage and limits.
207	Insurance	8.14.1 – 1.b Commercial Auto	Is it acceptable for the non-owned auto coverage to be provided by a captive.	Acceptability will be assessed for compliance with requirements set forth in RFP.
208	Insurance	8.14.1 – 2.a & b Professional Liability and Medical Liability	Is a claims-made basis policy form acceptable for both coverages? Can an exception be made to allow a \$1M per claim limit? We have the ability to reinstate the aggregate limit twice allowing for a total \$9M aggregate. Is this arrangement acceptable?	The insurance requirements are set forth in the RFP under 8.14. Vendors should refer to that section for applicable coverage and limits.
209	IT/Systems:	. Security & Data Classification (Section 3.2)	1.1. What specific data classification levels will PruittHealth IT be responsible for implementing and managing (High Risk/Highly Restricted data)? 1.2. Is PruittHealth IT responsible for obtaining and maintaining the required security certifications (FedRAMP, SOC 2 Type 2, ISO 27001, HITRUST), or will PruittHealth rely on SaaS vendors for this certification? 1.3. What is the timeline and process for providing vulnerability assessment and penetration test reports? 1.4. Since PruittHealth IT infrastructure provides access to the software solution, is it also considered in scope for the NIST 800-53 security/risk assessments?	1.1 Yes 1.2 This is dependent upon the proposed solution. All solutions require a security attestation. 1.3 Security materials will be evaluated as part of the bid process. 1.4 Yes
210	IT/Systems:	Enterprise Architecture & Integration (Section 3.3)	2.1. Is PruittHealth IT responsible for creating the Network Architecture and Technology Stack diagrams? 2.2. What level of integration is expected between PruittHealth IT systems and the vendor's MatrixCare system? 2.3. Currently PruittHealth IT manages the Identity and Access Management (IAM) integration with	2.1 Yes 2.2 This would be determined during the transition period. 2.3 No 2.4 Must submit an annual plan to DMVA. 2.5 Yes 2.6 This would be determined during the transition period.

			<p>the software solution, is there a state IAM integration that is now required?</p> <p>2.4. What disaster recovery and business continuity responsibilities fall under PruittHealth IT?</p> <p>2.5. Is PruittHealth IT responsible for data migration activities when transitioning to/from vendors?</p> <p>2.6. What monitoring and reporting tools/systems will PruittHealth IT need to implement or integrate with?</p>	
211	IT/Systems:	Accounting & Financial Systems (Sections 4.1.6, 4.2)	<p>4.1. If PruittHealth provides accounting software, what are the specific requirements (features, integrations, reporting capabilities)?</p> <p>4.2. What financial reporting systems must PruittHealth IT support (Medicare/Medicaid cost reports, billing systems, collections tracking)?</p> <p>4.3. Are there integration requirements between the accounting system and MatrixCare or other clinical systems?</p> <p>4.4. What are the data backup, security, and audit requirements for financial systems under PruittHealth IT's control?</p>	<p>4.1 NCDMVA Fiscal provide a list of systems</p> <p>4.2 NCDMVA Fiscal provide list of reports</p> <p>4.3 NCDMVA agency decision</p> <p>4.4 Hourly backup with nightly backup 6 months.</p>
212	IT/Systems:	IT Equipment & Infrastructure (Section 4.1.6)	<p>5.1. What specific computers and software must PruittHealth IT provide for the vendor's corporate office or facility operations?</p> <p>5.2. Is PruittHealth IT responsible for providing workstations, printers, network equipment at the five facilities?</p> <p>5.3. What are the equipment maintenance obligations - preventive maintenance, warranty service coordination, repairs?</p> <p>5.4. Who manages equipment inventory, asset tracking, and lifecycle replacement?</p> <p>5.5. Are there specific hardware standards or requirements PruittHealth IT must meet for the facilities?</p> <p>5.6. What network infrastructure (switches, routers, firewalls, WiFi) is PruittHealth IT responsible for providing and maintaining?</p>	<p>5.1 – IT Operations managed by vendor.</p> <p>5.2 – Yes</p> <p>5.3 – Vendor is responsible. Please provide response in bid.</p> <p>5.4 – Vendor</p> <p>5.5 – Industry standard</p> <p>5.6 - All infrastructure must meet NCDIT security standards. It.nc.gov</p>
213	IT/Systems:	6. Reporting & Compliance Systems	6.1. What specific financial and medical reporting systems is	6.1 This will be determined during the transition period.

		(Section 4.2, 4.3.1)	<p>PruittHealth IT required to provide or support?</p> <p>6.2. Are there required integrations with state/federal reporting systems (Medicare, Medicaid, VA)?</p> <p>6.3. What role does PruittHealth IT play in supporting Medicare/Medicaid cost report preparation?</p> <p>6.4. What compliance reporting obligations fall under PruittHealth IT (audit trails, access logs, security reports)?</p> <p>6.5. Is PruittHealth IT responsible for business intelligence or analytics platforms for operational reporting?</p>	<p>6.2 This will be determined during the transition period.</p> <p>6.3 N/A</p> <p>6.4 Annual Security assessment, BCP/DR.</p> <p>6.5 This will be discussed during the transition period.</p>
214	IT/Systems:	7. Transition Period & Ongoing Support	<p>7.1. Are there Service Level Agreements (SLAs) that PruittHealth IT must meet for system availability, response times?</p> <p>7.2. If the contract is not awarded or is terminated, what are PruittHealth IT's obligations for system transition?</p>	<p>7.1 Yes</p> <p>7.2 6-month transition period</p>
215	IT/Systems:	8. IT Costs & Budget Planning	<p>8.1. Are IT system costs (licensing, hardware, support) included in the management fee or reimbursed separately?</p> <p>8.2. What IT capital expenditures require pre-approval from the Contract Manager?</p> <p>8.3. Who bears the cost of system upgrades, replacements, and new technology implementations?</p> <p>8.4. Are there specific IT budget constraints or caps that PruittHealth must work within?</p> <p>8.5. What costs are considered "qualified expenses" vs. part of the management fee for IT services?</p>	<p>8.1 Vendors should respond consistent with RFP section 5.0 Cost of Vendor.</p> <p>8.2 All expenditures</p> <p>8.3 The RFP does not specify. Any such matter will be addressed following contract award.</p> <p>8.4 N/A</p> <p>8.5 The RFP does not specify. Any such matter will be addressed following contract award.</p>