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

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DEPARTMENT OF HEALTH REQUEST FOR PROPOSALS (RFP)
SOLICITATION NO. MDH/OPASS 19-17751
MARYLAND DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES ADMINISTRATION AND OFFICE OF HEALTH SERVICES
FINANCIAL MANAGEMENT AND COUNSELING SERVICES

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QUESTIONS

1. What is the current participant and self-directed employee enrollment for each program?
    CFC and CPAS do not currently have a self directed option. Participant enrollment for each program is listed below:
    - CFC - 10,978
    - CPAS - 638
    Community Pathways

2. Who currently provides FMS for each program? What are the current fee structures and rates for FMS?
    There is no current FMS for the OHS programs.

    For DDA: MedSource and Arc of Central Chesapeake Region

    MedSource fee structure can be located here: http://www.medsourceservices.org/fiscal-management-services/

    Arc of Central Chesapeake Region fee structure can be located here: http://thearcccr.org/programs-and-services/self-directed-fiscal-management-services/

3. Who currently provides Counseling for each program? What are the current fee structures and rates for Counseling?
    Counseling is not currently provided for OHS programs as there is not a current self-directed option.

4. Who currently provides Customer Service for each program? What are the current fee structures and rates for Customer Service?
    Customer Service is not currently provided for OHS programs as there is not a current self-directed option.

5. What are the current rates for Performance Audits (Annual)?
    Performance Audits are not currently required for OHS programs as there is not a current self-directed option.

6. Are participants permitted to be dually enrolled in more than one program at the same time with the potential for an employee to work across two or more programs for the same household employer thus triggering the requirement for the FMS to align pay periods and calculate wages and taxes across two or more programs prior to payment with the potential for cross-program overtime to be paid at overtime rates?
    Yes. Participants may be dually enrolled in OHS programs and the DDA waiver, they may self-direct in one or both programs, and they may have the same worker for both programs.

7. Can MDH identify the participant/employer records and employee records that will be transferred from the incumbent FMS and Counseling entities to the selected Offeror?
    There is no incumbent FMS for the OHS programs and no employee records to be transferred for those programs.

8. As defined in 42 CFR §447.10, an OHCDS is "…*an organization that provides at least one Medicaid service directly (utilizing its own employees) and contracts with other qualified providers to furnish other services.*"
    Can MDH clarify what direct service, if any, is to be provided by the selected Offeror?

    For DDA: Medicaid Services can be found in the <u>***Community Pathways Waiver***</u> ***current and*** <u>***renewal***</u>***.***

9. The CMS-approved Community Pathways waiver states: *"In reviewing proposals for FMS agencies DDA ensures that FMS fees are reasonable and customary and that, as an administrative cost in an individual's budget, the fees for FMS will not exceed, and in fact should be well below, the administrative costs allowable to non-profit organizations consistent with federal guidance (OMB Circular A-122). FMS fees range based on the participant's number of employees and/or vendors (low, medium, and high usage) and typically range between 6%-10% of a participant's overall budget."* Can MDH explain how this fee structure is consistent with the fee structure of the Financial Proposal of this RFP?   Alternately, does DDA intend to revise its waiver application consistent with the requirements of this RFP?

    DDA: People that SD have individual budgets based on their assessed need. They have Employer and Budget authority, with Budget authority they can hire staff and pay for their services based on a <u>**usual and customary rate range**</u>**. Please refer to #2 fee structure developed by the FMS.**

10. Can MDH clarify whether the selected Offeror will process timesheets for each program using its own system or whether the selected Offeror will pay against data file(s) from external party(s)?
    The selected Offeror will process timesheets for each program using its own system. There is no external party

data system file for timesheets. The offeror's proposal should clearly explain the methods and data systems used for timekeeping and payroll processing.

11. Can MDH confirm for each program whether the selected Offeror is required to implement an Electronic Visit Verification (EVV) solution and/or or submit data to an external EVV aggregator?
The RFP requires that the vendor comply with all state and federal requirements, including the 21st Century CURES Act. Offerors should include in their proposals, the method for timekeeping and thoroughly describe any proposed EVV system.

12. Can MDH confirm that all participants have access to a support planner, service facilitator or similar role(s) for each program responsible for development of the overall PCP/POS? If so, how will these multiple roles be coordinated with the selected Offeror's counselors to avoid any overlap and promote positive outcomes?
All OHS program applicants and participants are assigned to supports planner who will assist with the development of the POS. The Vendor will be responsible for training supports planners and applicants/participants in using the vendor system for submitting plans of service for approval, understanding the costs associated with self-directing their services (taxes, insurance, IRS requirement, etc.), and training on any tools available to assist them in managing their flexible budget. Supports planners will be responsible for person-centered planning and all other responsibilities currently outlined in the Supports Planning Solicitation, which can be found at the following link. The vendor will be responsible for establishing a clear path of communication with supports planners and offerors should clearly outline in their proposal and tools or systems for facilitating communication.
https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/02.%20SPA%20Provider%20Solicitatio
n/2017%20Supports%20Planning%20Solicitation.pdf

For DDA: each person has an assigned case manager. Counseling services will be requested through the DDA's Regional Offices through the Long Term Services and Supports system.

13. Can MDH identify the Provider qualifications for each Provider type for each service for each program that the selected Offeror will be required to verify?
For the OHS programs, provider qualifications are outlined in the program regulations in COMAR 10.09.84 and training and minimum qualifications must be met prior to the provision of services. Minimum qualifications for personal assistance workers include the completion of a criminal history records check and CPR/First Aid training. Offerors should propose the methods they will use to verify provider qualifications and include a detailed process in their proposals. For OHS programs.

For DDA please refer to the DDA's website "About DDA's Licensed Provider Agencies"

14. Can MDH provide an estimate of how many participants currently require in-person sign language interpreters?
For the OHS programs during FY2016, there were 2 documented requests for in-person ASL interpretation.

15. Is there a current Microsoft Excel and/or web-based individual budget, service authorization or spending plan tool for each program? If so, can MDH share samples or screenshots?

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 LTSSMaryland 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

For DDA the current Self-Direction forms can be found here. The DDA is transitioning into a new technology called Long Term Services and Supports system (LTSS) where all DDA business transactions will be automated.

16. In our experience, it is not always realistic to obtain or verify an Employer Identification Number (EIN) within 5 days. Can MDH confirm that the requirement is to apply for an EIN within 5 days?
Yes. We can confirm the requirement is to apply for an EIN within five days with the expectation that the FMS will follow-up on the application.

For DDA: the Timeframe is variable depending on availability of employer and their support team. Employer enrollment is required prior to providing FMS services and the services cannot be implemented prior to the awarded date or approved plan date.

17. How will the selected Offeror be notified of any changes related to member rights, advance directives, grievances, reconsideration or State fair hearings for each program?
The selected Offeror would be notified in writing by the contract monitor.

18. Will MDH support referrals and updates to information (e.g. increase/decrease to the authorized budget, termination of services, etc.) via electronic data file transfer for all programs rather than requiring the selected Offeror's staff to access external data bases and manually enter information in the selected Offeror's systems?
No, not all data will be accepted in a file or data transfer. There will be information that the Vendor will be required to manually enter in the LTSSMaryland tracking system and/or their own external databases. Please see the information provided about the data systems exchange capacity.

For DDA: The Regional Office reviews and approves all plans that is communicated to the person, this includes budget changes that are increase/decrease above what the DDA policy requires.

19. Can MDH confirm that the selected Offeror is only required to manage access to the Health Risk Screening Tool (HRST) database for its own employees and subcontractors?
For DDA: No the offeror does not manage access to the HRST

20. Can MDH clarify what is meant by "payment" as it relates to HRST?
    For DDA: HRST payment is managed through the DDA.

21. Can MDH provide a sample of a current or proposed service agreement for each program?
    The OHS programs do not have current or draft service agreements. The offeror should include in their proposals any information about service agreements including content and structure of such agreements.

    For DDA: refer to the current forms for Self-Direction.

22. Can MDH clarify the current process for Individual/Participant employers to obtain workers' compensation (WC) insurance for each program? How is WC currently authorized, paid, and claimed?
    For the OHS programs, there is no current process for obtaining workers compensation. Offerors should include in their proposals, the proposed methods and process for obtaining required insurance for participants.

    For DDA: The person is an Employer of Record and DDA does not have third party liability.

23. Can the selected Offeror receive electronic data transfers from the PCIS2, LTSS Maryland, or other systems to verify eligibility?
    Yes. Please see the response to previous questions about data transfer capabilities.

24. Will MDH support electronic data file transfer between the selected offeror and the entity that hosts any service authorizations and/or purchase requests for each program? Alternately, will support planners and others submit purchase requests directly to the selected Offeror for each program or is this a counseling function?
    No, MDH will not accept electronic data file transfers from the vendor related to authorizations and purchase requests. For the OHS programs, the supports planners will be required to utilize the vendor's system as needed to coordinate the purchase of goods and services.

    For DDA these request will be made through the LTSS system with an system interface with the Offeror

25. Are the selected Offeror's counselors expected to make judgement calls regarding allowable or prohibited items and reasonable and customary purchasing amounts for each item for each program? Can MDH provide a list of prohibited items for each program?
    For the OHS programs, the role of the counselor is to educate and support participants in the decision to self-direct services and in navigating the self-direction process. The vendor will will be required to make determinations on plans of service and ensure that all goods and services meet the standards set forth in regulations and policy for the programs. Service limitations are defined in COMAR 10.09.84. The vendor should propose the roles that will be responsible for issuing decisions on plans of service and authorizing goods and services.

26. Do either of the incumbent FMS entities currently track Medicaid provider eligibility for the Difficulty of Care income exclusion as identified in IRS Notice 2014-7?
    For the OHS programs, there is no current FMS vendor and no established process for tracking this exclusion. Offerors should include in their proposals the method and process for accomplishing this requirement.

27. Can MDH provide a sample of a current or proposed Incoming Employer Implementation Plan (IEIP)?
    None is available from the OHS programs.

28. Is the selected Offeror responsible for any aspects of development and revision of the PCP/POS? Can MDH provide a sample of a current or proposed CFC or CPAS Plan of Service (POS)?
    Please see the response to item 17 above. Supports planners will be primarily responsible for revisions to the POS. The vendor will be responsible for providing the necessary education and support to the participants and supports planners so that all expenses related to the purchase of goods and services are clearly outlined in the plan of service. The vendor must provide support and tools so that taxes, insurance, and other expenses related to self-direction can be understood and reflected appropriately in plans.

29. Can MDH clarify what actions the selected Offeror is expected to take if it cannot attest to the participant or representative's understanding of the training?
    For the OHS programs, the vendor should report this information to the contact monitor within 3 days of the determination.

30. Can MDH clarify the pass/fail requirements and what actions if any the selected Offeror is expected to take if an Individual/Participant or employee repeatedly fails?
    Offerors should clearly outline the proposed criteria in their proposals. The vendor will report concerns and pass/fail status to the contact monitor.

31. Can MDH clarify the reasons and process for involuntary termination from SDS?
    For the OHS programs there is no set criteria for disenrollment from self-direction at this time. Should the Community Options Advisory Council and Department determine specific criteria for disenrollment in the future, the criteria will posted to the Department's website and issued as formal written guidance.

32. Can MDH clarify how participant-attributable overtime is currently authorized, paid, and claimed for each program?
    For the OHS programs, there is no current process for overtime payments. In the agency-only model, the agency is responsible for any overtime payments and policies and procedures vary widely. In the OHS self-directed programs, any overtime payments should be anticipated and approved in the plan of service within the flexible budget amount. The offeror should include in their proposals a detailed explanation of the process and policy that is proposed to manage overtime payments, including a process for tracking and reporting unanticipated overtime costs.

33. Does MDH currently permit or intend to permit household employers to claim the live-in exemption from overtime pay where applicable in any program?
    For the OHS programs, the Department does not maintain a policy on DOL exemptions. The vendor is required to follow all state and federal policies and regulations and to offer guidance to participants and their potential employees about the requirements and rules related to such exemptions.

34. Can MDH clarify what benefits (i.e., paid time off, health insurance) are currently available to self-directed employees?
    For the OHS programs, there is no current model of self-direction.

35. Will MDH consider adding an additional work clause or a special projects fee to allow the selected Offeror to perform additional work and/or special projects if MDH requires the selected Offeror to develop and implement new systems and processes to meet future requirements for expanded employee benefits or requirements such as paid time off, health insurance, mandatory drug testing, etc.?
There are no planned amendments to the RFP or contract to allow additional work or special payments.

36. In our experience, development and implementation of an on-line training platform with competency-based evaluation, scoring and certification is beyond the typical scope of Financial Management and Counseling Services. Will MDH consider adding start-up fees to the Financial Proposal for potential offerors to develop and implement such a system? If not, are potential Offerors expected to include these costs in the proposed FMS, Customer Service, or Counseling fees?
There are no planned amendments to the RFP or contract to allow for special payments. Offerors should include all costs for the scope of work in their financial proposals.

37. What are the requirements if any for counselors to conduct monthly calls, quarterly or semi-annual home visits, or other activities?
For the OHS programs, there is no contact requirement except those that are necessary to ensure all requirements of the RFP are met. Some participants will require frequent contact to assist them in understanding the process and managing their flexible budget. The vendor cannot limit participant contacts and must provide the level of support needed for a participant to successfully manage their employer responsibilities and their flexible budget. Any set schedule of contacts should be clearly explained in the offeror's proposal.

38. What are the current ratios of counselors to participants for each program? Is there a maximum average ratio?
For the OHS programs, there is no current counselors or ratios as there is no active self-direction program. The maximum acceptable ratio for supports planners to participants is 1:55.

39. Can MDH specify what documents if any participants are expected to maintain for audit or review?
For the OHS programs, there are not audit requirements for program participants. The vendor must comply with the RFP requirements for records retention including the document retention clause on page 187, item 24.

40. Can MDH confirm section 3.4.2 applies only to administrative invoicing for the selected Offeror's fees and not to reimbursement for participant SDS?
Yes, this section applies to administrative invoicing and not service claims paid through MMIS.

41. Can MDH clarify the requirements and process for changing or adding subcontractors post-award?
A vendor may add a subcontractor at any time during the contract. A vendor must have a legitimate reason for changing a subcontractor during the contract. The vendor should provide a letter of information to the Department, stating the reasons for the change. The vendor should also provide a letter from the subcontractor, confirming the reason for the change. The requests for changes are the reviewed by the MBE Liaison and OPASS staff. This is a subjective review process. The vendor will then be notified of the decision. (MBE Response)

42. Can MDH clarify how identification of MBE and VSBE subcontractors will impact evaluation of proposals?

The vendor must agree to meet the goal set on the contract or request a waiver. The MDOT Certified MBE Utilization and Fair Solicitation Affidavit (Attachment D-1) must be fully and accurately completed and submitted in **Tab O of the technical proposal**. After submission, Attachment D-1 is reviewed for accuracy, which includes confirming MBE status and NAICS code correlation to the description of work performed (i.e., that the subcontractor is registered to perform the work listed). The accuracy of this attachment is the only impact on the evaluation process. Errors on this form **may** result in your proposal being deemed non-responsive. (MBE Response)

43. Can MDH clarify how the Technical and Financial Proposals will be scored relative to each other?

Details of the evaluation and selection process can be found in Section 6 of the RFP, starting on page 82.

44. Does MDH anticipate requesting a best and final offer of one or more potential Offerors prior to award?

As noted in the RFp on page 85, item 6.5.2.5, Best and Final Offers are permitted when in the best interest of the state.