REQUEST FOR PROPOSALS
Developmental Disabilities Administration Solicits
(Re-Solicit) Quality Improvement Organization Services (QIO)
MDH-OPASS #21-19004
eMMA# BPM024313 - Issue Date: May 24, 2021

Vendor Questions and Answers #3

1. **Question:** (General) Can the State please provide details on the reason why this RFP was reposted after previously awarded (posted in 2018)? Will all the previous vendors be provided an opportunity to rebid on this solicitation?
   Response: The previous contract was terminated in accordance with the rights and obligations of the parties governed by COMAR 21.07.01.12A(2). Yes, previous vendors can rebid on this solicitation.

2. **Question:** (2.3.2.5.3.2) Please clarify the expected number of Medicaid Data Correlation Reviews to be conducted. Is this a statistically valid sample selected from all claims associated with hospital emergency room visits and unplanned hospitalizations? If so, what is the average number of these claims over an annual period? If this is not the anticipated selection methodology, please provide clarification along with a numeric example.
   Response: This is an audit for the relationship between hospital critical incident reports in the Provider Consumer Information System (PCIS2) and Medicaid hospital claims in the Medicaid Management Information System (MMIS). It is an analysis of PCIS2 hospital incident types matched to MMIS hospital claims by DDA region. This is a 100% review. There is an average of 500 hospital admission incident per month.

3. **Question:** (2.2.5.3.3) Please provide: (1) the number of HRST assessments completed during the last year (e.g., last fiscal year, last 12 months), (2) the expected volume of HRST assessments by initial and optional years of the contract period, and (3) the number of assessments that resulted in an HRST level score of 3 or higher.
   Response: The Contractor will not complete HRSTs.

4. **Question:** (2.2.5.3.3) Please provide: (1) the number of HRST assessments completed during the last year (e.g., last fiscal year, last 12 months), (2) the expected volume of HRST assessments by initial and optional years of the contract period, and (3) the number of assessments that resulted in an HRST level score of 3 or higher.
   to include candidates for three (3) of the four (4) key personnel listed in Section 3.10, or – if the Department expects the bidders to include exactly four candidates.
   Response: (1) Approximately 17,000 HRST were completed last year. (2) Approximately 17,800, 18,600, and 19,400 for subsequent years. (3) Approximately 700 HRST completed have a score of 3 or higher.

5. **Question:** (2.3.2.5.4) Please provide the number of newly enrolled Community Pathways Waiver licensed providers over the last year (e.g., last fiscal year, last 12 months). Does the Department expect this number to remain fairly stable over the initial and option years of this contract, or is an increase or decrease expected to occur? If the Department expects this number to change, please include estimates over the initial and option years of the contract.
   Response: There were 45 newly enrolled providers last year. We currently have 100 new provider applications to review.

6. **Question:** (2.3.2.5.4) Please provide the number of Organized Health Care Delivery Systems (OHCDS). Does the Department expect this number to remain fairly stable over the initial and option years of this contract, or is an increase or decrease expected to occur? If the Department expects this number to change, please include estimates over the initial and option years of the contract.
   Response: Currently, the DDA has 30 OHCDS providers. The Department expects the number to remain fairly stable.

7. **Question:** (2.3.2.5.4) Please provide the expected number of CCS provider reviews to be conducted during the initial and option years of the contract.
   Response: The QIO Contractor will assist DDA in defining the criteria for and conducting of CCS provider reviews to determine compliance with waiver requirements, standards, regulations, Provider Agreement, deliverables, and other relevant requirements. The DDA has a total of 17 CCS agencies across the state.

8. **Question:** (2.3.4) Please provide updated and clear copies of Table 1: Claim Activity, and Table 2: Provider Counts by Region and Service.
   Response: Clear copies of Table 1: Claim Activity and Table 2 Provider Counts by Region and Service has been uploaded onto eMMa for review.

9. **Question:** (2.3.4) Since the first year of the contract must include two (2) years of activity, is it the Department's expectation that approximately 760 reviews will be completed during the initial annual term of the contract (i.e., 380 X 2)? If this is not the case, please clarify what is meant by having the 1st year cover two (2) years of activities.
   Response: A sample is drawn for each year. Therefore 380 for year 1 and 380 for year 2.

10. **Question:** (2.3.4.) Please provide an estimate of the number of targeted reviews that will be completed during the initial and option years of the contract period.
    Response: As this is a new contract, there is not estimate at this time. Based on the results of the Remote Audit, a Targeted Audit may be required to look for systemic claims issues for the Provider. The Contractor shall conduct the Targeted Audit based on the presence of the following criteria: (a) Less services provided than billed; (b) Less or more service provided than authorized in PCP (+/- >14%); (c) Services provided did not match the definition of services billed; (d) Staff qualifications could not be confirmed in the Remote Audit or the individual providing service was not appropriately qualified; and (e) Payments that cannot be substantiated by appropriate service record documentation.

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11. **Question:** (2.3.4.4) Please provide an estimate of the number of special audits that will be completed during the initial and option years of the contract period.
    Response: The DDA may request a special audit of a provider to be conducted based on situations external to the remote and targeted audit process. The audit would be conducted in the same manner as the remote and targeted audits and based on the audit standards established for DDA services. The DDA anticipates that no more than five of such audits would be requested in a year.

12. **Question:** (2.3.6.1.1.c) It is stated that a minimum of 400 complete and accurate face-to-face surveys must be entered into the ODESA database. However, (a) of this same section (page 17) indicates that the selected Contractor must obtain information directly from 1,600 adults with I/DD. Please confirm the number of Adult Consumer Surveys that must be completed under this contract.
    Response: As per the RFP the Contractor is to use the standard Adult Consumer Face to Face Survey to obtain information directly from 1,600 adults with intellectual and developmental disabilities who are receiving services through the Maryland DDA. To participant in the NCI national effort, a minimum of 400 complete and accurate face-to-face surveys must be entered into the ODESA database

13. **Question:** (2.3.6.1.1.i) It is stated that the yearly face-to-face surveys and data entry must be completed by June 30 of each year. Please confirm that, based on the date of contract execution, the Department will negotiate the number of Adult Consumer Surveys to be completed during the initial year of the contract
    Response: The Contractor will need to complete the NCI face to face surveys and have entered by June 2022. The Department anticipates the contract to be awarded by the fall providing approximately 9 months to complete the face-to-face surveys. Therefore, the Department feels this requirement can be met.

14. **Question:** (2.3.7.1.b.) It is stated that the selected contractor will conduct Basic Assurances reviews in 25% of DDA providers annually. It is noted on page 11 that DDA has approximately 215 licensed providers, 250 certified providers, and approximately 4,300 providers/staff under the self-directed service delivery model. Please specify the provider group(s) that would be included in the Basic Assurances sampling. For example, if only licensed and certified providers, would this result in a need to conduct 117 Basic Assurances reviews (i.e., (215+250) * 0.25 = 116.25)? If this is not correct, please clarify and provide the estimated number of basic assurances reviews to be conducted each year.
    Response: The DDA has approximately 250 providers some of which are both licensed and certified for various services. The sample size is 250 providers.

15. **Question:** (2.3.7.1.b.) Please provide a breakdown of DDA Medicaid waiver participants by region and, if possible, by county.
    Response: Please see Chart 1 – DDA Medicaid waiver participants by region and by county.

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16. **Question:** (2.3.7.1.b.) It is anticipated that CQL Network Accreditation will occur in Year 4 (or the first optional year of the contract). Is it the Department's expectation that the selected Contractor will complete Basic Assurances reviews of 25% of DDA providers and approximately 250 Personal Outcome Measures® (POM) interviews in Year 5 (or the second year of the contract)?
    Response: Reviews should be completed in year two (2).

17. **Question:** (2.3.7.1.d.) Please confirm that the Department expects all Contractor staff conducting POM to be CQL Certified Interviewers.
    Response: Yes, Contractor staff conducting POM must be CQL Certified Interviewers.

18. **Question:** (2.3.7.1.d.) Is it the Department's expectation that some DDA staff will be trained and certified by CQL to conduct POM® interviews? If so, how many and will those interview count towards the 250 required to be performed during the year?
    Response: No, the Contractor staff will conduct the BA reviews. The reference to the DDA staff will be removed via an amendment as noted below: 2.3.7.1 – The Contractor will sub-contract with CQL to provide training and certification to the Contractor ~~and select DDA~~ staff in the use of the CQL proprietary accreditation tools, specifically, the Basis Assurance® and Personal Outcome Measure® tools. See Amendment #3- Dated 7/20/21.

19. **Question:** (2.3.7.1.e.) Please confirm that all reviewers who engage in the Basic Assurances reviews will need to be certified by CQL. For example, if two staff engage in a Basic Assurances review with one provider, both staff would need to be certified by CQL to conduct the BA review.
    Response: Yes, Contractor staff conducting POM must be CQL Certified Interviewers.

20. **Question:** (2.3.7.1.e.) Is it the Department's expectation that some DDA staff will be trained and certified by CQL to conduct BA reviews? If so, how many and will those reviews count towards the 25% required for the year?
    Response: No, the Contractor staff will conduct the BA reviews.

21. **Question:** (2.3.9.2.b.) Data System) - There is reference to linking to other state-owned and/or contracted information systems. Please list all state-owned/or contracted information systems that we would be expected to link our data system to. Is it the Department's expectation that this link be a real-time/direct exchange of data or would secure file transfers and manual imports satisfy this requirement? If an interface or direct exchange of data is expected, this will involve work and allocated resources from both systems—the new contractor's system and the existing system(s). Who would be responsible for the cost of the work to be completed in the other systems (state-owned and/or contracted) to meet contract requirement and create the needed interfaces?
    Response: There will be no direct interfacing with the state's systems. Data dumps or data pulls from state systems into acceptable data file formats for QIO vendors systems to consume will be coordinated with the awardee.

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22. **Question:** (2.3.9.2.b.) Data System) - The data system must be functional within 120 days of the Go-Live Date of the Contract. Does this include any/all links to other state-owned and/or contracted systems? If so, please confirm that the Department will ensure the State or other technology vendors perform the work required to interface with their system within the required 120 days?
Response: There will be no direct interfacing with the state's systems. Data dumps or data pulls from state systems into acceptable data file formats for QIO vendors systems to consume will be coordinated with the awardee.

23. **Question:** (2.3.9.2.e.) How many staff from DDA would need to access the selected Contractor's data system?
Response: The contractor is required to share access to the data system. Staff will include DDA leadership and various regional office staff related to quality, provider services, coordination of community services, and fiscal staff. As this is a new contract, there is no estimate at this time.

24. **Question:** (2.3.9) It is indicated that the system must be functional within 120 days of the effective date of the Contract. Please confirm whether this is 120 business or calendar days.
Response: The data system must be functional within 120 business days.

25. **Question:** (2.3.10.2) Please estimate the number of ad hoc reports that the selected Contractor would need to generate.
Response: As per the RFP, Ad Hoc reports and data analysis shall be available on request of the Contract Monitor to assess the quality and appropriateness of services to Person/Individuals within 7 business days of the request. As this is a new contract, there is not estimate at this time.

26. **Question:** (3.5.2) It is stated that the selected Contractor shall perform a full or partial import/export of State data within 24 hours of a request or provide the State the ability to import/export data at will. Please provide information about what data files would be available for import into the selected Contractor's data system. Will these include all data needed to perform the basic waiver assurance reviews and utilization reviews? What file format are these imports available in? How often will these imports be made available to the selected Contractor? Please confirm that the format and fields of these imports will be consistent over time and defined during the first 120 days of the contract with the Contractor's data system is being configured. If not, it will be difficult to accommodate imports of new data within 24 hours of a request.
Response: Data file formats can be coordinated and agreed upon during the contract transition time period. Current options may include a flat file or .csv file. once a format is agreed upon, the format will be maintained.

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27. **Question:** (3.5.2) What is the intent of these imports? Are these one-time imports at the beginning of the contract to bring in historic information? If so, how historic is the data? If they are on a periodic/regular basis (e.g., provider and participant data), what is the schedule?
Response: Data file formats can be coordinated and agreed upon during the contract transition time period. Current options may include a flat file or .csv file. once a format is agreed upon, the format will be maintained. Data will be shared on an agreed frequency.

28. **Question:** (3.7.1.A.) Will the selected Contractor's staff be provided Maryland contractor badges under this contract? If so, will there be a cost to the Contractor for this? What would that be?
Response: No, the Contractor will not be provided a Maryland State identification. Contractor Personnel shall always display his or her company ID badge in a visible location while on State premises. Upon request of authorized State personnel, each Contractor Personnel shall provide additional photo identification

29. **Question:** (3.7.5 B.1) Many SaaS applications do not offer a separate production, testing, and training environment. Would the Department accept two separate environments to meet this requirement, one for production and one that can be used for both testing and training?
Response: Yes.

30. **Question:** (3.10.1.1) Since the Project Manager will be "the contact person for the Department Contract Monitor," please confirm that the Program Manager is not required to be dedicated solely to this Contract (i.e., a portion of their time can be spent working on other contracts).
Response: The Program Manager is a full time Key Personnel subject to all requirements identified in Section 3.10.

31. **Question:** (3.10.1.8) Would the Department consider the minimum of three (3) years of experience in public sector Utilization Review of Medicaid services as preferred and not mandatory? This type of experience is uncommon, even among senior MIS staff.
Response: The Contractor must provide key MIS personnel with a bachelor or master's degree and a minimum of three (3) years of experience in public sector Utilization Review of Medicaid services to manage Contract requirements including data analysis and storage. MIS staff must be readily available to the Department staff via phone, email, and fax during Normal State Business Hours.

32. **Question:** (3.10.1.) Would the Department consider allowing a degree of flexibility on the qualifications for interviewers? We suggest that this should be the case for both those interviewers with and without disabilities, but especially for those with disabilities. For instance, would the Department consider allowing equivalent or relevant experience (e.g., training, advocacy, outreach and education, and the like) to be acceptable in lieu of the more restrictive qualifications for all interview staff, so long as the Department can approve qualifications prior to hiring?
Response: Yes, the Department would be flexible on the qualification of the interviewers. and must be shared with the contract monitor for approval.

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33. **Question:** (Page 77) Under Section 5 – Proposal Format, Offerors are asked to provide the following: • Item 1: Responses to each RFP requirement (Section 2 and 3) • Item 3: A definitive section-by-section description of the proposed work plan to meet RFP requirements (i.e., Work Plan) Would MDH please clarify the difference between these two proposal sections/requirements?
    Response: Offerors are asked to submit proposals as outlined in Sections 5 – Proposal Format Section 5.1 through 5.4 For example, TAB A, TAB B, etc. Section 5.3 – Volume I – Technical Proposal ask Offerors to submit under TAB E, a definitive section-by-section description of the proposed plan to meet the requirements of the RFP, i.e., a Work Plan. The Work Plan shall include the specific methodology, techniques, and number of staff, if applicable, to be used by the Offeror in providing the required goods and services as outlined in RFP Section 2, Contractor Requirements: Scope of Work. The description shall include an outline of the overall management concepts employed by the Offeror and a project management plan, including project control mechanisms and overall timelines. Project deadlines considered contract deliverables must be recognized in the Work Plan.

34. **Question:** (5.3.G.) Experience and Qualifications of Proposed Staff) This section requests bidders propose exactly three (3) key resources. However, Section 3.10 lists four Key Personnel (Program Manager, Project Manager, Quality Management Manager, and at least one (1) audit personnel). Please clarify whether the Department expects bidders to include candidates for three (3) of the four (4) key personnel listed in Section 3.10, or if the Department expects the bidders to include exactly four candidates.
    Response: As per Section 3.10, there are (4) four identified key personnel including Program Manager, Project Manager, Quality Management Manager, and at least one (1) audit personnel. Amendment 1 added to reflect four (4) key personnel. (See Addendum #1).

35. **Question:** (Attachment B-1 Financial Proposal Form) Since startup expenses will vary significantly from ongoing program costs, would the state consider adding line items for Startup to the Financial Proposal Form, Base Year One?
    Response: The state will not be providing startup cost.

36. **Question:** (1.1.1.1) Per section 1.1.1.1 of the RFP, the Offeror must be a Medicaid-eligible provider and not on the following exclusion lists. 1) Does this mean an Offeror must provide direct patient services, such as a physician practice or healthcare system? 2) To meet this requirement, may an Offeror who does not provide Medicaid services partner with a Medicaid-eligible provider to meet this requirement?
    Response: 1) No the Contractor will not provide direct patient services. 2) No.

37. **Question:** (2.3.7) Does Section 2.3.7, "CQL Network Accreditation of the State's System," apply to both licensed and certified providers?
    Response: Yes, it applies to both licensed and certified DDA providers.

38. **Question:** (General) Can the State please share what the anticipated Quarter dates are for this contract, for Q1-Q4?
    Response: Quarters are defined as follows: July - September October - December January - March April – May.

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39. **Question:** (4.26) If a subcontractor is certified as both a MBE and VSBE, can their work on the project count towards both the MBE and VSBE participation goals?
Response: Yes.

40. **Question:** (2.3.6.1.1) 2.3.6.1.1 (a) of the RFP requires the vendor to conduct 1,600 face-to-face Adult Consumer surveys. NCI requires at least 400 are entered into ODESA. Does DDA expect the vendor to enter 1,600 surveys into ODESA or to meet the minimum NCI requirement of 400?
Response: The contractor shall enter all completed surveys.

41. **Question:** (2.3.10.1.2) Is an integration with an existing external incident management system needed or is the contractor responsible for providing incident management system for collecting incident data?
Response: No, we do not expect the contractor to provide incident management system or collect the data. We expect the contractor to review, analyzed and trend incidents, critical incidents, from the States PCIS2 incident tracking system

42. **Question:** (2.3.10.1.2) If an integration is needed, can the state provide more information on the type of data or make a sample available?
Response: Not applicable.

43. **Question:** (Tables Pg 13-14) Tables 1 (Claim Activity) and 2 (Provider Counts by Region and Services) on Pages 13-14 of the RFP are blurry and difficult to interpret. Would the Department please make these tables available in their native format or a larger, more legible size?
Response: Clear copies of Section 2.3.4.1 Table 2 Provider and 2.3.4.1 Table 1 Claims Tables have been uploaded onto eMMA and the MDH website for review.

44. **Question:** (General) What is the state's allocated budget for this contract?
Response: The total budget will be based on the awarded vendor.

45. **Question:** (2.3.2.5.1, Pg. 7, 2.3.2.5.2, PG. 8, 2.3.2.5.4, Pg. 11, 2.3.3.1, Pg. 12, 2.3.4.1, Pg. 13, 2.3.6.1.1, Pg. 17, 2.3.7.1.b., Pg. 20) Sampling requirements outlined in the RFP for this project are complex and significantly drive up the costs due to the large number of reviews the state is requesting. Is it possible to meet with MDAS analytic staff prior to submission of the proposal to ensure all bidders understand the sampling requirements?
Response: Sampling requirements are noted in the federally approved waiver applications. References:
Community Pathways -
https://dda.health.maryland.gov/Documents/Waiver%20Documents/Community%20Pathways%20Waiver/CPW%20Amendment%203%20effective%20011921.PDF
Community Supports -
https://dda.health.maryland.gov/Documents/Waiver%20Documents/Community%20Supports%20Waiver/1.20.21/Community%20Supports%20Waiver%20-%20Amendment%203%20eff%201.19.21.PDF

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Family Supports Waiver -
https://dda.health.maryland.gov/Documents/Waiver%20Documents/Family%20Supports%20
Waiver/1.20.21/Family%20Supports%20Waiver%20-
%20Amendment%203%20eff%201.19.21.PDF

46. **Question:** (2.3.2.3, 2.3.2.5., 2.3.2.5.3.1, 2.3.3.1, 2.3.4.1) Support for the Monitoring of Basic Waiver Assurances: "Sample size for these reviews is based on the approved performance measure sampling methodology and should be projected at the beginning of the State's fiscal year (July – June) based on the estimated population size, providers, incidents, and claims, in consideration of estimated increase/decrease in population that occurs annually. Oversampling is recommended to compensate for errors made in estimation to ensure adequate coverage with a 5% margin of error and a 95% confidence level." • When you refer to "95% samplings" (e.g., on Pg. 8, section 2.3.2.5.3 and Pg. 9, section 2.3.2.5.3.1), or only refer to "95% confidence intervals" (e.g., on Pg. 9, section 2.3.2.5.3.1), are you actually referring to 95% confidence level and 5% margin of error? • When you refer to "95 samplings" (e.g., Pg. 12, section 2.3.3.1 and Pg. 13, section 2.3.4.1) are you assuming 95 claims sampled per quarter, a total sample of 380 for the year, divided by quarter?
Response: The requirement is 95% confidence level with 5% margin of error.

47. **Question:** (2.3.7.1.b, Pg. 20) RFP states: "Contractor will maintain adequate staffing levels of CQL certified staff to conduct Basic Assurances® reviews in 25% of DDA providers and approximately 250 POM interviews annually." · What is the total number of DDA providers to be included when calculating the 25%? · Are the POM interviews expected to be conducted with individuals served by the 25% of DDA providers who are selected for the Basic Assurances?
Response: The DDA has approximately 250 providers some of which are both licensed and certified for various services. The sample size is 250 providers. A minimum (50%) of the interviewers employed by Contractor for the NCI face-to-face interviews shall be people with ID/DD. They do not have to be supported by the providers being reviewed.

48. **Question:** (2.3.6.1.1 (a), Pg. 17, 2.3.6.1.1 (c), Pg. 18) Section (a) states: "Use the standard Adult Consumer Face to Face Survey to obtain information directly from 1,600 adults with intellectual and developmental disabilities…" and section (c) states: A minimum of 400 complete and accurate face to face surveys must be entered into the Online Data Entry Survey Application (ODESA) database."• Is it required to actually interview 1600 people for the NCI In-Person Survey? • Or, is the requirement to select a sufficient number of people in the sample, and oversample, (e.g., 1600), to ensure at least 400 are completed and entered into ODESA?
Response: As per the RFP the Contractor is to use the standard Adult Consumer Face to Face Survey to obtain information directly from 1,600 adults with intellectual and developmental disabilities who are receiving services through the Maryland DDA. In order to participant in the NCI national effort, a minimum of 400 complete and accurate face-to-face surveys must be entered into the ODESA database.

49. **Question:** (2.3.2.5.1, Pg. 7) Level of Care Reviews: "…selecting a statistically valid (95% confidence interval) sample of applicants for each DDA Waiver program and enrolled participants due to recertification for each DDA Waiver for the reporting quarter.

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During Fiscal Year 2020, approximately 650 individuals were enrolled in the Community Pathways Waiver, approximately 300 individuals were enrolled in the Community Supports Waiver, and approximately 260 individuals were enrolled in the Family Supports Waiver,…"
1- Are you saying there were 650 new enrollees in the CPW, 300 new enrollees on the CSW and 260 new enrollees on the FSW?
When it states, "based on this assumption, the DDA requires 95% samplings per quarter." 2 - Is the state asking for a sample from each waiver per quarter, so 12 samples annually, each one with 95% confidence level and 5% margin of error? If so, with the populations of new enrollees per waiver being so small, this would likely result in reviewing close to all new enrollees for each waiver each year. Is that the intention? · Or, is the state asking for one valid sample of all new enrollees, divided equally by quarter? 3 - When it states "…approximately 17,000 required annual re-certifications. Based on this assumption, the DDA requires 95% samplings per quarter." · Is the state asking for a sample of current participants per quarter, each with a 95% Confidence Level and 5% margin of error, which would be approximately 380 per quarter? · Or, is the state asking for one annual sample of participants, divided equally by quarter, which would be approximately 95 per quarter? · Do the samples for recertification need to be selected by waiver with the 95% Confidence Level and 5% margin of error? · If so, how many people are served by waiver?

Response: 1- Yes 2 - Sampling (i.e., 95% Confidence Level and 5% margin of error) each quarter based on the number of people enrolled during that quarter. 3 - The programs require an annual re-certification of the Level of Care. Sampling (i.e., 95% Confidence Level and 5% margin of error) is required each quarter based on the number of people who have a re-certification due during that quarter.

50. **Question:** (2.3.2.5.2, Pg. 8) Service Plan Reviews: "The Service Plan Review process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of PCP and records from the universe of PCPs due during the quarterly review." • Is the state asking for a valid sample of records per quarter, so 4 samples that meet the 95% confidence level and 5% margin of error criteria, or one sample divided equally by quarter?
Response: The programs require an annual person-centered plan (Service Plan) be conducted. Sampling (i.e., 95% Confidence Level and 5% margin of error) is required each quarter based on the number of plans due during that quarter.

51. **Question:**   Health and Welfare: "The process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of service records from the universe of approximately (1) 5,428 Critical Incident Reports, participant records, and investigation during the quarter and (2) approximately 6,400 participants in Community Living - Group Home or Community Living – Enhanced Supports." Each Health and Welfare Performance Measure (PM) has a unique denominator.
In terms of the denominators: 1 - Is "the number of incidents reviewed" in PM1 the same sample as "the number of records reviewed" in PM3 and PM4? 2 - Does "the number of critical incidents systemic interventions" in PM5 require a separate sample using "all critical incidents systemic interventions" as the denominator, or will these be identified as part of the overall sample of incidents as in PM 1, 3 and 4? 3 - Does "the number of incidents of restraint reviewed" in PM6 require a separate sample using all restraints identified, or are these identified as part of the overall sample of incidents?

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Response: 1 - The numbers may vary based on the type of incident and due date for the investigation. 2 - No. This relates to quality enhancement strategies implemented such as webinar on training, media campaign for flu shots, etc. 3 - Yes. PM6 is specific to restraints which will be a subset of the total incidents.

52. **Question:** (2.3.2.5.3.2, Pg. 9) This section states, "Medicaid Data Correlation Reviews are quarterly audits of Medicaid service claim data to determine if (as appropriate) incident reports were filed in a timely manner in response to serious incidents requiring health care services at a hospital emergency room or in other areas of the hospital. This audit evaluates whether serious incidents associated with hospital emergency room visits and unplanned hospitalizations were reported." · Will the state provide the necessary claims data per quarter to identify relevant emergency room visits and unplanned hospitalizations? · Or, will the state provide a list of people who had ER visits or hospitalizations per quarter?
Response: The State will provide incident data related to ER visits and hospitalizations.

53. **Question:** (2.3.2.5.3.3.3, Pg. 10) This section states, "HRST Comparison to Mortality Reports - Annual comparison of HRST scores with mortality reports." · How will the contractor have access to the mortality reports? · Will this require that all HRST reviews be used? · Or, will a valid (95% confidence level with 5% margin of error) sample of HRST reviews be sufficient?
Response: The DDA will provided the Mortality Reports A valid 95% confidence level with 5% margin of error sample of HRST reviews would be sufficient.

54. **Question:** (2.3.2.5.3.3.2, Pg. 10) This section states, "HRST Comparison to Incident Reports - Annual comparison of HRST scores with incident reporting including hospital emergency room visits and unplanned hospitalizations." · Will the state provide the claims data? · Or, will the state provide a list of people who had ER visits and unplanned hospitalizations? · Is there an electronic incident reporting system and if so, will the contractor have access to this system? · Will this review be for all identified ER visits and unplanned hospitalizations? · Or, will a valid (95% confidence level with 5% margin of error) sample of ER visits and unplanned hospitalizations be sufficient?
Response: The State will be coordinated with the Vendor on data sharing, format and frequency. The analysis is on data from the Health Risk Screening Tool (HRST) and emergency department (ED) and inpatient stay data from the Medicaid Management Information System (MMIS2). The analysis focused on determining the relationship between a participant's Health Care Level (HCL) score from the HRST data and ED visits and inpatient stays

55. **Question:** (2.3.6.1.1. (e), Pg. 18) This section states, "Contractor shall provide a random sampling of no less than one third (1/3) of the assessments administered to ensure inter-rater reliability. Contractor shall carry out monthly inter-rater reliability assessments to ensure consistency in data collection period." · Is this referring to a 1/3 of the 400 surveys entered into ODESA, 133 inter-rater reliability assessments annually?
Response: This refers to the total face to face assessments.

56. **Question:** (2.3.6.1.2, (a) and (b), Pg. 19) Section (a) states, "The Contractor will send the appropriate survey to all families or guardians of persons receiving services through the Maryland DDA. Currently there are approximately 11,000 families or guardians."

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Section (b) states, "A minimum of 400 of each complete and accurate survey must be entered into the ODESA database survey." · Is it required to send 11,000 surveys or only to send enough to ensure a random valid sample of 400 for each are returned and entered into ODESA?
Response: The Contractor is required to send surveys to all families and guardians.

57. **Question:** (2.2.5.1, Pg. 11) This section states, "The Contractor serves as an extension of the State's QE function to monitor and ensure Basic Waiver Assurances under the HCBS Waiver by supporting the following reviews of performance measures based on a statistically valid random sample pulled from the universe of participants, providers, service plans, incidents, and claims." · Will this include all waiver providers and self-directed providers?
Response: Yes, this would include both

58. **Question:** (General) Will DDA supply the incident management /MM data so an analysis can be performed by the contractor?
Response: Yes, the DDA will provide the data via PCIS2.

59. **Question:** (General) Has anyone reached out to CQL as they are a required sub-contractor and will play a significant role in this SOW. Both in training and technical assistance?
Response: Yes, CQL is aware of this requirement and partnership. They will also share the role and requirements for the "Network Accreditation"

60. **Question:** (General) What is DDA's expectation regarding the mix of modalities -face to face/online in service delivery based on COVID?
Response: The DDA is flexible on this and will be based on the person's/Families' preference.

61. **Question:** (4.26) The participation goals for this procurement are 30% MBE and 3% VSBE. Liberty has identified a potential partner that is both an MBE and a VSBE. Are we able to engage this company to fulfill both the MBE and VSBE criteria? For example, if this company's accounts for 33% of the contract, could they fulfill both the 30% MBE and 3% VSBE goal?
Response: Yes, as long as the subcontractor is certified as a VSBE and an MBE, they will be qualified to meet both goals.

62. **Question:** (Section 5.3) Can the Department please confirm if vendors should be listing our references in Tab D, Tab H, or both tabs? RFP Section 5.3.2.F.5 discusses the location from which a provider proposes to provide services for this contract. Is this location required to be in Maryland?
Response: The Contractor does not need to be in Maryland. The Offeror shall identify in the Proposal the location from which services will be provided. References should be included under both tabs.

63. **Question:** (pg.iii) Per Addendum 2, is the State anticipating extending the Questions Due Date and Time?

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Response: Questions Due Date and Time have been extended to July 30, 2021, 2:00pm EST Local Time. All questions must be submitted to MDH.soliciationquestions@maryland.gov. The Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Proposal due date. (See Amendment #3)

64. **Question:** (General) What review data is available to the contractor in electronic form?
Response: Review data includes but may not be limited to PCPs, incident reports, MMIS claims, PCIS incident reports, and HRST data.

65. **Question:** (2.3.7) Can DDA share any current/historical data related to the measure of confidence that Basic Assurances are in place for network organizations?
Response: No, we are in the process of starting the network accreditation via this RFP.

66. **Question:** (2.3.2.5.3.1) How does the state anticipate sharing Incident Reports? Will the contractor receive a regular download of Incident reports?
Response: Data dumps or data pulls from state systems into acceptable data file formats for QIO vendors systems to consume will be coordinated with the awardee.

67. **Question:** (2.3.10.1.2) In what data format(s) is incident data available?
Response: The incident data is available in CSV. format

68. **Question:** (2.3.10.1.3.b.) It is stated that the Contractor will include copies of all documents reviewed for each individual, for each audit and for each billing period to the Contract Monitor electronically. Is it the Department's intent to receive analytics of reviewed documentation, copies of the reviews, and/or copies of the documents that were reviewed as part of the audit? What file format would be acceptable for this? Would providing access to these documents within the selected Contractor's information system satisfy this requirement? This would reduce risk of data loss and minimize the impact large files may have on the State's storage.
Response: It is the department's intent to receive all analytics and supporting documentation. The PDF file format would be acceptable. Providing access to the documents within the Contractor's information system would be acceptable as long as the contract manager has the ability to securely download the supporting documentation.

69. **Question**: (2.3.11.C.) Contractor-Supplied Hardware, Software, and Materials) Please clarify what is meant by, "The State shall be permitted limited user-specific application configuration settings." Would collaboration with the Department during configuration of the data system meet this requirement?
Response: Yes. Please state the form of collaboration that would be needed by the department to meet this objective.

70. **Question:** Is the State currently utilizing the Critical Needs List Recommendation (CNLR)?
Response: No.

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71. **Question:** (2.3.2.3) It is stated that the utilization review population should then be divided into a monthly target ensuring that the monthly sample. Please confirm that the sample size is based on the annual sample with approximately 1/12 of the reviews being conducted each month (i.e., 6,100,000 paid claims = sample size of 385 reviews for the year = approximately 32 reviews being conducted each month). Provision of a table that includes estimated annual reviews for each review by year of the contract would eliminate the need to answer this question.
Response: This interpretation of this section is correct.

72. **Question:** (Key Positions, Pages 47 and 48) The RFP states that there are 3 key positions, however the UR Audit Personnel is also listed as "key" in the description.
Does this mean there are four key positions?
Response: As per Section 3.10, there are (4) four identified key personnel including Program Manager, Project Manager, Quality Management Manager, and at least one (1) audit personnel. Amendment 1 added to reflect four (4) key personnel. (See Addendum #1).

73. **Question:** 2.3.2.5.4 Qualified Provider Reviews) What is the definition of a licensed provider and. a certified provider? Are both eligible to be in CQL network certification?
Response: A DDA Provider means an individual or entity, licensed or certified/approved by the Maryland Department of Health, that provides DDA-funded services to applicant(s) or participant(s) in accordance with the DDA's requirements and, if providing Waiver program services, enrolled as a provider in the Medicaid Program. Yes, both are eligible to be in CQL network accreditation.

74. **Question:** (2.3.7) What is the status of the CQL network accreditation? How many providers are currently CQL accredited?
Response: The CQL network accreditation process has not started Maryland has several providers that are CQL accredited but has not been a requirement.

75. **Question:** (2.3.3.1) What method will be used to share claims data with the contractor?
Response: There will be no direct interfacing with the state's systems. Data dumps or data pulls from state systems into acceptable data file formats for QIO vendors systems to consume will be coordinated with the awardee.

76. **Question:** (2.3.2.5.2) How does the state anticipate sharing Person Centered Plans with the contractor? What form will the plans be in? Are the plans downloadable?
Response: There will be no direct interfacing with the state's systems. Data dumps or data pulls from state systems into acceptable data file formats for QIO vendors systems to consume will be coordinated with the awardee.

77. **Question:** (General) Does the state currently have some type of health information exchange, other system, or process for sharing and comparing claims data to incident reports and provider data such as service plans and HRST results?
Response: Data file formats can be coordinated and agreed upon during the contract transition time period. Current options may include a flat file or .csv file. once a format is agreed upon, the format will be maintained.

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78. **Question:** (General) Is this work/contract currently being performed?
Response: Some components of the RFP are being conducted by the DDA such as monitoring basic assurances, incident trending, and NCI surveys.

79. **Question:** (Section 2.2.5.1 (a), Pg. 11) Level of Care (LOC) Reviews · Who maintains the LOC documentation and supporting documentation? · What entity (i.e., provider, support coordinator, or both) has that information?
Response: The LOC is maintained in the LTSS Maryland system

80. **Question:** (Section 2.2.3, Pg. 10) This section states, "These services include completing the Person-Centered Plan (PCP) and any subsequent revisions and monitoring the implementation of the PCP and the health and welfare of Persons/Individuals." · Are providers of direct support services required to do quarterly or monthly summaries to monitor implementation of the PCP? · If so, does the provider submit the summaries to support coordinators or are providers required to upload the PCP summaries into the state's electronic system?
Response: The providers are required to conduct monitoring implementation of the PCP based on the PCP outcome review section and what's required in COMAR 10.22.05.02. The provider is not required to upload their progress in the LTSS Maryland System. The CCS is required to conduct quarterly monitoring.

81. **Question:** (2.3.2.5.4, Pgs. 10 and 11) Qualified Provider Reviews: "The Qualified Provider Reviews process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of providers and records from the universe of new providers and approximately 215 licensed providers, 250 certified providers, and approximately 4300 providers/staff under the self-directed service delivery model during the quarterly review." · Is the state asking for valid samples each quarter, each using 95% confidence level and 5% margin of error per type of provider: newly enrolled licensed, newly enrolled certified, continue to be licensed, continue to be certified, and self-directed providers? · Or, is the expectation that one sample be selected for each provider type and the total for each provider type be split into 4 quarters?
Response: The State is seeking a valid sample for each quarter for newly enrolled licensed providers during the quarter, newly enrolled certified providers during the quarter, providers re-licensed (continued) due during the quarter, providers re-certified (continued) due during the quarter, and self-directed providers.

82. **Question:** (2.3.2.5.4, (h) PM8 Pgs. 11) This PM states, "Number and percent of Organized Health Care Delivery Systems (OHCDS) who meet requirements as outlined in DDA regulations and policies. Numerator = number of OHCDS who meet requirements in accordance with the DDA regulations and policies. Denominator = number of OHCDS reviewed." · Are OHCDS providers included in the types of providers referred to in this section (new, certified, and licensed)? · Or, will this provider type require an additional sample with 95% confidence intervals? · If so, is this one sample per quarter, each with 95% confidence intervals with a 5% margin of error? · Or, is this one sample for the year divided equally by quarter?

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Response: DDA licensed and certified providers can also submit a request to become a OHCDS provider. This performance measure requires an annual sampling of OHCDS designated providers for compliance with the DDA regulations and policies. This sampling is in addition to the sampling of licensed and certified providers.

83. **Question:** (2.3.3.1, Pg. 12) Financial Accountability Reviews: "The process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of service claims from the universe of claims submitted during the quarter. During Fiscal Year 2020, there were 5,800,000 claims submitted for the Community Pathways Waiver, 3,000 claims submitted for the Family Supports Waiver, and 300,000 claims submitted for the Community Supports Waiver. Therefore, based on a minimum required 95 samplings per quarter." · What does "Therefore based on a minimum required 95 samplings per quarter" mean?
Is the state saying the Contractor should sample 95 claims each quarter? · Because the denominators for all three PMs refer to "number of claims reviewed" are you saying the sample is selected from all claims and all waivers combined?
Response: Based on the total of 6.1 million claims referenced in the question, the sample size would be approximately 384 claims per year, or 96 claims per quarter. The sample size may change based on the number of claims in the universe.

84. **Question:** (Section 2.3.4.1, Pg. 13) This section states, "Utilization Reviews (URs) verify the provision and quality of required DDA services for a Consumer within a statically valid sample of billed services. The UR process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of claims and Consumer(s) from the universe of approximately 6,100,000 paid claims (Medicaid and State-Only activity) from the last complete fiscal year (1st year must cover two years of activity). Based on this assumption, the DDA at a minimum requires 95 samplings per quarter or 380 per year." · Is the expectation to sample claims or consumers? · What does "95 samplings per quarter or 380 per year" mean? · Is the state saying the sample needs to be 95 claims each quarter? · Or, is the state saying the sample needs to be 95 Consumers with claims per quarter?
Response: The State's expectation is that the claims be reviewed. Based on the universe of 6.1M, the sample size would be 384 claims/year.

85. **Question:** (Section 2.3.4.1, Pg. 13 and Pg. 14) Utilization Reviews: Can we get a clearer copy of Table 1 Claim Activity and Table 2 Provider Counts by Region and Service?
Response: Clear copies of Section 2.3.4.1 Table 2 Provider and 2.3.4.1 Table 1 Claims Tables have been uploaded onto eMMA and the MDH website for review.

86. **Question:** (Section 2.3.4.2.4, Pg. 14 and 15) This section states, "In year one (1) of the Contract, the Contractor will conduct a statistically valid sample of activity for all of the DDA's existing services and will conduct Remote Audits on the selected individuals…. In year two (2) of the Contract, the Contractor shall conduct a statistically valid sample of all activity and conduct the utilization review based on this information for all consumers receiving any DDA services." · In year 1, what does "a statistically valid sample of activity for all of the DDA's existing services" mean? · In Year 2, what is meant by "a sample of all activity?"
Response: A statistically valid sample would be at the 95% confidence level with 5% margin of error.

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87. **Question:** Section 2.3.4.3.1, Pg. 15) This section states, "Based on the results of the Remote Audit, a Targeted Audit may be required to look for systemic claims issues for the Provider." What is the estimated of the number of Targeted Audits expected to be completed each year?
Response: As this is a new contract, there is not estimate at this time. Based on the results of the Remote Audit, a Targeted Audit may be required to look for systemic claims issues for the Provider. The Contractor shall conduct the Targeted Audit based on the presence of the following criteria: (a) Less services provided than billed; (b) Less or more service provided than authorized in PCP (+/- >14%); (c) Services provided did not match the definition of services billed; (d) Staff qualifications could not be confirmed in the Remote Audit or the individual providing service was not appropriately qualified; and (e) Payments that cannot be substantiated by appropriate service record documentation.

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