



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 #6

1. **Question:** (2.3.9.2.e) In reference to Section 2.3.9.2.e, “Data System for Tracking of Reviews and Provider Performance,” on Staff access to data system, what is “data system” defined as? Is this just the application access or does the state want backend access to the infrastructure with AWS access?
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. 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.
2. **Question:** (Quarter dates for Q1-Q4) In reference to the defined Quarter dates for Q1-Q4 (defined as July- September, October-December, January- March, April- May), and the anticipated contract award date of fall 2021, will the awardee be responsible for conducting reviews of Basic Assurances, Utilization Review, etc. retroactively to July 2021?
Response: As per 2.3.4.1, 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). Basic Assurance reviews do not include retroactive reviews.
3. **Question:** (General) What is the State’s anticipated start date for this contract?
Response: The Department is working towards awarding the contract this fall. Based on the award date, a contract start date will be established.
4. **Question:** (Question 79 of “Vendor Questions and Answers #3) According to the State’s guidance provided in Question 79 of “Vendor Questions and Answers #3,” Level of Care data is maintained in the LTSS Maryland System. If the information is not in the LTSS Maryland System, should the Contractor go to the Coordination of Community Services (CCS) Agency to seek the additional information?
Response: Information can be requested and reviewed either in the vendor's office or on site at the CCS.



DEPARTMENT OF HEALTH

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

5. **Question:** (2.3.6) In reference to Section 2.3.6, “National Core Indicators Survey Administration,” is DDA open to families/guardians completing their survey online?
Response: Yes. Families and guardians shall be provided with the option to complete online or via a paper survey.
6. **Question:** (2.3.6) In reference to Section 2.3.6, “National Core Indicators Survey Administration,” please confirm if Maryland is using the staff stability survey currently or plans to use it during the term of this contract.
Response: DDA is participating in the staff stability survey. However, it is not part of this procurement.
7. **Question:** (Chart 2 – Waiver QA PM) In reference to “Chart 2 – Waiver QA PM,” titled “Annual Performance Measure Reviews,” please confirm that the numbers of newly enrolled non-licensed non-certified waiver providers who meet regulatory and applicable waiver standards prior to service provision are correct. The chart shows 847 for the Community Supports waiver and 817 for the Family Support waiver.
Response: These numbers are correct and reflect the initial enrollment of these new programs. Please note that DDA has approximately 250 total unique providers that can apply and be certified or licensed to provide one or several of the DDA services.
8. **Question:** (2.3.7.1) In reference to Section 2.3.7.1, “Sub-Contract with CQL for Training and Certification,” specifically for Personal Outcome Measures, will DDA staff participate in the four-day in-person or five-day virtual workshop?
Response: DDA staff can participate if requested by the Contractor. As per the addendum, training of DDA staff was deleted.
9. **Question:** (Section 2.3.2.5.1 Level of Care Reviews Addendum #4) The state has indicated that for PM #1 a 100% review is now required. Can the Department please expound on its intent and expectations of data collection for PM#1 including the following information: What is the intent and purpose of the 100% review of PM1? Regarding the location of the data for this performance measure: a. Where will a reviewer obtain the information needed to review and report this data back to the department? b. Will travel be required to obtain this information or can documentation be accessed electronically for purposes of the review? c. If this is a combination of the two methods (data pull and record review) can the state estimate the percentage from each? 3. Will the state confirm there will be overlap with this 100% review and the sample needed to produce a 95% CI per quarter for the other PM for the LOC Reviews? a. If yes, can you provide the estimated overlap anticipated? 4. Would the state consider an electronic/system methodology to collect and analyze findings on PM #1 as opposed to having a live reviewer collect, analyze the 100% review? 5. Please provide any other helpful information that would aid in the development of costs for this change to the RFP.



DEPARTMENT OF HEALTH

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

Response: As per the federally approved Waiver application, LOC PM1 requires a 100% review to ensure enrolled participants had a LOC completed prior to receiving waiver services. Review of information is based on the offerors proposed business model. Information can be requested and reviewed electronically or on site. LOC PM1 is to ensure the LOC determination prior to waiver services. LOC PM2 is to ensure determination was completed as per policies and procedures.

10. **Question:** (Section 2.3.2.5.2 Service Plan Reviews Addendum #4) The state has indicated that for PM #5 a 100% review is now required. Can the Department please expound on its intent and expectations of data collection for PM#1 including the following information: 1. What is the intent and purpose of the 100% review of PM5? 2. Regarding the location of the data for this performance measure: a. Where will a reviewer obtain the information needed to review and report this data back to the department? b. Will travel be required to obtain this information or can documentation be accessed electronically for purposes of the review? 3. Will the state confirm there will be overlap with this 100% review and the sample needed to produce a 95% CI per quarter for the other PM for the Service Plan Reviews? a. If yes, can you provide the estimated overlap anticipated? 4. Would the state consider an electronic /system methodology to collect and analyze findings on PM #5 as opposed to having a live reviewer collect and analyze the 100% review? 5. Please provide any other helpful information that would aid in the development of costs for this change to the RFP.

Response: As per the federally approved Waiver application, Service Plan PM5 requires a 100% review to ensure participants were informed of the choice of waiver services and providers. Record review of information is based on the offerors proposed business model. Information can be requested and reviewed electronically or via other means. The review will be for participants with a Service Plan due during the quarter and therefore the 95% sample will be for the other Service Plan PM while PM5 requires 100% review.

11. **Question:** (Vendor Questions and Answers #4 Question #17) 1) Can the department confirm that it is its intention /expectation that the Medicaid Data Correlation Reviews data collection process be conducted via an electronic analysis rather than via a review conducted by a live reviewer? 2) Is PCIS data sent as flat file or API? 3) How often is PCIS data sent? 4) Is MMIS data sent as flat file or API? 5) How often is MMIS data sent? 6) What are the expected timeframes for reconciling PCIS & MMIS data as part of the Medicaid Data Correlation Reviews?

Response: Medicaid Data Correlation Reviews is based on the offerors proposed business model. They can be conducted via an electronic analysis. Data file formats and frequency 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. This audit evaluates whether serious incidents associated with hospital emergency room visits and unplanned hospitalizations were reported. The information is not used for reconciliation by the contractor.



DEPARTMENT OF HEALTH

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

12. **Question:** (Section 2.3.2 Support for the Monitoring of Basic Waiver Assurances) Can the department please confirm whether the Basic Waiver Assurance Reviews will be announced or unannounced reviews for the providers?
Response: They would be announced.
13. **Question:** (Section 2.3.2 Support for the Monitoring of Basic Waiver Assurances) Section 2.3.2 Support for the Monitoring of Basic Waiver Assurances – if the reviews are announced, can the department please define its expectation of providers’ compliance with the vendor’s efforts to schedule a Basic Waiver Assurance Review? If a provider fails to confirm a requested review or cancels a scheduled review is there any recourse for the provider for failing to comply with the planned review visit?
Response: The DDA will work with the Contractor in situations like this and would take appropriate action based on the circumstance.
14. **Question:** (Section 2.3.4 Utilization Reviews) Section 2.3.4 Utilization Reviews - Can the department please confirm whether the Utilization Reviews will be announced or unannounced reviews for the providers?
Response: They would be announced.
15. **Question:** (Section 2.3.4 Utilization Reviews) Section 2.3.4 Utilization Reviews – If the reviews are announced, can the department please define its expectation of providers’ compliance with the vendor’s efforts to schedule a Utilization Review? If a provider fails to confirm a requested review or cancels a scheduled review is there any recourse for the provider for failing to comply with the planned review visit?
Response: The DDA will work with the Contractor in situations like this and would take appropriate action based on the circumstance.
16. **Question:** (General) General Question: When the department references “days” in the RFP (e.g., “The data system must be functional within 120 days of the effective date of the Contract”, “Attachment D-1C, if a waiver has been requested, is also required within 10 days of recommended award.”) does it mean calendar days or business days?
Response: Business days.
17. **Question:** (Chart 2) The estimated annual number of service plan reviews seems high. With a current population of 15,301 participants enrolled in the Community Pathways Waiver, we estimate that about 3,825 would have their plans updated each quarter. Using a CMS-recommended sample size calculator with 95% confidence level, 5% margin of error, and 50% response distribution, we estimate that 350 quarterly reviews would need to be completed if a statistically valid sample would have to be drawn from each waiver each quarter. That would result in a total annual number of reviews of 1,400. Please confirm or clarify the number provided in Chart 2 for this program (i.e., 10,991 reviews for PM1, 2, 3, and 5).



DEPARTMENT OF HEALTH

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

Response: The service plan numbers reflected in the chart for CPW is the sample size and not the sample universe. For CPW, the universe was 14,892. For FSW and CSW, we completed a 100% review. Please see Chart 3 - Annual Performance Measure Reviews - FY 21 Projected Sample Universe to view the FY 2021 total sample universe for which the sampling size (e.g., 95% or 100%) would be determined.

18. **Question:** (Chart 2) For Service Plans, PM4, the denominator for this performance measure is the number of participants reviews. With a total population of 15,301 for the Community Pathways Waiver, it is unclear how there can be over 10 million reviews conducted. Please confirm the estimated number of service plan reviews to be conducted in order to report on PM4.

Response: Due to the delay in procuring a utilization review contractor, the DDA analyzed authorized services in comparison with provider certified service attendance which was over \$10 Million. Under this contract, the Vendor will use the same 95% sampling for the other Service Plan reviews to assess performance for these measures: PM4 - Number and percent of service plans in which services and supports were delivered in the type, scope, amount, duration and frequency specified in the Person-Centered Plan (PCP). Numerator = number of service plans in which services and supports were delivered in the type, scope, amount, duration and frequency specified in the PCP. Denominator = number of participants reviewed.

19. **Question:** (Chart 2) Addendum #4 indicates that PM1 requires a 100% review. It is also stated that 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. However, Chart 2 estimates for PM1 do not match these numbers. Please confirm the estimated annual number of reviews to be conducted.

Response: As per noted at the bottom of the chart: CPW data is from FY 2019 report FSW and CSW data is from CY 2018 report Note these numbers will increase each year as new participants are enrolled. Please see Chart 3 - Annual Performance Measure Reviews - FY 21 Projected Sample Universe to view the FY 2021 total sample universe for which the sampling size (e.g., 95% or 100%) would be determined.

20. **Question:** (Chart 2) For Level of Care (LOC) reviews, we expect to perform more reviews for individuals being enrolled (and initial determinations) in the Community Pathways Waiver, given that more individuals are enrolling (and are enrolled) in that waiver than the Community Supports Waiver. Please explain why there are more reviews to be performed for Community Supports than the Community Pathways based on this information.



DEPARTMENT OF HEALTH

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

Response: As per noted at the bottom of the chart: CPW data is from FY 2019 report FSW and CSW data is from CY 2018 report with the implementation of the new CSW waiver, individuals that would have enrolled in the CPW such as transitioning youth and others from the Waiting List that do not need residential services were enrolled in the CSW during this CY 18. Please see Chart 3 - Annual Performance Measure Reviews - FY 21 Projected Sample Universe to view the FY 2021 total sample universe for which the sampling size (e.g., 95% or 100%) would be determined.

21. **Question:** (Chart 2) Please provide an estimate of the annual number of Level of Care (LOC) reviews to be performed in order to determine PM3 (which is associated with annual recertifications).

Response: Please see Chart 3 - Annual Performance Measure Reviews - FY 21 Projected Sample Universe to view the FY 2021 total sample universe for which the sampling size (e.g., 95% or 100%) would be determined. Note these numbers will increase each year as new participants are enrolled.

22. **Question:** (Chart 2) The estimated annual number of health and welfare reviews specific to the Community Pathways Waiver seems high. With a current population of 15,301 participants enrolled in the Community Pathways Waiver, we estimate that about 3,825 would have their plans updated each quarter (and receive information about ANE). Using a CMS-recommended sample size calculator with 95% confidence level, 5% margin of error, and 50% response distribution, we estimate that 350 quarterly reviews would need to be completed if a statistically valid sample would have to be drawn from each waiver each quarter. That would result in a total annual number of reviews of 1,400. Please confirm or clarify the number provided in Chart 2 for this program (i.e., 10,991 reviews for PM1, 2, 3, and 5).

Response: As per noted at the bottom of the chart: CPW data is from FY 2019 report FSW and CSW data is from CY 2018 report Note these numbers reflect the reviews conducted by the DDA. Please see Chart 3 - Annual Performance Measure Reviews - FY 21 Projected Sample Universe to view the FY 2021 total sample universe for which the sampling size (e.g., 95% or 100%) would be determined.

23. **Question:** (Chart 2) For Health and Welfare PM7, Chart 2 estimates 4,259 annual reviews would need to be conducted. On page 9 of the RFP, it is noted that there are approximately 6,400 participants in Community Living – Group Home or Community Living – Enhanced Supports. Using a statistically valid sample for the year, this would result in the need to perform 363 annual reviews (or about 91 reviews a quarter). If quarterly samples were drawn, this would result in a combined total of about 1,452 reviews. Please explain why the number of reviews listed in Chart 2 is so much higher than these numbers (amounting to over 66% of the total population). Please confirm the estimated number of reviews to be conducted in response to PM7.



DEPARTMENT OF HEALTH

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

Response: As per noted at the bottom of the chart: CPW data is from FY 2019 report FSW and CSW data is from CY 2018 report Note these numbers reflect the reviews conducted by the DDA. Please see Chart 3 - Annual Performance Measure Reviews - FY 21 Projected Sample Universe to view the FY 2021 total sample universe for which the sampling size (e.g., 95% or 100%) would be determined.