

Vendor Questions – MDH/OPASS 19-17751 – Financial Management & Counseling Services

MRCI Questions – Posted 6/28/18

General: Will contracting happen regardless of CMS approval of the new waiver(s)?

Yes

General: What are the current rates being charged by the current FMS Providers or Service Providers?

There is no incumbent for the OHS programs.

2.3.3.2.x What is meant by "services"? Is this simply a reference to FEA & Counseling services, or are there other services that FMS would provide to the participant?

Services refers to any administrative or Medicaid service authorized by the Department.

2.3.3.2.aa What types of relationships are you referring to? And what type of were to be listed after the ":"? Relationships include, but are not limited to, family relationships such as mother, brother, cousin, etc.; legal relationships such as power of attorney, rep payee, guardianship, or legal business relationship; spousal or dating relationships; and informal relationships such as friendships or neighbors. Any reported relationship should be documented and reported.

[2.3.3.2.gg](#). What management and tracking of public funds will the FMS provide in terms of Social Security? The specification is intended to require all public funds, regardless of source, to be tracked according to state and federal standards.

2.3.3.5.d. What are acceptable forms of payments when a 48 hour turnaround is needed? How is the 48 hours defined (business hours? Etc.)? Who approves the disbursement of these types of transactions? What is the process for approval?

Offerors should include in their proposals the forms of payment to be used. The Department does not have limitations on payment forms, however, the proposal should note how the requirement can be met with the proposed forms of payment. For example, paper checks sent by USPS may not meet the required time frame so alternate payment methods may be proposed.

The 48 hour requirement is not business hours. It is measured as continuous clock hours. For example, if a request is made at noon on Friday, payment must be made by noon on Sunday to meet the 48 hour requirement.

Requirement 2.3.3.5.d. refers to both vendor payments and reimbursement to employees. In general, funds are authorized on approved person-centered plans and plans of service.

Each program has its own process for plan approval. For the OHS programs, the self-directed plans will be approved by the vendor, according to program regulations and policies. Relevant regulations can be found at COMAR 10.09.84. Program policies and procedures can be found on the program's website at <https://mmcp.health.maryland.gov/longtermcare/Pages/Supports-Planning-Resource-Guide.aspx>.

2.3.3.5.e. Are you requesting the FMS to turn around and "bill" the state within 3 days of vendor payment? If so are you requiring a copy of the receipts or is that maintained within the participant's bill file housed with the FMS?

Yes, the vendor must provide invoices for expenditures within 3 business days, including receipts.

2.3.3.5.g Is this an individual report for each participant, or is this one report for the program with each participant listed individually which includes a grand total of expenditures by category in this program?

Vendors should propose the format of the report in their proposals and include a draft or sample report that includes all of the required information.

2.3.3.6.e What are the training requirements established by the State for the program? How is the FMS to access if they have completed the training requirements? Is the training expected to be complete before the time of hire?

Training requirements for the OHS programs are noted in existing policy and regulations which can be found at COMAR 10.09.84 and at <https://mmcp.health.maryland.gov/longtermcare/Pages/Supports-Planning-Resource-Guide.aspx>. Minimum qualifications for personal assistance workers include the completion of a criminal history

records check and CPR/First Aid training. The vendor should propose the methods they will use to verify provider qualifications and include a detailed process in their proposals. For OHS programs, training and minimum qualifications must be met prior to the provision of services.

Training Requirements for the DDA can be found on the DDA's calendar <https://dda.health.maryland.gov/Pages/Training.aspx>. The DDA's waivers specify the training requirements and minimum qualifications for Family Supports Waiver https://dda.health.maryland.gov/Pages/DDA_FAMILY_SUPPORTS_Waiver.aspx For Community Supports Waiver https://dda.health.maryland.gov/Pages/Community_Supports_Waiver.aspx For Community Pathways Waiver **current:** <https://dda.health.maryland.gov/Pages/community%20pathways.aspx> Community Pathways **renewal:** https://dda.health.maryland.gov/Pages/Community_Pathways_Waiver_Renewal_2018.aspx

2.3.3.6.z We were under the impression that the Advanced Earned Income Credit (EIC) ended December 31 ,2010. Do we still need to manage this going forward? Or is this for historical purposes for those employees transferring to new FMS?

The Advanced Earned Income Credit does not need to be managed in 2018. The awarded vendor will have to follow any rules applicable for any employee who might have qualified prior to December 31, 2010.

There is the expectation that the offerors will be knowledgeable of what current Earned Income Credits the employee may qualify for and how to apply them. Proposals should clearly explain the offeror's proposed plan for managing such credits.

2.3.3.6.dd Is the intention of this so that two employees of the FMS are always able to endorse checks or that two (2) employees always endorse all checks?

It is the intention of the requirement that two employees always endorse all checks.

2.3.4 How will the role of Counseling Services change the role of the Support Broker? What will the role of the Support Broker be moving forward?

As counseling services are available to participants in the OHS programs and DDA programs, there is no anticipated impact to DDA Supports Brokers.

Persons self directing in DDA programs will have access to counseling services. The support broker will be independent contractors that will be an administrative services that receives oversight through the FMS.

2.3.7.2 What type of data is to be imported into our FMS software? Budgets? Demographics?

Please see the spreadsheet labelled DRAFT FMS Data Mapping. This document provides a high-level overview of the type of data that will be shared. It includes basic demographics, eligibility status, the approved PCP/POS, and budget information. The FMS will receive all pertinent documentation related to the approval of payment of the person's chosen vendors and staff. The FMS will receive a copy of the current PCP, the approved budget to include information shared in the type of data that will be shared.

General Question – When is the proposed start date for the awarded vendor?

For the OHS programs, the start date will depend on the procurement award date and the timeline for completion of all deliverables required before the vendor may start serving participants.

General Question – What is the average individual budget?

For the OHS programs, the individual budget groups are assigned based on the results of the assessment. The budget groupings are explained, and displayed on slide 5, of the presentation titled Course 7: Developing a Plan of Service – Personal Assistance and Budgets, which can be found at the link below.

<https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/New%20SPA%20Training/Course%207%20Personal%20Assistance%20and%20Budgeting%203-2018.pdf>

Page 10, Section 2.2.1 a. states that, “The Contractor shall provide the following Financial Management Services: ... (5) for the Community First Choice (CFC) and Community Personal Assistance Services (CPAS) programs only, the preauthorization of services on the POS.” **Can the State describe the current workflow for this process?**

For the OHS programs, detailed information about the plan of service is available online in the supports planning resource guide. The Plan of Service User Manual that outlines the fields and process for submitting a plan in the LTSS Maryland tracking system. This manual is available at the following link.
<https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/10.%20Plan%20of%20Service/Plan%20of%20Service%20User%20Manual.pdf>

Training materials on the plan of service can be found in the POS Development Manual and in the New SPA Training materials at the following links.

<https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/10.%20Plan%20of%20Service/POS%20Development%20Manual%209.1.17.pdf>

<https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/New%20SPA%20Training/Course%2010%20Submitting%20a%20Plan%20of%20Service%203-2018.pdf>