

Vendor Questions Pt. 2

“FINANCIAL MANAGEMENT AND COUNSELING SERVICES (FMCS)”

OPASS 21-19022

eMMA# BPM024445

	Section	Question	Response
1	3.9	In our experience, requiring a SOC2 / Type 2 Audit is unusual for an FMS / FEA contract and requiring this will drastically limit the number of qualified FMS / FEA vendors who can bid. Is there any chance the State would reconsider this requirement and perhaps make it optional / preferred?	This is a standard requirement set by MDH/DoIT for anyone bringing in their own IT system in a contract.
2		Financial Proposal - Can we leave the customer service system part of the financial proposal at zero if the cost of this is included in FMS / Counseling?	The Customer Service System related to the cost for a toll-free number and 24/7 telephone assistance. This is a bidder's business decision.
3		There are two items related to references. One cites two letters of recommendation (p.46 3.10) and the other cites three references answering the predefined questions (p.75 I). Are both of these required to be submitted?	<p>As per 3.10.1, Offerors shall provide with its Proposal, two (2) letters of reference documenting their experience to demonstrate:</p> <p>The Contractor must have:</p> <p>A. At least three (3) years’ experience within the last ten (10) years providing Financial Management Services (FMS) for large scale projects for at least two (2) public entities and have operated under various State and Federal laws and regulations. Offerors with this experience will be evaluated more highly than those without this experience.</p> <p>B. At least one (1) year of experience within the past five (5) years utilizing an electronic tracking and reporting system to provide Financial Management Services.</p>

			<p>Offerors with this experience will be evaluated more highly than those without this experience.</p> <p>C. At least one (1) year experience within the past five (5) years providing Counseling Services to the people it serves. Offerors with this experience will be evaluated more highly than those without this experience.</p> <p>D. Have provided, in accordance with Generally Accepted Accounting Principles (GAAP), Financial Management Services to recipients and their families of at least one (1) self-directed benefits program for at least two (2) years. Offerors with this experience will be evaluated more highly than those without this experience.</p> <p>As per 3.10.1, Offerors shall provide with its Proposal under Tab H: at least three (3) references from customers who are capable of documenting the Offeror’s ability to provide the goods and services specified in this RFP. References used to meet any Minimum Qualifications (see RFP Section 1) may be used to meet this request. Each reference shall be from a client for whom the Offeror has provided goods and services within the past five (5) years.</p>
4		Can you elaborate on when this proposal is expected to be awarded and what is the anticipated go live date for the new vendors?	The Department is working towards awarding the contract this fall. Based on the award a contract start date will be established.
5	2.2.1	Can you clarify how the State will make the determination as to how many vendors will be awarded (2-10)?	The Maryland Department of Health (“Department”) will select contractors based on technical (as prescribed in the scope of work) and financial criteria noted in the RFP and select the vendors that are the most advantageous for the Department.

6		Will participants be permitted to switch vendors mid tax year requiring the first vendor to transition payroll and tax records and FICA withholdings to the second vendor to support end-of-year tax filings? Tax implications	Yes.
7		What is the current PMPM for FMS and Consultant Services?	There is no information related to PMPM for FMS and Consultant Services.
8		What is the average payroll per pay period?	The DDA's largest FMS has reported approximately \$2 Million per pay period.
9		What is the average budget per individual?	The DDA's largest FMS has reported approximately \$60,000 per annual budget.
10		How are services billed? Is an 837 and 835 an option to submit electronic / EDI billing for services?	Services are billed with the 837 format.
11		What is the time frame for reimbursement of payroll dollars?	<p>Electronic funds transfer shall be used by the State to pay Contractor pursuant to this Contract and any other State payments due Contractor unless the State Comptroller's Office grants Contractor an exemption.</p> <p>Existing providers not participating in Self-Direction are paid weekly (all services between Thursday and Wednesday of the prior week; or any prior services newly approved that occurred within the last 365 days). The expectation for this contract is to be paid in the same manner unless otherwise agreed with the State.</p>
12	2.2.1.a	FMS service definition mentions preauthorization of services on the POS. In our experience, this is commonly considered a conflicting service for FMS / FEA vendors to provide - has the State considered	Preauthorization of services in the POS only applies to the OLTSS Community First Choice (CFC) and Community Personal Assistance Services (CPAS) programs only.

		budget and plan of care development as a separate procurement?	
13	2.2.3 and 2.3.2.1.f.4	What provider qualifications must the FMS verify?	FMCS Contractors must verify employees, vendors, and providers chosen by the participant meets the required provider service qualifications (<i>e.g.</i> , criminal background checks; First Aid Training, Cardiopulmonary Resuscitation (CPR) Training; DDA-licensed Day Habilitation Provider, Registered Nurse) as noted in the federally approved program, regulations, and policies.
14	2.3.2	How is the individual informed of the choice of FMS'?	Case managers (<i>i.e.</i> <i>Coordinators of Community Services and Support Planners</i>) will share the names of the various FMS providers for which the program participant can then choose.
15	2.3.2.b.19	In our experience, it is unusual for an FMS / FEA to be responsible for handling the Federal Earned Income Credit as this is typically handled by the employee during their tax filing. Will the State consider removing this requirement?	<p>As per the RFP, Contractors are to:</p> <p>Provide written information to an Individual's/Participant's employees concerning the Federal Earned Income Credit (EIC) according to Federal requirements.</p> <p>Manage Federal Advanced Earned Income Credit (EIC) for each eligible employee and maintain documentation in its files.</p> <p>a) File and deposit Out-of-State income tax withholdings, as required by the State or requested by the employee, for employees who reside outside of Maryland.</p> <p>b) Manage the application of all garnishments, levies and liens on employee payroll checks.</p>

			<p>c) Process information requests from federal and state agencies and other qualified entities and maintain documentation and correspondence in the employee’s file.</p> <p>d) Establish a payment processing system that includes the endorsement of all checks by two (2) employees of the Fiscal Intermediary.</p> <p>e) Establish a payment processing system that assures that staff members responsible for endorsements do not handle deposits</p>
16	2.3.2.1.b.21	How does the FMS receive the budgets? Electronically? File Exchange? Email?	The FMCS contractors will receive a data extract of participants they serve. This data will include enrollment information, PCP/POS service information and associated total budget amount.
17	2.3.2.1.b.32	Can you provide further details on “other insurance” and any related expectations?	The participant, as the employer of record, may identify other insurance needed or offered to their employees based on reasonable and customary program requirements.
18	2.3.2.1.b.32	Can you provide further details on what employee benefits apply to this program (aside from worker's compensation insurance)?	The participant, as the employer of record, may offer their employees benefits such as health benefits, leave, staff training, and transportation/travel reimbursement based on reasonable and customary program requirements.
19	2.3.2.1.b.34	Please give more information about the FMS’ role and responsibility in monitoring the Health Risk Screening Tool (HRST)?	The Health Risk Screening Tool (HRST) is a web-based screening instrument designed to detect health destabilization early and prevent preventable deaths. (Reference: https://replacingrisk.com/health-risk-screening-tool/).

			<p>The FMS will manage the access to the HRST database for Nurses hired by participants. The FMS will serve as the gatekeeper for the FMS agency to allow access for their staff to monitor the completion of the HRST and payment if indicated.</p> <p>Note: The HRST is used for the DDA programs only.</p>
20	2.3.2.1.e.5	What is the reimbursement schedule for vendor products and services?	<p>As per the RFP, vendors must:</p> <ul style="list-style-type: none"> ● Disburse payment for transactions within forty-eight (48) hours when requested to secure housing or maintain Individual/Participant health and safety in the community; and ● Disburse payments for all other transactions within 10 business days
21	2.3.2.1.e.6	Can you provide further information or an example of the tool being described herein? We are a little confused specifically about the budget and planning tool to track SDS including staffing costs, items that substitute for human assistance and the transition service for participants.	<p>Offerors shall develop a tool that tracks the mandatory data points outlined in Section 2.3.2.1.e.6. of the RFP for consideration by the Department.</p>
22	2.3.2.1.f.3	What specific background checks are required?	<p>Under the DDA programs, background checks include the Criminal Justice Information System (CJIS) and Child Protection Registry Check, Sexual offender Registry Check. Office of Inspector General Exclusion check and LEIE check. Please see our DDA waiver https://dda.health.maryland.gov/Pages/community%20pathways.aspx</p> <p>Under the OLTSS, Community First Choice and Community Personal Assistance Services require a</p>

			<p>criminal history records check pursuant to Health-General Article, §19-1901(e), Annotated Code of Maryland. "Criminal history records check" means a check of criminal history record information, as defined in § 10-201 of the Criminal Procedure Article, by the Department of Public Safety and Correctional Services.</p> <p>Language from 2017 memo regarding background checks obtained from L. Toland. https://drive.google.com/file/d/1cRpICHobtsfPjZPv6NWvPLoV0RvagJHW/view?ts=60cb75ce</p>
23	2.3.2.1.f.3	Who pays for the background checks (if there is a cost associated)?	<p>Currently under the DDA programs, the background check is paid from the FMS administrative cost not the participants budget.</p> <p>Under Community First Choice (CFC) and Community Personal Assistance Services (CPAS) the cost comes from the participant budget.</p>
24	2.3.2.1.f.13	Can the FMS require payment be made by EFT or a Debit Card solution that we offer to employees?	Payment method is determined by the FMS, EFT is an option that is currently available.
25	2.3.2.2.a	Please explain the plan of service pre-authorization in more detail and other stakeholders who are involved in this process?	<p>Preauthorization of services in the plan of service only applies to the Community First Choice (CFC) and Community Personal Assistance Services (CPAS) programs only, which are operated by the Office of Long Term Services and Supports.</p> <p>Plan of service pre-authorization involves ensuring medical and technical eligibility as well as the appropriateness of the services requested on the POS.</p> <p>Medical Eligibility - The Local Health Department (LHD) conducts a person-centered assessment to gather</p>

			<p>information regarding the applicant's/participant's, overall health, functioning and quality of life by assessing needs and strengths to develop a Recommended Plan of Care.</p> <p>The Utilization Control Agent, a contracted entity, is responsible for determining Level of Care.</p> <p>Technical eligibility includes ensuring the applicant/participant meets the criteria for the program/waiver in which they are applying or enrolled. For example they have the appropriate Medicaid Coverage group, the community setting meets the criteria outlined in the Community Setting Questionnaire, etc.</p> <p>The POS is developed by Support Planners selected by the applicant/participant or their representative. Support Planners work for Supports Planning Agencies authorized to provide case management services via a competitive solicitation process. The local Areas on Aging are also Support Planning entities.</p> <p>POS Preauthorization includes ensuring the Person-Centered Plan of Services meets the applicants/participants health and safety in the community and abides by federal, State regulations and policies.</p> <p>Additional information can be obtained by reviewing CPAS 10.09.20 Maryland regulations http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.20.* and CFC 10.09.84</p>
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26	2.3.6.a.7.c.3	Are vendor fees approved using the established quality indicators? Is there a listing of these Medicaid approved quality indicators?	Yes. Under the DDA programs, vendor fees must be within reasonable and customary standards. Please refer to the Self-Directed Services - Staff Wages, Provider and Vendor Rates, and Exception Process policy at: https://dhmh.policystat.com/?t=FGOOt-k9bPID7nabPPUk8c&next=%2Fpolicy%2F9770325%2Flatest%2F
27	2.3.6.a.7.M.8	What is the Incoming Employer Implementation Plan?	The Incoming Employer Implementation Plan (IEIP) is the deliverable that the Offeror must provide in accordance with the requirements detailed in the RFP (please see 2.3.2.2.a. and b.).
28	2.3.6.a.7.n	Can you provide further details on the criteria required to meet the readiness requirements?	Quality Assurance and Performance Reports 2.3.6.a.- m note the specific requirements.
29	2.3.7.d and 3.2	How will transition occur from incumbents, if applicable, with multiple FMS?	Prior to the go live date, the DDA will coordinate with the incumbents and Contractors to acquire appropriate documents and other information deemed necessary in order to ensure a smooth transition and uninterrupted services during the start-up period
30	2.3.7.e	What is expected of the FMS for “bi-weekly monitoring of documentation?”	This would be tie to payroll to ensure that payments support the delivery of services.
31	3.10.2.E	Can the functions of the positions be combined based on the number of individuals being served? For example, Project Manager with Enrollment Manager?	Yes
32	2.3.2.2	Can you provide an example of an IEIP? What is expected for the pre-authorizing Plan of Service and reviewing personalized budgets for submission?’	The Department does not endorse a particular tool and expects Offerors to develop the IEIP in accordance with the requirements prescribed in the RFP (please see 2.3.2.2.a. and b.).

33	2.3.7.f.2	This mentions participants changing FMS providers and the changes must be effective first of the month following the change alert. In our experience, it is standard practice to transition participants to a new FMS to align with the CY quarter for tax purposes. Has the State considered this in the requirements for the program?	Participants are encouraged to transfer to a new FMCS to occur in line with the calendar year (January 1) or the participant's annual PCP/POS date which may be any time during the year.
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