

“FINANCIAL MANAGEMENT AND COUNSELING SERVICES (FMCS)”

OPASS 21-19022

eMMA# BPM024445

Questions	Comment/Requirement	Page(s)	Section	Response/Direction
Can the Contractor deduct the cost of the criminal background check from the participant's budget?			2.3.2.1.f.3	No
Are vendors expected to have alternate cash flow options if/when there is a gap between quarterly payments?				As per the RFP, vendors are to submit claims for waiver services to the Medicaid Management Information System in accordance with the schedule provided by the Contract Monitors. 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. 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. As per the RFP, the Contractor shall submit invoices in accordance with the following schedule: A. For items of work for which there is one-time pricing (see Attachment B – Financial Proposal Form) those items shall be billed in the month following the acceptance of the work by the Department. B. For items of work for which there is annual pricing, see Attachment B– Financial Proposal Form, those items shall be billed in equal monthly installments for the applicable Contract year in the month following the performance of the services.

<p>What is the quarterly payment schedule?</p>				<p>As per the RFP, the Contractor shall submit invoices in accordance with the following schedule: A. For items of work for which there is one-time pricing (see Attachment B – Financial Proposal Form) those items shall be billed in the month following the acceptance of the work by the Department. B. For items of work for which there is annual pricing, see Attachment B– Financial Proposal Form, those items shall be billed in equal monthly installments for the applicable Contract year in the month following the performance of the services.</p>
<p>Will the State consider a Risk Assessment Report as an acceptable alternative to obtaining SOC 2 Type 2 certification?</p>	<p>In the Questions and Answers pt. 2, Question #1 regarding Section 3.9 SOC2 / Type 2 requirements. The State had responded with the following: “This is a standard requirement set by MDH/DoIT for anyone bringing in their own IT system in a contract.” We conducted some additional research on this topic and the MDH/DoIT Security Manual indicates that it would be acceptable to also conduct a Risk Assessment Report (RAR), in lieu of SOC 2 Type 2 (see link below). https://doit.maryland.gov/Documents/Maryland %20IT%20Security%20Manual%20v1.2.pdf</p>			<p>"No, a Risk Assessment will not be considered as an alternative to the SOC2 Type2 audit. Per the Maryland DoIT’s Manual, a SOC2 Type2 audit report satisfies the DoIT’s requirement that a contractor provide a Risk Assessment Report. However, a Risk Assessment Report does NOT fulfill the RFP requirement for a SOC2 Type2 audit.</p>
<p>Has the State considered scaling down the number of vendors to 3-4?</p>	<p>Awarding the contract to 2-10 vendors, with no scoring or criteria provided makes it incredibly hard to understand the opportunity and to develop sensible pricing. Additionally, 10 vendors could be administratively cumbersome to all program stakeholders, including the State.</p>			<p>No</p>
<p>Can you please confirm the required payroll schedule for workers employed by participants? Weekly? Biweekly? Bi-monthly?</p>	<p>In Questions Pt.2, Question 11 the response seems to indicate that the payroll for this program would be weekly (following the schedule for “providers not participating in self-direction”).</p>			<p>"As per the RFP, vendors must pay employees within the time period required by the State of Maryland (https://www.dllr.state.md.us/labor/wagepay/) and maintain documentation in each employee’s file. 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>

<p>Will the State consider removing this from the FMS requirements?</p>	<p>Requiring an FMS to ensure a participant is medically eligible for services and the services on the POS “are appropriate” is an unusual requirement for an FMS. This presents a potential conflict of interest and in our vast experience, this is commonly done by another entity such as a case manager.</p>		<p>2.2.1.a</p>	<p>The FMCS is not responsible for determining a participant's medical eligibility for services. This function is completed by an independent entity (Utilization Control Agent) and verified by the Department through ensuring the participant meets the required level of care (LOC) for the respective program. The FMCS' review of POS for CPAS/CFC participants ensures that services are approved in line with program requirements.</p>
<p>Will the State consider changing this requirement to only be allowed on the tax quarter, based on FEA / FMS best practices?</p>	<p>Allowing participants to change FMS' outside of the tax quarters can present considerable issues as it relates to having multiple Fiscal Agents representing an employer in a given quarter and it is the best practice in self-directed programs to ensure these transfers align with the tax quarter. As an example, we would not feel comfortable acting as a Fiscal Agent in a quarter where another Fiscal Agent is also active, as there could be unpaid balances outstanding that we may have to assume.</p>		<p>2.3.7.f.2</p>	<p>Participants are encouraged to transfer to a new FMCS to occur in line with the calendar year (January 1) or the participant's annual PCP/POS date which may be any time during the year.</p>
<p>Is there a separate budget for these? Is there a savings account? Are any of these handled by accrual or rollover funds? Also, do Employees have to make any contribution to these benefits? If so, can you elaborate on the Employee contribution requirement?</p>	<p>Regarding “other insurances” and “benefits”. There is no information available as to what is expected regarding the allowable insurances and benefits and how these are funded.</p>		<p>2.3.2.1.b.32</p>	<p>"Under the DDA, CPAS and CFC programs, for services for which the participant has employer authority, the participant can allocate funds to cover staff benefits such as health benefits, staff training, and transportation/travel reimbursement. Benefits and allocated funding are noted on the participant's self-directed budget sheet. For additional information please refer to: Instructions for DDA's SDS Budget Sheet - Revised March 8, 2021 DDA - Self Directed Services Budget Sheet - Revised March 8, 2021 Under CPAS/CFC, services for which the participant has employer authority must be covered in their entirety by the flexible budget. A flexible budget is authorized for the extent of the annual plan and there is no accrual or rollover of funds.</p>
<p>Can you advise as to whether this was intentional and if our responses should jump from 2.3.7 to 2.3.11?</p>	<p>Sections 2.3.8, 2.3.9 and 2.3.10 are missing from the RFP.</p>			<p>There was an error in numbering which will be corrected with an addendum.</p>

Does the State plan to publish an updated version of the RFP with all stricken and added content therein?	In the last round of questions (pt 3), Question #35 asks about a section that was in the wrong location. The response was incredibly confusing indicating that certain sections have been stricken.			The State will issue an addendum noting edits.
Can you please clarify what this is referring to?	It Q&A Pt 3, Question 23 there is mention of a cost of \$1.08 for the “monthly exclusion check” but there is no reference to a “monthly exclusion check” in the RFP itself.			The question was related to the cost associated with criminal background checks. One FMS reported a cost of \$35 for an all-inclusive comprehensive background check and monthly exclusion check of \$1.08 per active employee and \$.96 per active entity. The other FMS reported background checks cost between \$23.95 and \$38.95 depending on if the individual has had multiple last names. The monthly exclusion check is to ensure the employee continues to meet qualification requirements.
"Why has MDH elected to require SOC 2 from FMS providers, which have	The amended RFP appears to continue to require SOC 2 Type 2 auditing. This costly requirement exceeds current industry standards. Few potential bidders—even those which are active in multiple states—have this certification. This reduces the pool of bidders and puts Maryland’s current FMS providers at a competitive disadvantage. Direct support provider agencies and service coordination entities handle extraordinarily sensitive client information, but are not required to provide SOC 2 audit reports. Maryland’s DOIT has indicated that this is an agency decision, not a requirement from them.			This is a standard requirement set by MDH/DoIT for anyone bringing in their own IT system in a contract.
<p>a. What is the rationale for assigning such duties to an FMS provider?</p> <p>b. Will MDH commit to removing these duties from the FMS contractor?</p>	<p>The contract continues to require the Contractors to assume duties that exceed those typically provided by an FMS, which are generally confined to financial disbursement and reporting. These duties are better left to the participant team which is already performing them. Duties include the following:</p> <p><input type="checkbox"/> Determining whether family members may work as staff.</p>			<p>FMSC services varies by State and by programs. When developing the RFP, the Department considered program specific needs and the National Resource Center for Participant Directed Services "Preparing To Develop a Financial Management Services Request for Proposal (RFP) in Self Direction Programs."</p> <p>Addendum is being issued to reflect: Applicable to CFC and CPAS Programs Only - Develop, implement, and maintain a competency-based online examination for Individuals/Participants or designee and employees to cover the information presented in the online training courses. The online examination should automatically provide the</p>

	<input type="checkbox"/> Determining whether self-direction is an appropriate option <input type="checkbox"/> Determining “competency” to self-direct			Individuals/Participants or designee and employees with a score and allow them to print a completion certificate.
Will MDH commit to reissuance of a complete, corrected RFP document at this point to provide the clarity needed for this multi-million dollar contract?	The RFP retains errors and inconsistencies from two previous iterations and new issues with Content. In addition, significant changes to the Scope of Work section and other portions of the RFP make comprehension difficult and lack clarity. Some sections retain conditions that have actually been revised or eliminated. For example, while one section altered by the latest amendment removes the contractor’s obligation to perform competency evaluations to self-direct under DDA, another section retains that duty.			The State will issue an addendum noting edits.
What is the reason for this disclosure to the FMS?	"There is a colon at the end of this statement that mentions “following categories:” No categories follow. This was also an issue in the 2019 RFP for this service. It was pointed out then that this information was missing. SDAN also questions the need for the disclosure of this information to the FMS provider unless it is for application of the IRS 2014-7 tax exemption to family members.		2.3.2.b.27	An addendum is being made to remove the colon.
	There are two d)’s on this page. The labeling should be corrected.	14	2.3.2.g.3)d)	An addendum is being made to correct.

	<p>The wording of this paragraph does NOT indicate that there will be multiple awardees or that participants will be choosing who their FMCS provider will be. This is the same wording as in the 2018 and 2019 versions of this RFP when only one awardee was to be selected. It also seems to need to be amended to reflect the changes in Addendum 2, which state that counseling services are only available to CFC and CPAS participants. This change of wording has been made in just about every place where counseling is discussed in the RFP, per Addendum 2. This location, as well as other places, seems to have been missed, especially since 1) of this section states, "Assign and identify a counselor to each Program Individual/Participant;"</p>	15	2.3.2.2.c	An addendum is being made to clarify.
	<p>"This section references what counselors will do but was not included in Addendum 2 to include a statement, as added in other sections, that counselors are only doing this for individuals in CFC and CPAS. Any discussion of counseling should be followed by such a statement to ensure that the DDA program and CFC/CPAS program requirements are not conflated."</p>	16	2.3.3.b	As noted in Addendum #2 under the Summary Statement, Counseling Services will only be provided under the Community First Choice (CFC) and Community Personal Assistance Services (CPAS) programs only. Counseling Services will not be provided under the DDA's programs including Family Supports, Community Supports, and Community Pathways Waivers. This requirement applies to the entire scope of work.
<p>Will MDH adopt the policy of "presumed competence and remove these references?</p>	<p>Require the FMS to establish processes and assume responsibility for:</p> <ul style="list-style-type: none"> • determining whether or not an individual is competent enough to self-direct their services; and • deciding who should be terminated from self-directed services. These provisions run counter to CMS federal guidelines for the provision of HCBS, which "presume competence" of individual participants. Maryland has never required competency exams of individuals who wish to exercise self-direction, and the state should not enact them now. Many people who 	18, 19	2.3.3.i.4, 2.3.5.d	<p>The addendum will strike this language. The FMCS will not determine a CPAS/CFC participant's competency to self-direct nor does the FMCS make a determination about terminating an individual's participation in the self-directed model. The FMCS will evaluate a participant's understanding of the rights and responsibilities associated with self-direction, which is not a determination of competency.</p>

	self-direct require significant support to do so. That is why the system has support brokers, who assist individuals with understanding and carrying out their responsibilities to both the State and their employees. While there are circumstances when self-direction may not be appropriate for some individuals, the decision to terminate services should not be made by a sole entity that is contracted by the state to provide financial management services and has limited knowledge of the participant. Instead, it should involve a team of people dedicated to supporting the individual (i.e. the Coordinator of Community Services and the Support Broker) and must be based on published procedures which spell out both the rules and remediation.			
	Reference to section 2.3.9.a.2. There is no such section in the RFP.	20	2.3.6.a.5)p)	Addendum will be issued to delete reference
	Starts with b). There is no a).	20,21	2.3.6.a.7)	Upon review, no conflict was identified as b. follows 2.3.6 Quality Assurance and Performance Reports a. 1) - 7).
Request: Strike both of these factors from the list of “over the limit flags” in the RFP.	Discusses the need for the FMS vendors to “identify trends and patterns of excessive billing or unusual circumstances”, which we concur should be an expected responsibility of the selected FMS vendors. However, why does the list of items that should be considered an “over the limit flag” include the following: “(1) Participant self-directing their services” “(4) (a) Indications that the financial benefit to	21	2.3.6.a.7)c.1	An addendum will be issued to reflect: “ (1) Participant self directing their services” “ (4) (a) Indications that the financial benefit to the family is the driving factor, instead of providing quality supports to the Participant” ”

	<p>the family is the driving factor, instead of providing quality supports to the Participant” This language suggests that the mere fact that the individual is self-directing could be an indication of excessive billing or unusual circumstances. The FMS should not be flagging people who self-direct as an excessive billing or unusual circumstance. Under the current responsibilities of the CCS and the SB, who are in regular contact with the participant, is a requirement that any misuse of participant funds be immediately reported to DDA [as laid out in the DDA’s current Participant Agreement and MDH’s Policy on Reportable Incidents (PORI II)]. In addition, the language also suggests that the FMS vendor make a subjective determination as to the value or appropriateness of family paid supports under self-direction, which is duplicative of responsibilities that the CCS and the SB already assume. Both the CCS and the SB are obligated to determine whether it is both the participant’s desire and in their best interest to employ family members as staff. DDA’s “Family as Staff” form, which must be reviewed by both the CCS and the SB each time a participant chooses to hire a family member. If MDH is interested in further strengthening the integrity of the self-direction process to assure individual participants are not being coerced into hiring family members, then there are other ways to achieve this without inappropriately placing this responsibility into the hands of FMS vendors. For example, DDA should require that the participant utilize a support broker whenever a family member is working as a staff member, so that they can review time sheets and ensure that family employees are working in the participant’s best interest.</p>			
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<p>Will MDH remove this wording from this RFP?</p>	<p>Are inappropriate duties for an FMS and should be left to the team of individuals supporting that individual/participant and working with him/her on a regular basis. Only the participant chosen team (which should include a CCS & Support Broker/Support Planner), working with the individual, is able to assess who is benefiting from a family member working as staff or if the situation is abusive and/or represents Medicaid fraud. The language in this section is offensive, shows a bias against family working as staff, which is often chosen by the participant and in his/her best interest. In no situation should this determination or reporting come from an FMS entity.</p>	<p>21</p>	<p>2.3.6.a.7)c.4a)b)c)</p>	<p>An addendum will be issued to reflect: The Contractor will identify trends and patterns of excessive <u>or under</u> billing or unusual circumstances, such as including but not limited to the following indicators: that must be documented and reported to the Contract Monitors quarterly, following the first full quarter of collected data. The Contractor shall give to the Contract Monitors an indication of what would be considered an over or under the limit or unusual flag: 1) Participant self directing their services; 2) Approving extensively more hours than allocated; 23) High fees to <u>employees, vendors, or providers</u> (based on established quality indicators); and 34) Other similar instances and/or situations such as: a) Indications that the financial benefit to the family is the driving factor, instead of providing quality supports to the Participant. b) Especially when the self advocate the participant is being more isolated from the community, by the family member(s) serving as staff or the Support Broker. b) Besides situations like these being abusive and ones of exploitation they <u>are also constitute</u> Medicaid Fraud, <u>and therefore</u> necessary reporting is required. <u>The above indicators</u> must be documented and reported to the Contract Monitors quarterly, following the first full quarter of collected data. The Contractor shall give to the Contract Monitors an indication of what <u>is</u> would be considered an over or under the limit or unusual flag.</p>
	<p>Is out of order; however, it seems to be mislabeled. Per RFP Template this is actually section 3.10.2</p>	<p>46</p>	<p>2.3.8</p>	<p>Section corrections to 2.3.8 & 3.10.2 were addressed in question/response document posted to eMMA on 7/9, Section corrected by Addendum.</p>
	<p>Is missing yet is referred to in an earlier section of this RFP.</p>		<p>2.3.9</p>	<p>Section 2.3.9 has been corrected by addendum.</p>

	Performance Audits: The title of this section does not match the section title in the October 2020 RFP Template, which is 2.3.11 Maintenance and Support.	26	2.3.11	Section 2.3.11 has been amended via an Addendum to read 2.3.8.
	Does not follow the formatting of the RFP Template.	26	2.4.1	No change will be been made.
	Does not follow the formatting of the RFP Template.	26	2.4.1	No changes will be made.
	SDAN suggests that this Deliverables Summary Table be amended to reflect which of these reports are applicable to CFC/CPAS only and which apply to both programs.	28	2.4.4	No changes will be made to the chart.
	Per RFP Template should actually be 3.5.4.	35	3.5.3.F	No changes will be made.

Did anyone seek guidance from the appropriate state agency to assess what the real insurance requirements should be for this contract?	All requirements are identical to the examples in the RFP Template. Some potential bidders have remarked that these requirements are unusually high.	35 & 36	3.6 Insurance Requirements	The Contractor shall maintain, at a minimum, the insurance coverages outlined in the RFP.
Unnumbered paragraph	According to RFP Template should actually be B.6)	42	3.7.8.B	Addendum will be issued to correct.
	Refers to “facsimile,” but the latest revision to the RFP Template removes the outdated term “facsimile.”	55	4.5.6	RFP notes it cannot be submitted by fax.
Will MDH improve the quality/ completeness of this RFP so as to receive high-quality proposals?	The RFP Template instructions for this section states, “If more than one award is authorized, including multiple service categories or functional areas, contact your oversight agency and your AAG for help identifying the appropriate changes throughout the RFP.” This section initially used the template wording for just one contract after stating there would be multiple awardees. Addendum 1 attempted to correct this wording, still does NOT provide any criteria or process that will be used to determine the number of awardees or what criteria will be used to include or exclude any Offerors as being one of the 2-10 awardees.	56	4.9 Award Basis	This has been addressed in Addendum 1. Please refer to it for the new language regarding the Award Basis.

This contract does not call for this deliverable.	Per RFP Template, it seems this option is to be used for a “live software demo.”	56	4.10 Oral Presentation	Offeror can be asked to provide a live demo of software tools they plan to use.
Will MDH clarify how to submit this contract?	While the Template includes “or email” after eMMA, the RFP removed those words. “Submission of initial Proposals, except through eMMA” is not included is NOT included in Section 4.25.5.A. Other sections seem to indicate that proposals can be submitted via email, not just eMMA. SDAN believes there is no clarity on how this proposal can be accepted.	60	4.25.4.B	All submissions shall come through eMMA unless exceeding the data limit.
Will MDH add a statement to the RFP that services should be performed in the US?	Seems like it should also state that services under this contract must be performed in the United States, especially in line of security section that will not let any data be processed on computer servers outside of the U.S.	68	4.35	As per 2.3.2.1 Financial Management Services a. Location. The Contractor shall maintain a local office in the State of Maryland for access of self-directed and Counseling Services
	Includes the word facsimile but not the word “email,” which is included on the RFP Template, thus adding more confusion about whether or not this submission can be made via email. If it can be, then there are other sections regarding “Delivery and Packaging” that need to be included in this RFP.	69	5.2.1	Addendum will be issued to add email.
Will MDH commit to having SDAN and CIL representatives on the evaluation committee? How will this committee be formed?	How will this committee be formed? What, if any, stakeholders will be on this committee. SDAN believes that we and the Centers for Independent Living (CIL) should each have one representative on this committee.	80	6.1 Evaluation Committee	The evaluation committee is made up of the people from the program who will be working hand in hand with the vendor, i.e. the contract monitor, compliance monitors, etc.. It is generally comprised of 3-4 people but if a section of a proposal requires expert advice, a subject matter expert is permitted to review and comment on the relevant section alone. The subject matter expert will not evaluate the entire proposal.

<p>If a question arises out of the responses provided by the State, what is the procedure for asking those questions? Since the deadline to submit questions will have passed.</p>	<p>We are still awaiting responses to questions submitted to the State (starting mid-June through now)</p>	<p>N/A</p>	<p>Responses to Questions</p>	<p>Pursuant to the section 4.3 of the RFP template, 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.</p>
<p>Please clarify the applicability and scope of this requirement.</p>	<p>1) Establish separate production, test, and training environments for systems supporting the services provided under the Contract and ensure that production data is not replicated in test or training environment(s) unless it has been previously anonymized or otherwise modified to protect the confidentiality of Sensitive Data elements. The Contractor shall ensure the appropriate separation of production and non-production environments by applying the data protection and control requirements listed in Section 3.7.5.</p>	<p>39</p>	<p>3.7.5.B</p>	<p>The purpose of this requirement is to ensure that State data is not commingled with non-State data through the proper application of compartmentalization security measures, see Section 3.7.5 of the RFP.</p>
<p>Could you please clearly define the chronological order of these terms used throughout the RFP to indicate a timeline of expected events: Notice of Recommendation for Contract Award; Go-Live Date; Notice to Proceed (NTP) date; Implementation Date; Contract Award; Contract Commencement; Actual Award; Effective Date of this Contract; etc.</p>		<p>Throughout</p>	<p>RFP Timeline Language</p>	<p>The timeline of expected events is an estimation, we are currently moving as expeditiously as possible.</p>
<p>When are general requirements of the contract (which do not specify a date or timeframe within which the requirement needs to be met) expected to be met?</p>	<p>There are a number of requirements, specifically under Section 3 of the RFP that are general requirements around infrastructure, security, data/IT, etc. that do not specify a timeframe/timeline/date like other requirements.</p>	<p>Throughout</p>	<p>General Requirements</p>	<p>The timeline of general requirements will be determined by the contract monitor in accordance with the program requirements.</p>