



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

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 #4

- 1. Question:** (2.3.10.1.2, Pg. 24) The RFP states, “Review and trend incident, critical incidents, and cross reference with monitoring reports. The Contractor shall develop an information system to review and trend incidents and critical incidents and cross reference with monitoring reports. The Contractor will track and trend incidents by person, by Provider, by Coordinator of Community Services, by DDA Program, and by Region.” · What are the monitoring reports? · Will the information system requested include all historical critical incidents? · Or, will it include just incidents from the start of the contract?
Response: 1 - Monitoring reports are reports used to track incidents. 2 - The DDA will provide incident data for which the Contractor can use in their data system to review and trend. Data and file formats will be coordinated during the contract transition time period.
- 2. Question** (3.15.1, Page 56) Does the state intend to acquire a software system from the selected vendor?
Response: As described in the sample Contract (Attachment M), the State shall solely own any custom software, including, but not limited to application modules developed to integrate with a COTS, source-codes, maintenance updates, documentation, and configuration files, when developed under the Contract.
- 3. Question:** (General) Does the state have a single unique identifier for person enrolled in waiver services that is used in both the incident reporting and claims systems?
Response: Yes. The state does have a single unique identifier for a person enrolled in waiver services.
- 4. Question:** (General) How many providers already have staff trained in the HRST and does the state have an incentive plan to encourage more providers to use HRST?
Response: The number of CCS and Nurses trained in the HRST is 3,038 The HRST is required and therefore the State does not have an incentive plan for provider to use.
- 5. Question:** (2.3.2.5.3.3, Page 9) Does the state have a requirement for the level of clinician performing the HRST reviews? Can an LPN conduct them?
Response: A Registered Nurse must complete a Clinical Review of the HRST as per the standard process with this national tool.



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6. **Question:** (2.3.2.5.3.3, Page 9) What is the expected volume and turnaround time for the HRST reviews?
Response: Approximately 4,500 HRST are completed quarterly. Reviews should be conducted quarterly.
7. **Question:** (General) Can we obtain the current vendors SOW?
Response: Currently there are no vendors performing this work.
8. **Question:** (2.3.7.3.D, Page 21) Is four years, correct?
Response: Yes.
9. **Question:** (2.3.2.3) It is stated that the sample size for the Monitoring of Basic Waiver Assurances (a-e) is based on the approved performance measure sampling methodology and should be projected at the beginning of the State's fiscal year. It is also stated that reviews are each due on a quarterly basis. Please confirm that the sample size is based on the annual sample size with approximately 25% of these being conducted each quarter (i.e., 17,000 population = sample size of 376 reviews for the year = 94 reviews being conducted each quarter). If this is not the correct interpretation of this section, please clarify and provide a numeric example. 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: Sample size will vary each quarter and year based on the specific focus areas and applicable sample universe such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for prelicensure during the quarter, and Financial Accountability claims submitted during the quarter. Projections can be made based on the previous year's sampling.
10. **Question:** (2.3.2.5.1) It is stated that the Contractor will select a statistically valid sample of applicants from EACH DDA Waiver program and enrolled participants due to recertification for EACH DDA Waiver for the reporting quarter. Is it the Department's expectation that each Waiver program (e.g., Family Supports Waiver, Community Supports Waiver, Community Pathways Waiver) will be sampled independent of the other (i.e., statistically valid sample for the Family Supports Waiver, PLUS a statistically valid sample for the Community Supports Waiver, PLUS a statistically valid sample for the Community Pathways Waiver)? If using unique sampling by program this would amount to approximately 850 combined LOC reviews (197+278+376). If using sampling based on the total population across waivers, this would amount to approximately 376 combined LOC reviews. 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: Each DDA Waiver program must meet federal assurances and report on performance measures based on sampling method approved for the program. Therefore, Level of Care sampling is required for each waiver program separately for the number of participants enrolled in that specific program during the quarter.



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11. **Question:** (2.3.2.5.1) Please confirm that a sample should be drawn from the population of new enrollees to report on PM1 and PM2, and another separate sample should be drawn from annual recertifications to report on PM3. This would result in an annual sample size of 292 for initials and an annual sample size of 376 for recertifications. If this is not correct, please provide clarification along with a numeric example. 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: PM1 and PM2 are drawn from the same population of new enrollees. PM3 is drawn from participants that have a recertification due during the quarter.
12. **Question:** (2.3.2.5.2) It is stated that the Contractor will select a statistically valid sample of PCP and records from the universe of PCPs due during the quarterly review. Please confirm that it is the Department's expectation that an annual sample would be drawn and then evenly distributed across each of the four quarters (i.e., 17,000 participants with = sample size of 376 reviews for the year = 94 reviews being conducted each quarter). If this is not correct, please provide clarification along with a numeric example. Will a unique statistically valid sample need to be drawn for each of the three (3) DDA Medicaid waivers, or is the sample to be selected from the combined total of participants supported by all three (3)? 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: The sample is drawn quarterly for PCPs due during the quarter. It is not an annual sample evenly distributed across each quarter. Sampling is required for each waiver program. PCP due per quarter per waiver based on current data and participants enrolled is noted below.
Family Supports Waiver - Qrt 1 = 79, Qrt 2 = 101, Qrt 3 = 104, Qrt 4 = 63
Community Supports Waiver - Qrt 1 = 318, Qrt 2 = 232, Qrt 3 = 358, Qrt 4 = 452
Community Pathways Waiver - Qrt 1 = 4912, Qrt 2 = 3521, Qrt 3 = 3702, Qrt 4 = 4184
13. **Question:** (2.3.2.5.3.1) PM1 and PM3 include a denominator specific to the number of incidents/records reviewed. Please confirm that the Contractor would be required to select a statistically valid sample which amounts to 359 incident records to review (i.e., 5,428 critical incident reports = sample size of 359 reviews for the year = about 90 reviews being conducted each quarter). If this is not correct, please provide clarification along with a numeric example. 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: The Contractor is required to conduct sampling based on the incidents reported during the quarter and the number incidents.
14. **Question:** (2.3.2.5.3.1) PM2 and PM7 includes a denominator specific to the number of participants reviewed. Please confirm that the Contractor would be required to select a statistically valid sample which amounts to 363 participants to review (i.e., 6,400 participants = sample size of 363 reviews for the year = about 91 reviews being conducted each quarter). If this is not correct, please provide clarification along with a numeric example. 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: PM2 will be based on the number of participants with an annual PCP due during the quarter. PM7 is specific to the Community Pathways Waiver only for participant receiving residential services (i.e., Community Living - Group Home or Enhanced Supports) with a PCP due during the quarter.



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15. **Question:** (2.3.2.5.3.1) PM5 includes a denominator specific to the number of critical incidents systemic interventions. Please provide the average number of incident reports that included systemic interventions over an annual period. Is it the expectation of the Department that a statistically valid sample of these would be selected for review IN ADDITION TO those selected in order to report on PM1 and PM3? Or, is it the expectation that the sample for PM5 would be drawn from the sample selected for PM1 and PM3? 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: PM5 will be deleted in an amendment as noted below: 2.3.2.5.3 Health and Welfare Reviews (e) PM 5- Number and percent of critical incidents systemic interventions implemented. Numerator = number of critical incidents systemic interventions implemented. Denominator = number of critical incidents systemic interventions.

16. **Question:** (2.3.2.5.3.1) PM6 includes a denominator specific to the number of restraints reviewed. Please provide the average number of incident reports that include restraints over an annual period. Is it the expectation of the Department that a statistically valid sample of these would be selected for review IN ADDITION TO those selected in order to report on PM1 and PM3? Or is it the expectation that the sample for PM6 would be drawn from the sample selected for PM1 and PM3? 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: There were 47 incidents, so restraints reviewed for the Community Pathways Waiver for FY 2019. PM1 is specific to incidents of abuse, neglect, exploitation, and unexplained deaths. PM3 is specific to investigations conducted by the Office of Health Care Quality.

17. **Question:** (2.3.2.5.3.2) Is it the expectation that the selected vendor will perform correlation reviews on all Medicaid service claim data involving the provision of health care services at a hospital emergency room or in other areas of the hospital? Or, is there an expectation that the selected vendor would perform Medicaid Data Correlation Reviews on a sample of such claims? Please provide further information about the current process for completing these. Please provide the number of reviews that were conducted during the last 12 months (or last fiscal year).

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 are an average of 500 hospital admission incident per month.

18. **Question:** (2.2.5.3.3) Please confirm that the selected Contractor will complete reviews on a statistically valid sample of HRST assessments and reviews completed. Please specify if a unique statistically valid sample must be drawn for EACH of the three Medicaid waivers, or if this sample is to be drawn from the combined total of waiver participants. If using unique sampling by waiver program this would amount to approximately 850 combined HRST reviews (197+278+376). If using sampling based on the total population across waivers, this would amount to approximately 376 combined HRST reviews. If a different sampling methodology is to be used for the HRST, please provide that here along with a numeric example. 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: The sample must be drawn for each Waiver program.



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19. **Question:** (2.3.2.5.4) It is stated that reviews shall be completed on a statistically valid random sample of DDA approved providers (i.e., licensed and certified) in addition to provider/staff qualification requirements under the self-directed service delivery model. Please confirm that separate and unique sampling for each of these three (3) groups will be necessary to meet the sampling requirements outlined for the different performance measures (i.e., PM1, PM2, PM5 – licensed; PM3, PM4, PM6 – certified; PM7 – provider staff specific to self-direction). 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: The sample must be drawn for each Waiver program. Please note that the majority of providers enroll to provider services under all three waiver programs. Therefore, is the same provider is drawn for the sample for each waiver program, the review can be used for each of the programs.

20. **Question:** (2.3.2.5.4) Please provide the number of newly enrolled certified waiver 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: The DDA has approximately 250 providers some of which are both licensed and certified for various services. Provider may apply and be found qualified for various waiver services. As per federal standards, any willing and qualified provider can apply at any time. The DDA had over 60 new providers approved over the past 3 years.

21. **Question:** (2.3.4.2.4) It is stated that the Contractor will conduct a statistically valid sample of activity for all of the DDA's existing services. Please confirm that this means the selected Contractor will draw their sample from the entire population of claims and not a unique sample for each service which would significantly exceed the estimated 380 number. 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: The sample should come from the entire population of claims.

22. **Question:** (2.3.6.1.) It is stated that, "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." However, the two instruments listed - Adult NCI Family and Family/Guardian Surveys - are both used to only survey families and guardians of adults (18 years or older). Please confirm that only adults will be surveyed through these mail surveys and provide the number of families or guardians of adults in Maryland DDA service. If the intent is to also assess youth, please clarify the instrument that the Department intends the Contractor to use for this purpose.

Response: The Contractor will send the Adult Family Survey or the Family Guardian Survey to approximately 11,000 families. Youth will not be assessed at this time.

23. **Question:** (2.3.7.1) It is understood that the Contractor will sub-contract with CQL. Since this is a requirement, please confirm that the selected contractor is not required to ensure CQL meets all subcontractor requirements as part of this procurement. For example: · 3.6.6 Subcontractor Insurance. · 3.7.5 Data Protection and Controls. · 3.15 Additional Clauses (e.g., custom software, custom source code, source code). M. Subcontractors (Submit under TAB L).



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Response: The contractor and subcontractor will need to make sure that they meet all the requirements of the contract. This is also stated in the RFP.

24. **Question:** (2.3.10.5) Transferring sensitive information (e.g., PHI/PII) through use of a USB presents several security concerns. Will the Department allow alternate secure solutions such as a secure file transfer, by providing the Contract Monitor access to a secure site to pull down the file, or through access to the file through our application?

Response: Yes

25. **Question:** (3.7.5.B.14) Data Protection and Controls) Among other password requirements, the Maryland Department of IT Information Security Policy indicates that an information system must enforce a limit of three (3) consecutive invalid login attempts. Even at an eight-character numbers only password (which we would not recommend), there are $2.18e14$ possible passwords. The only reason to lock after a specified number of attempts is to remove brute force or dictionary-based attacks. If a vendor meets all other password requirements and includes Multifactor Authentication as an additional security feature, would the state accept a vendor system that enforces a limit of five (5) consecutive invalid login attempts?

Response: At this time, the Maryland Department of IT Information Security Policy requires that an information system enforce a limit of three (3) consecutive invalid login attempts.

26. **Question:** (3.10.6) It is stated that requests for leave (Vacation Hours) shall be submitted to the Contract Monitor at least two weeks in advance and that the Contract Monitor reserve the right to request a temporary replacement if the leave extends longer than one consecutive week. This requirement seems a little excessive for a professional contract of this nature and it may become a burden to the Contract Monitor. Would the Department consider removing this requirement as long as the selected vendor provides an acceptable plan to staff and meet the deliverables of this contract.

Response: This is a requirement of the RFP.

27. **Question:** (3.15.3) Source code from hosted SaaS products will not provide access to the application's underlying infrastructure and support. Full access to the application and functionality is available through a license. We believe this will meet the intent of the source code escrow requirement. If full access to the application and functionality is available through a transferable license, would the Department please eliminate the need to provide source code escrow?

Response: As per the reference to Section 2.3.9, the Offeror is to propose a Data System for Tracking of Reviews and Provider Performance.

28. **Question:** (2.3.9) In reference to Section 2.3.9 Data System for Tracking of Reviews and Provider Performance: We plan to use a Hybrid Cloud based Solution. May we assume that your local Active Directory will be used for Authentication? We would facilitate the replication of users for Single Sign On (SSO) Functionality with your IT Organization. Put more simply, can we assume the state will manage logins, password changes, and general administration of user's authentication needs?

Response: As per the reference to Section 2.3.9, the Offeror is to propose a Data System for Tracking of Reviews and Provider Performance.



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29. **Question:** (2.3.9) In reference to Section 2.3.9 Data System for Tracking of Reviews and Provider Performance, do you currently replicate to an Azure Active Directory Tenant (Office 365, for example)?

Response: As per the reference to Section 2.3.9, the Offeror is to propose a Data System for Tracking of Reviews and Provider Performance.

30. **Question:** (2.3.9) In reference to Section 2.3.9 Data System for Tracking of Reviews and Provider Performance, do you currently use any other cloud-based solutions? If so, may we know what those products are?

Response: As per the reference to Section 2.3.9, the Offeror is to propose a Data System for Tracking of Reviews and Provider Performance.

31. **Question:** (2.3.9) In reference to Section 2.3.9 Data System for Tracking of Reviews and Provider Performance, how many users do you anticipate using the data system?

Response: As per the reference to Section 2.3.9, the Offeror is to propose a Data System for Tracking of Reviews and Provider Performance.

32. **Question:** (2.3.9) In reference to Section 2.3.9 Data System for Tracking of Reviews and Provider Performance, how soon after award do you expect the data system to be operational?

Response: Per Section 2.3.9 - The data system must be functional within 120 days of the effective date of the Contract.

33. **Question:** (2.3.9) In reference to Section 2.3.9 Data System for Tracking of Reviews and Provider Performance, is Microsoft Excel a standard tool on the desktop of the anticipated users of the data system?

Response: As per the reference to Section 2.3.9, the Offeror is to propose a Data System for Tracking of Reviews and Provider Performance.

34. **Question:** (2.3.2.5.1) "Please confirm the below regarding 95% confidence interval, 5% margin of error and 50% response distribution sampling: a. Community Pathways: Annual Population – 650, Quarterly Population Due for Review – 162.5, Quarterly Sample Size – 115, Annual Sample Size – 460 b. Community Supports: Annual Population – 300, Quarterly Population Due for Review – 75,

Quarterly Sample Size – 63, Annual Sample Size – 252 c. Family Supports: Annual Population – 260, Quarterly Population Due for Review – 65, Quarterly Sample Size – 56, Annual Sample Size – 224 d. Annual Recertifications: Annual Population – 17,000, Quarterly Population – 4,250, Quarterly

Sample Size – 352, Annual Sample Size – 1,408 e. Level of Care Summary: Total Quarterly Samples – 586, Total Annual Samples – 2,344"

Response: Sample size will vary for each Waiver program for each quarter and year based on the specific focus areas and applicable sample universe such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for re-licensure during the quarter, and Financial Accountability claims submitted during the quarter. Projections can be made based on the previous year's sampling.



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35. **Question:** (2.3.2.5.2) Please confirm the below regarding 95% confidence interval, 5% margin of error and 50% response distribution sampling: a. Community Based Services: Annual Population – 17,000, Quarterly Population Due for Review – 4,250, Quarterly Sample Size – 352, Annual Sample Size – 1,408 b. Service Plan Review Summary: Total Quarterly Samples – 352, Total Annual Samples – 1,408

Response: Sample size will vary for each Waiver program for each quarter and year based on the specific focus areas and applicable sample universe such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for re-licensure during the quarter, and Financial Accountability claims submitted during the quarter. Projections can be made based on the previous years sampling.

36. **Question:** (2.3.2.5.3) Please confirm the below regarding 95% confidence interval, 5% margin of error and 50% response distribution sampling:
Critical Incident Reports: Annual Population – 5,428, Quarterly Population Due for Review – 1,357, Quarterly Sample Size – 300, Annual Sample Size – 1,200
Community Living: Annual Population – 6,400, Quarterly Population Due for Review – 1,600, Quarterly Sample Size – 310, Annual Sample Size – 1,240 c. Health and Welfare Review Summary: Total Quarterly Samples – 610, Total Annual Samples – 2,440"

Response: Sample size will vary for each Waiver program for each quarter and year based on the specific focus areas and applicable sample universe such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for re-licensure during the quarter, and Financial Accountability claims submitted during the quarter. Projections can be made based on the previous years sampling.

37. **Question:** (2.3.2.5.4) "Please confirm the below regarding 95% confidence interval, 5% margin of error and 50% response distribution sampling: a. Licensed Providers: Annual Population – 215, Quarterly Population Due for Review – 53.8, Quarterly Sample Size – 47, Annual Sample Size – 188
Certified Providers: Annual Population – 250, Quarterly Population Due for Review – 62.5, Quarterly Sample Size – 54, Annual Sample Size – 216
Self-Directed Providers: Annual Population – 4,300, Quarterly Population Due for Review – 1,075, Quarterly Sample Size – 283, Annual Sample Size – 1,132
Qualified Provider Review Summary: Total Quarterly Samples: 384, Total Annual Samples – 1,536"

Response: Sample size will vary for each Waiver program for each quarter and year based on the specific focus areas and applicable sample universe such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for re-licensure during the quarter, and Financial Accountability claims submitted during the quarter. Projections can be made based on the previous year's sampling.



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38. **Question:** (General) "Can the State confirm that the below numbers are the total samples for all waiver reviews?"

a. Total Quarterly Samples: 2,952

b. Total Annual Samples: 11,808"

Response: Sample size will vary for each Waiver program for each quarter and year based on the specific focus areas and applicable sample universe such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for re-licensure during the quarter, and Financial Accountability claims submitted during the quarter. Projections can be made based on the previous year's sampling.

39. **Question:** (4.9.1) Per COMAR 21.05.03.03 when a point system is not used, an economic-benefits evaluation factor is included in the technical and financial evaluation factors. 2) Per Section 6.5.3 - Award Determination - Award of a Contract will be to the responsible Offeror that submitted the Proposal determined to be the most advantageous to the State. In making this most advantageous Proposal determination, technical factors will receive equal weight with financial factors.

Response: 1) Per COMAR 21.05.03.03 when a point system is not used, an economic-benefits evaluation factor is included in the technical and financial evaluation factors. 2) Per Section 6.5.3 - Award Determination - Award of a Contract will be to the responsible Offeror that submitted the Proposal determined to be the most advantageous to the State. In making this most advantageous Proposal determination, technical factors will receive equal weight with financial factors.

40. **Question:** (4.26) What are the scoring points assigned or associated with an offeror's proposal when it meets the full MBE participation goal? What is the impact (negative or otherwise) of an offeror's proposal score if they request a waiver and/or are granted approval DHM/DDA for the MBE participation goal waiver?

Response: 1) Per COMAR 21.05.03.03 when a point system is not used, an economic-benefits evaluation factor is included in the technical and financial evaluation factors. 2) Per Section 4.26.1 Offeror acknowledges the overall MBE subcontractor participation goal and subgoals and commits to achieving the overall goal and subgoals by utilizing certified minority business enterprises or requests a full or partial waiver of the overall goal and subgoals. An Offeror that does not commit to meeting the entire MBE participation goal outlined in this Section 4.26 must submit a request for waiver with its proposal submission that is supported by good faith efforts documentation to meet the MBE goal made prior to submission of its proposal as outlined in Attachment D-1B, Waiver Guidance. Failure of an Offeror to properly complete, sign, and submit Attachment D-1A at the time it submits its Technical Response(s) to the RFP will result in the State's rejection of the Offeror's Proposal for the applicable Service Category. This failure is not curable."

41. **Question:** (2.3.2.5.1) This section says, "The LOC Review process begins with the Contractor 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." After listing some volumes on annual recertifications and population sizes, the RFP states "Based on this Assumption, the DDA requires 95% samplings per quarter." Is the state's intention for the contractor to review 95% of the 17,000 annual recertifications, or to have the contractor select a random sample size of the 17,000 annual recertifications, that will create a 95% confidence interval in our statistics?"



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Response: The Contractor will conduct a sampling each quarter of recertifications due for the quarter.

42. **Question:** (2.3.2.5.2) This section says, “The DDA supports approximately 17,000 participants with community-based services. Based on this assumption, the DDA at a minimum requires 95% samplings per quarter. Is the state’s intention for the contractor to complete reviews on 95% of the 17,000 participants, on a quarterly basis?”

Response: No. Sample size will vary for each Waiver program for each quarter and year based on the specific focus areas and applicable sample univers such as Level of Care for newly enrolled participants, Service Plan due for the quarter, Health and Welfare critical incidents reported during the quarter, Qualified Providers due for re-licensure during the quarter, and Financial Accountability claims submitted during the quarter.

43. **Question:** (2.3.2.5.3.1) The RFP reads, “The process begins with the Contractor selecting a statistically valid (95% confidence interval) sample of service records from the universe of...”, is the State’s intention for the contractor to review 95% of the 5,428 Critical Incident Reports, and 95% of the 6,400 participants on a quarterly basis?”

Response: No. Sampling is based on the number of critical incidents submitted during the quarter.

44. **Question:** (4.27) Must the Veteran-Owned Small Business Enterprise (VSBE) with a participation goal of 3% be registered with Maryland’s State Procurement program, or is listing with the Office of Small and Disadvantaged Business Utilization (OSDBU) of the United States Department of Veterans Affairs at <http://www.va.gov/osdbu> sufficient?

Response: The VSBE Subcontractor must be certified by the US Department of Veterans Affairs or the Maryland Department of Veteran Affairs. Either certification is acceptable.

45. **Question:** (2.3.2.5.1) Can the State Provide a copy of the Level of Care Assessment used for the IDD population?”

Response: Please refer to the ""DEVELOPMENTAL DISABILITIES ADMINISTRATION HCBS Waiver Programs LEVEL OF CARE INITIAL CERTIFICATE OF NEED"" posted document.

46. **Question:** (2.3.2.5.3.3, Pg. 9) This section states “Health Risk Screen Tool (HRST) Reviews include quarterly reviews of HRST Rater and HRST Reviewers completion of the HRST; HRST scores in comparison to incident reports; and HRST scores in comparison to mortality reports.”

Will the contractor have access to the HRST data? Or will the state provide a list of all HRST scores, and information needed to complete these assessments? Is there an expectation that all HRST reviews completed during the quarter be reviewed and assessed for PM1 and PM2? Or, is a valid (95% confidence level with 5% margin of error) sample of HRST reviews completed sufficient? How many HRSTs are completed every quarter in the state?”

Response: 1 - The State will coordinate with the Vendor on data format and frequency.
2 - A valid 95% confidence level with 5% margin of error sample of HRST reviews to be completed during the quarter for PM1 and PM2
3 - Approximately 4,500 HRST are completed quarterly.



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47. **Question:** (2.3.2.3) To minimize the risk that vendors will interpret the sampling requirements differently, leading to substantial variability between proposed costs, would the Department please provide the estimated number of reviews by initial and optional contract years for all types of reviews/audits outlined in the RFP (e.g., Level of Care (LOC) Reviews, Service Plan Reviews, Critical Incident Reviews, HRST Reviews, Qualified Provider Reviews (including CCS), Targeted Audits (Utilization Review), Special Audits (Utilization Review), Basic Assurances® Reviews).
- Response:** The number of samplings will vary based on the actual number of indicators (e.g., participants and providers enrolled, incidents reported, HRST completed, claims submitted) during the reporting period. See Chart 2 - to review previous performance sampling for the three waiver programs. As this is a new contract, there is no additional information related to targeted and special audits for at this time.