

VENDER QUESTIONS Pt. 1

“FINANCIAL MANAGEMENT AND COUNSELING SERVICES (FMCS)”

OPASS 21-19022

eMMA# BPM024445

	QUESTION	RESPONSE
1	What is the timeframe in which questions will be answered and answers posted?	Responses to the questions will be assessed by the State and posted to both eMMA and OCMP/OPASS website in a timely manner from which they are received.
2	What will be the process of selecting more than one bidder?	Please refer to Addendum 1 for language regarding the awardee selection process
3	What is the anticipated contract award date and contract period start date?	The Department is working towards awarding the contract this fall. Based on the award a contract start date will be established.

4	<p>How are bidders expected to adjust their bids to questions answered near July 12? Shouldn't there be more time between the last date to ask questions and the bid due date?</p>	<p>Questions will be answered and posted in a timely manner.</p> <p>The Department will submit an amendment to reflect proposal due date on July 19, 2021 by 2 p.m..</p>
5	<p>Does the solicitation include FMS needs of participants in the 1915(c) Home and Community Options Waiver, and if not, why not? This waiver has a significant number of people who opt for self-direction.</p>	<p>This solicitation is for individuals who elect to self-direct personal assistance services under the Community First Choice and Community Personal Assistance Services programs. As such, individuals who participate in the Home and Community-Based Options Waiver who receive personal assistance services may elect to self-direct their personal assistance services via a FMCS vendor.</p>
7	<p>Will participants be permitted to switch vendors mid tax year requiring the first vendor to transition payroll and tax records and FICA withholdings to the second vendor to support end-of-year tax filings? Tax implications</p>	<p>Participants are encouraged to transfer to a new FMCS to occur in line with the calendar year (January 1) or the participant's annual PCP/POS date which may be any time during the year.</p>

8	<p>But if anyone asks a question on July 5, it could have a critical impact on bids due in less than a week of seeing the answer. Please consider extending the bid due date.[JF2]</p>	<p>The Department will submit an amendment to reflect proposal due date on July 19, 2021 by 2 p.m..</p>
9	<p>The current version of the solicitation is not an accessible pdf. Can you please distribute an accessible document?</p>	<p>The current version on the MDH website is accessible at https://health.maryland.gov/procumnt/Pages/Procopps.aspx. Please click the OPASS number associated with the solicitation in order to view the RFP.</p>
10	<p>What does a review of the personalized individual budgets prior to submission entail? Will the counselors have authority to make reductions to the budgets submitted by the team- or -what is the purpose of their review?</p>	<p>As per Amendment #2, this requirement no longer applies.</p>

11	<p>In response to stakeholder input, The state withdrew counseling services for DDA Participants from version 2 of the RFP in September 2019. It even issued a letter describing the exclusion to stakeholders and legislators acknowledging the special role of the independent support broker. Why are counseling services for DDA participants back in this contract?</p>	<p>As per Amendment #2, Counseling Services under the DDA programs no longer apply.</p>
12	<p>Will you be making a copy of Rhonda's presentation available to attendees?</p>	<p>Yes, please check eMMA and MDH websites.</p>
13	<p>Will the FMS have access to LTSSMaryland to facilitate the sharing of approved PCPs?</p>	<p>The FMCS contractors will receive a data extract of participants they serve. This data will include enrollment information, PCP/POS service information and associated total budget amount.</p>
14	<p>Since July 5 is a holiday, will you be considering an adjustment in the last day for questions or the proposal due date?</p>	<p>The portal will be available and accepting submissions until July 5, 2021. Potential bidders can submit questions on July 5th. Therefore there will be no adjustment to the question due date.</p>

15	Will all employees have to reapply when a new FMS is chosen? That is the case now but there should be easier transition processes.	Yes
16	In the presentation (and in 2.2.1) there was a mention of the case manager sharing what providers are available? Is this individual workers? Is the participant also able to bring their own workers to the table to hire?	<p>Case managers (<i>i.e. Coordinators of Community Services and Support Planners</i>) will share the names of the various FMCS providers for which the program participant can then choose.</p> <p>Yes, Participants are able to bring/hire their own workers in accordance with applicable federal and State laws, regulations, and policies governing the programs.</p>
17	Approximately how many DDA participants currently purchase Support Broker services and therefore will not receive Counseling from the vendors?	To date, 68% of SD participants are using a Support Broker.

18	Will there be EVV exceptions? Do we need to build a paper timesheet process?	<p>As per the RFP, Offerors need to propose an Electronic Visit Verification (EVV) system process that meets CMS requirements. The EVV system is for monitoring the delivery of employee services, collecting information about the corresponding employee's billing of claims and presenting the timesheets to Individuals/Participants or their representative for their signature representing approval. The EVV must be developed and compliant with all State and federal requirements including the 21st Century Cures Act and enact all operational readiness and create all key performance indicators as designed and required by CMS. See link for details. https://www.medicaid.gov/medicaid/data-systems/outcomes-based-certification/electronic-visit-verification-certification/index.html. A demonstration, sample, or detailed description of how the monitoring process will be carried out shall be included with the response to this RFP.</p>
19	The RFP reads 1,655 participants are estimated, but the financial tool - year 1 - is based on 1,500 participants. Can you explain the discrepancy? Thank you.	As per Amendment #2, 1,500 is the correct participant amount.
20	Is there a requirement for payroll frequency? I.E. weekly vs bi-weekly?	<p>As per the RFP, vendors must:</p> <ul style="list-style-type: none"> • Pay employees within the time period required by the State of Maryland (https://www.dllr.state.md.us/labor/wagepay/) and maintain documentation in each employee's file;

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| | | <ul style="list-style-type: none">• Disburse payment for transactions within forty-eight (48) hours when requested to secure housing or maintain Individual/Participant health and safety in the community; and• Disburse payments for all other transactions within 10 business days. | |
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21 Regarding the response to why the Community Options waiver is not included in the RFP, although the CO waiver does not include personal attendant services, there are other services in that waiver that could be self-directed. In fact, in the state's own 1915(c) waiver application dated October 1, 2019, it is written:

"Case management agencies must engage every applicant and participant in a PCP process to encourage self-direction and offer the applicant or participant choice and control over the process and resulting plan, including choosing who will be involved in the process."

For participants who receive both DDA and OLTSS services, is the vendor expected to aggregate payroll for both programs for purposes of calculating wages, overtime, paid and unpaid leave, and taxes for all hours worked by an employee under a single household employer?

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The Home and Community-Based Options Waiver (HCBOW) offers the following services: Assisted Living, Medical Day Care, Family Training, Case Management, Senior Center Plus, Dietitian and Nutritionist Services, Behavioral Consultation. These services can not be self directed.

Community Options Waiver applicants/participants can exercise the freedom of choice of providers for the HCBOW, as is the existing requirement and practice.

No. Each program is separate and distinct.

Commented [1]: This should be noted as a separate question

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