

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

Outreach Health Services – Posted 6/28/18

1. Please explain further what is meant by: “As an OHCDs, the Contractor may subcontract with Medicaid and Non-Medicaid Providers to support program Participants to receive services approved in their Person-Centered Plan (PCP)/Plan of Service (POS) and budget in the manner which best suits their needs.” Pg 9

Please refer to the DDA’s [provider application process](#) and the specific requirements in [OHCDs application](#)

2. Is the participant always the employer or can a legal guardian or other representative be an employer?

[Representatives may assist the participant in self-directing their services.](#)

[The person is considered the Employer of Record-- if they have a legal guardian, that person will serve on the person’s behalf as the Employer of Record.](#)

3. What insurances are included in the following statement on pg 10? “a. **Financial Management Services:** The Contractor shall provide the following Financial Management Services: (1) managing employment taxes and insurance;”

[Workers compensation and any other insurance offered by the participant to their employee as part of a benefits arrangement.](#)

4. On pg 13 it states that the FMS must “File a signed IRS Form 8821 for each Participant it represents and maintain copies of the Form in each Participant’s file.” The IRS no longer requires that this form be signed by each participant/employer but only if necessary. Is that an acceptable process.

[The IRS does state that the Form 8821 is now voluntary. The FMS is required to ask the participant to complete and file it only if necessary. The FMS should explain to the participant why the form is needed and document the explanation. Offerors should include in their proposals any additional details about how this process would be managed and documented.](#)

5. Please explain what is meant by on pg 14 by “x. Provide services to an Individual/Participant authorized by the Department.”

[This requirement relates to FMS services as described throughout the RFP.](#)

6. What is meant by “in accordance with the philosophy of self-direction” in this statement on pg 14: “y. Provide Participants with Participant/representative employer orientation and initial and remedial training in accordance with the philosophy of the self-direction on an on-going basis and/or as needed.”

OHS programs are based on a philosophy of self-direction, where program participants are empowered to make choices that work best for them regardless of the nature or extent of their disability. Additional information on the philosophy of the OHS programs can be found at the following link.

<https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/New%20SPA%20Training/Course%206%20Being%20A%20Supports%20Planner%203-2018.pdf>

General information about self-direction programs can be found at:

<http://www.bc.edu/schools/gssw/nrcpds/>

7. Is an in-person meeting expected to enroll and train the employer?

In-person meetings may be necessary to provide the full scope of assistance needed by the applicant/participant to fully understand and complete the process. Offerors should clearly describe in their proposals all methods used to educate applicants and participants and all available supports proposed to enroll and train the employer.

8. Does the participant directly receive and disburse Medicaid funds as stated on pg 15 “gg. Assist Participants in the management of public funds (i.e. Medicaid, State, Social Security) to include receiving, disbursing and tracking the public funds in accordance with Federal and State requirements. The Department may at any time, and at its discretion, audit the utilization reports inclusive of claims and expenditure information.” The participant does not receive direct cash payments or have direct access to Medicaid funds. The awarded FMS vendor will utilize public funds to make payments on behalf of the participants.

9. Hh.pg10. please clarify when the participant can begin services? Can they begin before their employee is deemed eligible or an authorization is received?
No. All employees must meet all qualifications and be determined eligible prior to the provision of services and any payment for the OHS programs.

10. What is the frequency of which and type of hearings that can occur? Pg 16. “D. Cooperate with appeal hearings in response to any appeal filed by a Participant regarding any action taken by MDH, its representatives or federal officials.” Is participation in-person?

This requirement refers to appeals related to plan of service decisions made by the FMS vendor. Appeal hearings occur at a frequency relative to the denial or disenrollment decisions that are made and appealed by the participant. In the current OHS programs, the Plan of Service unit issues decisions on over 20,000 plans of service for 13,000 participants annually. The denial rate in FY17 was 4.6%. The Department attended 197 appeals during FY17. So far in FY18 the denial rate is 8.1%, and the Department has attended 345 appeals. Potential offerors should note that these numbers are for the

total OHS program participation. It is estimated that a relatively small percentage of the total population will elect to self-direct in the first year.

11. 2.3.3.4.d pg 16 How much in-person technical assistance is expected to be provided?
Offerors should clearly outline in their proposal the amount of in-person assistance to be provided for each service, FMS and Counseling. The proposed staffing plan should reflect the resources needed to provide in-person assistance to those who request and need it to successfully self-direct.
12. 2.3.3.5.c.2 What guidelines does the FMS use to determine what is “usual, reasonable and customary”
Offerors should clearly outline in their proposal the guidelines and methods to be used for this requirement.
13. 2.3.3.5.d.3 pg 19. Who determines if a purchasing request is a health and safety request? What instances qualify for a health and safety request?
For the OHS programs, the awarded vendor will make determinations regarding the approval of services and purchases as medically necessary to prevent institutionalization, compliant with all applicable regulations, and that the plan of service meets health and safety needs. The existing plan of service used in the agency-model for the OHS programs includes a checkbox for the supports planners to use to indicate that the plan does meet the health and safety needs of the participant. Existing plans of service also incorporate strengths, goals, risks, and emergency back-up plans. These plans are created using a person-centered planning process with the participant, their representatives, and the supports planner. Offerors should include in their proposals the methods they will use to meet the requirement.
14. How many participants self-directing will have goods and services on their Service Plan?
In FY17, 197 participants had goods and services approved on their Plan of Service for the OHS programs.
15. 2.3.3.5.j pg 19 Will the FMS be provided a list of items that are extremely prohibited?
No. For the OHS programs there is no such list. All items must be approved on the plan of service and meet all program, state, and federal regulations.
16. 2.3.3.6.b pg 20. What is expected of the FMS with “assisting” the employer in completing their employees’ I9? Is the FMS expected to collect the supporting I9 documentation or just the I9 form? The IRS does not require the supporting documents to be on file.
Overall the awarded FMS must be knowledgeable of all IRS requirements related to completing the I-9 Form. The IRS does not require the supporting documents to be on

file and the FMS can collect just the completed I-9 Form. The IRS does not require the supporting documents to be copied. If the FMS does photocopy the documents of one new hire, it must photocopy the documents of all new hires.

17. 2.3.3.6.c. pg 20. What type of background check is required? State or national? Who pays for the background check? How much does the check cost?

For the OHS programs, a criminal history records check is required on all direct service workers including nurses, in accordance with the procedure for a State criminal history records check established under Health-General Article, Title 19, Subtitle 19, Annotated Code of Maryland.

18. 2.3.3.6.d. pg 20. What other qualifications may be expected for an employee that the FMS would need to document?

Qualifications include CPR and first aid certification, the criminal history records check, and any other qualification set by the participant.

19. Is it acceptable to process payroll every two weeks?

For the OHS programs, agency providers are currently paid on a weekly basis and most workers at those agencies follow the weekly pay cycle. However, offerors may propose alternate pay cycles and should clearly explain their payroll process and schedule in their proposals. Any limitations on participant choice and control of the pay schedule for employees should be clearly noted and described in the proposal. Any exception or allowances for participant choice should also be included in proposals.

20. Is it acceptable to pay employees by direct deposit and debit card?

Offerors should clearly describe the payment options and limitations in their proposals. The philosophy of the programs is to maximize participant choice and control, so any restrictions placed on participants related to payment of their employees should be clearly described in proposals. Exceptions and allowances for participants with unique needs or situations should be noted as well.

21. Is it acceptable to pay by direct deposit and debit card only (no paper checks)?

Offerors should clearly describe the payment options and limitations in their proposals. The philosophy of the programs is to maximize participant choice and control, so any restrictions placed on participants related to payment of their employees should be clearly described in proposals. Exceptions and allowances for participants with unique needs or situations should be noted as well.

22. What is the average number of employees per participant?

For the OHS programs, there is no current self-direction program and no averages to report.

23. What is the size of the expected payroll across participants for all of their employees?
For the OHS programs, there is no current self-direction program and no estimates to report. The average per member per month cost for CFC participants is near \$2,300.

24. 2.3.4 pg 23. How many participants are expected to need counseling services?
Please refer to the estimates in the financial bid proposal attachments. The Department does not guarantee a minimum or maximum number of participants.

25. 2.3.4.1 Is there a copy of an IEIP available for review?
For the OHS programs, there is no incumbent and no existing IEIP to share. Offerors should include in their proposals details of the contents or draft versions of the proposed IEIP.

26. 2.3.4.4 pg 23. Please explain what the underlined means, “The Contractor’s Counseling Division shall develop and provide an Individual/Participant (or their representative) employer orientation and skills training, subject to the Contract Monitor’s approval, in a manner consistent with Participant SD, decision-making and managerial authority.”
The requirement includes that the contract monitor must approve training materials and content prior to implementation with participants. It also requires that the materials are consistent with the program's philosophy of self-direction, maximizing participant choice and control, and providing participants and their representatives with the supports necessary to self-direct. It also includes the requirement to provide orientation and training on the decision-making and management skills necessary to successfully employ and manage workers.

27. Is Counselor training to the participant expected to be in-person?
In-person meetings may be necessary to provide the full scope of assistance needed by the applicant/participant to fully understand and complete the process. Offerors should clearly describe in their proposals all methods used to educate applicants and participants and all available supports proposed to enroll and train the employer.

28. 2.3.6.1 Is training separate from enrollment and orientation or is it acceptable to include as part of the enrollment and orientation process?
For the OHS programs, not all people who receive counseling will choose to self-direct and enroll in FMS services. However, if a participant chooses to self-direct, the Department does not have restrictions that would prevent enrollment activities occurring immediately after counseling is provided. However, participants must be afforded choice and should not be enrolled in FMS services for ease or convenience of the vendor. Offerors should include in their proposals the methods for conducting counseling and FMS enrollment, including any overlap in the services and methods to

ensure participants are given the opportunity to fully understand the rights and responsibilities associated with self-direction prior to choosing to self-direct and full FMS enrollment.

29. 2.3.6.2 Is the contractor expected to develop a pre and post training test to demonstrate that learning objectives are met or will this be provided by the state?
The Department will not provide any testing materials. Offerors should include in their proposals the methods to be used to evaluate and assess a participant's understanding of the requirements necessary to perform the role of an employer and the program requirements.

30. Are training materials expected to be developed in other languages? If so what languages?

The awarded vendor must comply with the Departments Limited English Proficiency (LEP) Policy and Section 1557 requirements. The LEP policy can be found at <https://health.maryland.gov/Documents/01.02.05%20LEP%20Policy%20%20-%203-22-16.pdf>.

For the OHS programs, the most commonly requested languages for interpretation are, in descending order: Russian, Korean, Spanish, Chinese- other, Farsi, Vietnamese, French, Mandarin, Gujarati, Amharic, and Urdu.

31. What training is expected of the employee? Does the FMS have to track training for the participants employee(s)?

Training required includes CPR and First Aid in addition to any training required by the participant. The awarded vendor shall track the training of the participant's employee(s) to ensure that required training is completed and up to date.

32. What is the average size in dollars of a participant's budget?

For the OHS programs, the average per member per months expenditure is approximately \$2,300. This is inclusive of all services, including those paid outside of the flexible budget, such as supports planning and nurse monitoring.

33. 2.3.9.11.d. pg 33. What % of under-utilized or over utilized-budgets be reported?

Offerors should propose the threshold for variance to be reported in their proposals.

34. Are participants pre-authorized for services? Is the authorization sent to the FMS electronically?

For the OHS programs, the FMS vendor will be responsible for pre-authorizing services via the plan of service approval process.

35. What is the process followed if a participant is noticed to be overspending their budget in the budget year and will run out of service dollars?

This process should be proposed by the offeror. The offeror should include in their proposals the process of tracking and monitoring payments, identifying over-utilization, any methods of preventing over-utilization via timekeeping or other method, counseling and assistance provided to the participants related to spending and using their budgets, and any escalation procedure proposed.

36. Are budget categories flexible meaning if the participant underspends in one category it can be shifted to another category.

For the OHS programs, the flexible budget consists of three services; personal assistance, home-delivered meals, and other items the substitute for human assistance. The flexible budget can be redistributed across these categories as needed, within the limitations for each service and the overall flexible budget total. Redistribution of the budget requires a revised plan of service and pre-authorization of the change.

37. How often do authorizations for services change? Does an individual need a new authorization each time they want to make a change to their budget?

For the OHS programs, yes, changes to the use of the flexible budget do need to be pre-authorized. Participants may request a change in their services at any time by submitting a new plan of service. Participants must update their plan at least once per year.

38. Are service hours, i.e. hours worked by employees such as personal care, capped within a week, month or year?

For the OHS programs, personal assistance is reimbursed hourly up to 12 hours per day, at which point a daily rate applies. The participant will be limited in service hours by the limits of their flexible budget and documented needs for covered services. The flexible budget must cover the requested service level for a full 52-week period.

39. Is overtime pay built in to the budget for a participant?

For the OHS programs, the participant must pay any overtime from the existing flexible budget. There is no additional budget or coverage for overtime payments.

40. 2.3.9.11.h pg 33 Is there a readiness review checklist that the contractor can use to prepare for the review?

The OHS programs do not have an existing readiness review to share.

41. How is workers compensation reimbursed to the FMS? Directly from the participant's budget or as a direct reimbursement to the contractor?

For the OHS programs, workers compensation is reimbursed directly from the participant's budget. There is no administrative reimbursement for this insurance.

42. Can the cost for financial management services and counseling services be submitted as two different charges so that counseling costs are only applied to those participants who qualify?

Yes, but it is not necessary. Invoices must include details of the goods and services provided and amounts for each service can be outlined on a single invoice. Please see pages 46-47 of the RFP.

43. How many participants are expected to need counseling services? (duplicate of question 25)

Please refer to the estimates in the financial bid proposal attachments. The Department does not guarantee a minimum or maximum number of participants.

44. Is there a current reimbursement fee for counseling services? If so what is the fee?

For the OHS programs this is not a current service and no fee schedule has been established.

45. Is there an established rate for a monthly service charge for fiscal management services?

For the OHS programs this is not a current service and no fee schedule has been established.

46. Does the state expect a per member per month fee for fiscal management services to include the cost of training and other contract deliverables?

For the OHS programs this is not a current service and no fee schedule has been established.

47. What is an example of a service that the FMS would provide that is reimbursable in units (pg 91 B-1.A)?

FMS services are reimbursable in monthly units.

48. B-1.E pg 91 indicates that there is a form to follow when completing the financial proposal. Is there a form?

Please see the Excel spreadsheet attachments provided with the RFP on eMaryland Marketplace.

49. B-2 on pg 92 indicates that there is an attached spreadsheet? Is there a sample spreadsheet that can be used as a guideline to complete the financial requirements?

Please see the Excel spreadsheet attachments provided with the RFP on eMaryland Marketplace.