



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: September 15, 2010

HSS-10-089

Support for Participant Direction

for

Division of Services for Aging and Adults with Physical Disabilities

Date Due: October 4, 2010

By: 11:00 AM

ADDENDUM # 1 Questions and Answers

PLEASE NOTE:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED RFP.

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Questions and Answers on Support for Participant Direction RFP (#HSS-10-089)

Question Set #1

1. Section 1.2 (page 1) refers to a proposed amendment to the E&D Waiver to "...allow for participant-directed personal care services."
(a) Has CMS approved the E&D waiver application incorporating self direction?

No.

- (b) If so, will DSAAPD furnish potential bidders with a written or electronic copy of the approved waiver application prior to the proposal due date?

A copy of the draft application is on the publications page of DSAAPD's website. (See bottom of page <http://www.dhss.delaware.gov/dhss/dsaapd/publica.html> .) Slight changes have been made to the application since this version, but nothing that will impact Support for Participant Direction services. The final version will be published on the website.

2. Section 6.1.1 (Attachment A: Service Specifications) refers to vendor responsibilities for coordination of "...Individual Service Plans".
(a) Will any or all self-directing participants receive case management in addition to support for participant direction?

Yes, case management services will be provided by DSAAPD.

- (b) Will case management be a required service or an optional service chosen by the participant/representative?

All participants will receive case management.

3. Section 6.1.2 (Attachment A: Service Specifications) states the vendor will "Recruit personal care attendants." In most self-directed programs using the vendor model of fiscal/employer agent services, recruiting is considered an employer responsibility.
(a) Is DSAAPD amenable to the vendor "Assisting the participant/representative to recruit personal care attendants"?

Most participants will recruit their own attendants. The vendor may need to assist in this process. In addition, the vendor will be expected to recruit attendants for those who need additional support in this area. The vendor is likely to need to provide more support in locating potential back-up attendants.

- (b) If not, what are the roles and responsibilities of the vendor in recruitment?

See response to (a) above.

4. Section 6.1.6 (Attachment A: Service Specifications) states the vendor will "Provide training to participants and personal care attendants." In most self-directed programs using the vendor

model of fiscal/employer agent services, training of attendants is an employer responsibility.
(a) What are the training requirements for personal attendants?

Most of the training will be accomplished by the participants based on their individual needs. The support vendor will be expected to furnish basic training to all attendants. Training requirements have not been defined and the state will ask applicants to recommend basic training in their applications. Basic training could include safety information, information about the program, billing processes, etc.

(b) Must these requirements be met prior to or concurrent with providing Medicaid services for payment?

Within 90 day of attendant's enrollment as a waiver provider.

(c) Is DSAAPD amenable to the vendor "Assisting the participant/representative to train personal care attendants, and maintaining documentation of training provided by the participant/representative."?

See (a) above.

(d) If not, what are the roles and responsibilities of the vendor in providing training?

See (a) above. The vendor must maintain record of vendor-provided training.

5. Section 6.2.5 (Attachment A: Service Specifications) refers to "...funds for the payment of services to personal care attendants".

(a) Will individual budget periods be annual or monthly?

Participants will not have individual budgets. Instead, they will be authorized a specified number of personal care service hours. Personal care hourly rates will be established by DSAAPD.

(b) What is the average monthly individual budget for participant-directed services?

NA.

(c) How will individual budgets and spending plans/service authorizations be communicated to the vendor?

The service authorizations will be communicated to the vendor by DSAAPD at the time of referral.

(d) Will DSAAPD advance funds to the vendor or must the vendor advance the funds seek reimbursement?

The vendor will seek reimbursement.

(e) What is the anticipated process and timeline for invoicing and payment of the Medicaid service claims?

Invoices for the personal care services will be processed through the Medicaid Management Information System (MMIS). Claims payment schedules are available from the Provider relations Agent (HP Enterprise Solutions). Claims are paid on a weekly basis.

(f) Will DSAAD agree to a “just in time” Medicaid invoicing and reimbursement process to avoid the cost of the vendor advancing their own funds to cover service expenses until reimbursement with Medicaid funds?

Payments will be made following the submission of claims. DSAAPD will work with the provider and the provider relations agent, as needed, to ensure that claims processing is accomplished expeditiously.

(g) If there is neither an advance, nor a “just in time” invoicing process, what should the vendor budget for the cost of capital for advancing its own service funds until reimbursement?

Until it is known how many vendors are selected to provide the service, it would be difficult to estimate start-up capital needs. Given the fact that no up-front funding is available, the State is prepared to work with the vendor(s) on a phase-in schedule for the initial enrollment of participants.

Section 6.1.4 (Attachment A: Service Specifications) refers to “...background checks on prospective personal care attendants”.

(a) What are the current policy requirements for background checks?

State and Federal background checks as well as abuse screenings are required.

(b) What are acceptable sources and extent of background checks?

Division of Long Term Care Resident’s Protection and State Bureau of Identification provide these checks.

(c) What are the exclusionary convictions that would prevent an applicant from providing services?

*See state regulations 3105 Criminal History Record Checks and Drug Testing.
<http://regulations.delaware.gov/AdminCode/title16/3000/3105.shtml#TopOfPage>*

(d) Who pays the cost of criminal background checks and how much are they?

The cost is folded into the monthly vendor unit cost reimbursement rate. The cost for a state and federal background check is \$69.00.

(e) Is DSAAPD amenable to requiring applicants for employment as personal attendants to bear the cost of the criminal background check?

The state will bear the cost of the background screening via payments to the vendor.

(f) If the vendor pays, how should the vendor budget for this expense?

The vendor should include the cost in the unit cost rate.

6. Section 7.11 (Attachment A: Service Specifications) states: "The provider must conduct at least two face-to-face meetings annually with each participant who chooses to hire a relative or legal guardian as his/her personal care attendant".

(a) For the purposes of this RFP, how does DSAAPD define the term "relative"?

DSAAPD does not define relative for this purpose. It is expected that the vendor would apply a common-sense definition.

7. Section 7.16.2 refers to the "...State's Medicaid provider relations agent".

(a) Who is the current Medicaid provider relations agent?

HP Enterprise Services

(b) Who is responsible for determining and re-determining medical eligibility of participants and how is this information communicated to the vendor?

Initial determination: nurse from DSAAPD or DMMA; redetermination: DSAAPD nurse. The information is communicated by a DSAAPD nurse or case manager.

(c) Who is responsible for determining and re-determining financial eligibility of participants and how is this information communicated to the vendor?

DMMA staff makes the determination. It is communicated to the vendor by a DSAAPD case manager or nurse.

8. Section 7.19 refers to notifying DSAAPD "...in the event of hospital admission or nursing home placement".

(a) What are acceptable timelines and processes for notification?

Contact via e-mail, fax or phone as soon as possible.

9. Section 5.3.1 (Attachment B: Budget Workbook and Instructions) refers to "Planned Units of Service".

(a) What is the projected statewide enrollment of self-directing participants for each of the 12 months of the contract period needed for the vendor to determine the corresponding number of units of service [months of support for participant direction x estimated enrollment] for the budget if the vendor proposes to serve the entire state?

Projected enrollment for the next four years: 100, 105, 109, 114.

(b) Will DSAAPD consider proposals that include a unit of service rate and total cost based on estimated units of service, but do not include a detailed budget workbook?

No, a detailed workbook must be submitted so that the derivation of the unit cost rate can be understood.

(c) May the vendor charge start-up costs for adapting information technology systems, training staff, developing enrollment materials and business rules and other launch activities prior to receiving payments? If so, how should the vendor budget for start-up costs and over what period of time?

Start-up costs should be folded into the unit cost rate.

(d) What are the processes and timelines for invoicing and payment of the unit of service rates (administrative fees) for vendor support for participant direction?

Process: submit invoice directly to DSAAPD. Timelines: monthly billing.

Question Set #2

Questions Regarding Proposal Submission:

1. Sec 3 , Page 3 - The RFP states that the proposal is to be submitted in both PDF and Word formats comprising a total of 8 CD's. Is each of the 8 CD's to have a copy of proposal in both formats (for a total of 16 copies of the proposal)?

Yes.

2. Attachment C, Page 48 If our agency does not qualify for M/W/D Certification and therefore does not wish to have this status taken into consideration, does that need to be indicated specifically (and how so) or is the absence of the Self- Certification Tracking Form in Attachment C sufficient?

The form must be submitted. Indicate "NA" on the form if the agency does not qualify.

3. Attachment C, Page 53 - Item "E" of the Certification Sheet states that the signer will secure a DE Business License. Is this in fact necessary for non-profit 501-C3 entities?

Such entities should attach 501(c)(3) verification instead of a business license.

Questions pertaining to Service Specifications (Attachment A: Sec 1- Sec 8.2)

4. Sec 2.1: a. Does the Support for Participant Direction program require the provision of any goods and services not related to the Individual Service Plan or the listed payroll operations & billing activities (e.g., provision of life alert systems, etc...)?

No.

b. If yes, please list the outside services.

NA

c. If yes, please list the procedures & duties for the Provider acting as a Payment Agent for these services.

NA

d. If the Provider acts as Payment Agent with A/P duties does the Provider purchase goods and services and validate outside provider approval or do the outside providers themselves send claims to MMIS for payment?

NA

e. Are the units and rates for outside services established by Delaware Medical Assistance?

NA

5. Sec 3.0: What kinds of services qualify a provider to bill for a monthly unit?

Support Brokerage and Financial Management (one unit cost for both services combined)

6. What's the threshold (i.e., minimum amount of time per month the utilization of such services is necessary)?

The threshold is at the discretion of the provider. The provider must ensure that all contractual obligations are met.

7. Sec 4.0: a. What's the projected distribution of eligible participants across the three counties?

The distribution is expected to be in proportion to the actual population distribution in the state.

b. What are projections for the number of consumers to be served over the next three years?

Projected enrollment for the next four years: 100, 105, 109, 114

8. Sec 6.1.1: Who determines the hours of service that will be approved on the SP?

DSAAPD staff will authorize service hours.

9. Sec 6.1.4: Should the background checks obtained be at the county, state or federal level? Does consumer have full choice in matter, including choice to waive criminal records check for their employees? Who pays for the personal care attendant background checks?

State and federal background checks and abuse registry screening are required. The State pays for the cost via the support for participant direction unit cost payment.

10. Sec 6.1.4: Are any type of criminal records prohibitive in terms of services?

See DE administrative code (Regulations) 3105 Criminal History Record Checks and Drug Testing <http://regulations.delaware.gov/AdminCode/title16/3000/3105.shtml#TopOfPage>

11. Sec 6.1.5: Please specify what is meant by “information” on “employer-employee relations”. Other than Equal Employment, HIPAA, child labor, Unemployment, WC claims and reporting to Division of Child Support is there another area to be touched upon?

This section is meant to include any information deemed by the vendor as necessary to help the participant understand and be able to successfully implement his/her role as an employer.

12. Sec 6.1.6: Are there preferred training topics?

DSAAPD is requesting that the vendor to provide suggestions in this regard. It is understood that the majority of the training of the attendant will be provided by the participant based on his/her individual needs. The provider should provide basic safety and procedural information to the attendant and other training to be defined by the provider.

13. 6.2.1: a. What individual forms (e.g. I-9, SS card, passport, green card, etc.) are required for the employer/ participant to obtain to verify Personal Care Attendant citizenship status?

Please see the Department of Homeland Security, US Citizenship and Immigration Services website <http://www.uscis.gov> for information on employers’ verification responsibilities. A documentation list is provided on the last page of Form I-9.

b. Does the duty to “assist” require the FMS provider to validate the citizenship documentation?

It is expected that the vendor would accept primary responsibility for this task.

c. Is the FMS provider liable if the employer/ participant fails to obtain this information or falsifies the information and hires the Personal Care Attendant anyway?

Provider must ensure that this step has been taken.

14. Sec 6.2.3: Does Delaware permit a common paymaster and filing in the aggregate at both the DOL and DOR (not merely in each participant’s name individually)?

Not at this time.

15. 6.2.4: a. Is the Medicaid provider agreement with personal care attendants the same agreement mandated by the Social Security Act, Section 1902 (a) (27)?

It is our understanding that the agreement would fall under this authority.

b. If not, what is the nature and source of the agreement and how can a copy be obtained?

NA

16. 6.2.5: a. Are all payments to PCA providers of services considered wages?

Yes

If not are some payments made to PCA providers that are considered Independent Contractors?

NA

b. What DE Division disburses the funds to FMS Provider?

DSAAPD distributes funds for the vendor unit costs (administrative costs). Costs for the personal attendant services (wages, etc.) are provided through the MMIS system, operated by the provider relations agent on behalf of DMMA.

c. What is the type/class of funds (State, Tobacco, Federal) that are disbursed to FMS Provider?

Federal/state

d. What are the procedures for FMS Provider requesting reimbursement of funds disbursed for payment of personal care services?

Personal care attendant wages are obtained through the MMIS via an electronic claim. Payments for vendor administrative costs are obtained by submitting an invoice to DSAAPD.

e. What program restrictions apply to the use of and accounting for public funds with reference to separation/ non-commingling, liabilities, etc?

Accounting procedures must comply with Generally Accepted Accounting Principles and Practices. See <http://cpaclass.com/gaap/qaap-us-01a.htm>.

A contractor must maintain written accounting procedures that adequately demonstrate fiscal safeguards and compliance with state and federal regulations.

See also the DSAAPD Provider Manual (http://www.dhss.delaware.gov/dhss/dsaapd/files/dsaapd_provider_manual.pdf) for more details.

f. Are any program funds to be advanced to FMS Provider and if so, are the funds subject to restrictions/ encumbrances by CMS, State, etc... under regulations for managing public funds?

No.

g. Are there any restrictions limiting the use of the funds &, if so, what are they?

Funds must be used in accordance with service specifications.

h. Are there any audit or cost reporting requirements specifically identified as the responsibility of the FMS sub-recipients? If so, please identify & list the entity, jurisdiction & activity.

All state, local governments and non-profit agencies that have \$500,000 or more in federal funding for all contracted programs are required by the federal government to have an A-133 audit. This total includes federal funds received from all entities, whether within or outside of Delaware.

Contractors must submit one copy of the audit report to DSAAPD , including any Administrative Findings, within 90 days of its publication.

Audit reports citing deficiencies must be accompanied by the agency's corrective action plan. Additional follow-up information may be required.

See the DSAAPD Provider Manual

(http://www.dhss.delaware.gov/dhss/dsaapd/files/dsaapd_provider_manual.pdf) for more details.

17. Attachment A, Service Standards, Section 7

a. Is the monthly unit charge (reimbursement) of each FMS contracted service (Support Brokerage, Individual Service Plans, Quality Assurance, Worker's Compensation, Unemployment Compensation, Payment Agent, IT interface, Systems Hosting, Claims Processing) to be based on the number of participants approved in the program? Are they based on a per member per month basis?

Administrative costs are reimbursed on a per member per month basis.

b. Are all service expenses (including direct care worker wages, employment taxes, unemployment compensation taxes, worker's compensation premiums, etc...) all billed through MMIS separately?

Service expenses will billed through MMIS by the vendor for each individual attendant. Claims will be submitted based on the hourly personal care rate for attendants as established by the State. A single claim for personal care service will encompass all of the related employment costs, including wages and fringe benefits.

c. Are all service expenses (including direct care worker wages, employment taxes, unemployment compensation taxes, worker's compensation premiums, etc...) part of or not included in the unit rate?

The expenses related to the wages and fringes of the personal care attendants are not included in the vendor's unit rate for Support for Participant Direction services.

d. What are the estimated volumes of units based on numbers of participants and hours of service utilized over the next three years?

The projected enrollment in participant-directed care for the next four years is as follows: 100, 105, 109, and 114.

The estimated average personal care service utilization for all personal care services (including agency-based personal care and participant-directed personal care) is 1,942 15-minute units of service per person per year. However, the number of personal care units provided to participants should not directly impact the Support for Participant Direction vendor's unit cost rate.

d. How & to what automated system (Division) are the monthly unit charges submitted for reimbursement?

Invoices for the vendor's unit cost will be submitted manually to DSAAPD unless otherwise notified.

e. Is there an automated, on line secure system within MMIS to manage & update the ISP and for DSAAPD to approve activity? If not, does the FMS provider need to build the system? Can DSAAPD reimburse the cost of designing & implementing the utilization control system?

No to all.

18. Sec 7.1: Will referrals be made via website or through direct email/mail to provider?

Referrals will not be made via a website at this time, but rather will be made via mail, e-mail, phone, or fax.

19. Sec 7.6: a. Does the provider assess and award hours of care in creating the ISP?

Personal care service hours will be authorized by DSAAPD staff.

b. What is the process for validating or authorizing hours of care in the ISP?

NA

c. Are there limits on amounts of hours/week?

NA

d. Is there a needs-based assessment tool or standards used to determine hours?

NA

20. 7.9: According to Attachment A: 7.9, "The provider must complete all necessary requirements at the federal, state and local levels...which have jurisdiction over the functioning of a fiscal agent." Does the FMS provider represent the Employer/Participant as the Federal/State approved Fiscal/ Employer Agent which is appointed via IRS form 2678, and in compliance with IRS code, §3504 Third Party Fiscal Intermediary under Proposed Reg. §31.3504-1(b) according to Rev. Proc. 80-4?

The fiscal agent is appointed via an approved IRS Form 2678. In addition, it is our understanding that the fiscal agent must operate per Section 3504 of the Internal Revenue Code, per Revenue Procedure 70-6 and Section 3504 Agent Employment Tax Liability proposed regulations (REG-137036-08) issued by the IRS on January 13, 2010. (Source: National Resource Center for participant-Directed Services)

21. Sec 7.11: May all relatives become attendants? Does this include spouse?

Yes, all relatives, including spouses, may serve as personal care attendants. As described in the waiver amendment application, certain monitoring/oversight requirements apply.

22. Sec. 7.16.1: Are attendants considered employee of consumers or may they be independent contractors if they have Medicaid provider agreements? (also Sec. 6.2.4)

Attendants are employees.

23. Sec 7.16.2: Is Ms. Rosanne Mahaney still the present DE Medicaid Provider Relations Agent?

Rosanne Mahaney is the Director of DMMA, the state agency which holds the contract with HP Enterprise Services, the provider relations agent.

24. Sec. 7.16.3: a. Are all attendants required to have Medicaid agreements and therefore are providers on their own right?

Attendants will have provider agreements with the vendor, who will process payments on behalf of the Medicaid agency.

b. If attendants are Medicaid providers, are they classified as independent contractors?

No, they are not contractors. They are employees.

25. Sec. 7.19: What is preferred method of notification to DSAAPD in event of consumer's ineligibility? Is there a standardized form with fields for required information such as date of admission, discharge, name of facility, diagnosis, etc...?

There is no standardized form at this time. Phone, fax, or e-mail DSAAPD ASAP.

26. Sec 7.20: Please describe/define “medical records” in light of the fact that Support for Participant Direction services are non-medical services?

This statement means all participant records in the possession of the vendor.

27. Sec 7.22: What are the quality assurance tasks that the Provider must perform?

The provider must respond to a brief annual survey, do a self-assessment, and participate in any monitoring activities (such as site visits, record reviews, etc.)

26. Sec. 7.23: Is it required that any representative possess durable POA? Is it accurate to assume that under Medicaid funding the attendant cannot act as representative (as is the case in the State funded PAS program)?

Possession of a durable power of attorney is not a requirement for a representative. The attendant cannot be a representative for purposes of overseeing the personal care.

Question Set #3

In section 1.2 Background and Purpose:

- 1) Has Delaware’s amendment to the E&D Waiver to allow Participant Directed Personal Care Services been approved yet?

No.

If no, by what date do you expect to receive approval or request for changes?

Prior to 12-1-10.

- 2) Will this program be open to all individuals currently receiving E&D waiver services? Or will it be limited to those receiving Personal Care services?

The service will be available to participants who are receiving personal care services and who choose to self-direct some or all of their authorized personal care hours.

- 3) Will the program have a cap or limit to the number of participants allowed in the program at any time?

There is a cap of 1,616 persons in the waiver, but within that group, there is no cap on the number who can choose participant direction.

- 4) In planning or in the writing of the Waiver Amendment, How many participants did the division anticipate having annually?

1,616 persons can be enrolled in the waiver each year.

- 5) What is the dollar amount that has been budgeted for this Support of Participant Directed Care program for the initial contract term Dec. 1 2010 to Nov. 30, 2011?

The amount to be expended will depend on vendor bids and negotiated contract amounts.

- 6) What is the Annual service hours budgeted to be received by Participants under this RFP?

Hours of service will depend on individual participant needs.

The anticipated annual utilization of participant directed services for the next four years is 100, 105, 109, and 114 persons.

- 7) What is the Average Annual cost per client for the Self Directed Care Services program funded by the state that this program is intended to replace or expand?

The current state funded service combines the cost of personal care with cost of administrative supports.

- 8) What is the name of the Company/Companies currently administering the Financial Management component of the Current Self-Directed Care Service Program?

a. Easter Seals and JEVS

- 9) Is the same Company/Companies currently administering the Brokerage?

Yes

- 10) Is it the intention of the division to award a contract to more than one provider or to select a single provider for the entire state?

The decision will depend on the proposals received.

- 11) Page 8 Does the Division want proof of Insurance submitted with the RFP or only after being awarded a contract?

Proof of insurance is not needed with the proposal. It is needed only if the applicant is selected for contracting.

- 12) Page 10 of the RFP indicates broadly that "Program and Financial Reports" are to be submitted as required by the Division.

What reports are currently required for the Self-Directed Care Services program funded by the

state? Please provide a sample of the required reports.

Quarterly program and financial reports are required. Exact reporting formats for the Support for Participant Direction program have not yet been developed and may be different from those used in the current state-funded program.

Worker's Compensation Insurance- not covered in the RFP

13) Does the State and/or this program require the Participant (and the Employer of record for the personal Care attendant) to secure Worker's Compensation Insurance for their employee?

The vendor will assist the participant in securing worker's compensation insurance.

14) Who is the "holder" of the Worker's comp insurance? The participant? The state?

The participant

15) If required, Will the Worker's Compensation Insurance be sourced by the selected vendor on behalf of the Participant (Employer)?

a. The vendor will assist the participant in securing an appropriate policy.

16) Does the state allow Participants to purchase Worker's Compensation Insurance from a State Insurance Pool?

Currently there is no pool for this purpose.

17) Please describe how the current Self-Directed Care Services program handles worker's Comp insurance for the Personal Care Attendant.

a. The vendor assists the participant in securing an appropriate policy.

18) In section 5.3 of the RFP no point value was assigned to the "Budget Proposal." Will this portion of the proposal be weighted into the Evaluation of a proposal? If yes, what is the point value for this section?

a. There is no point value per se for the budget proposal. Budgets will be analyzed separately.

Under the Service Specification section:

19) Item 3.1 – the unit of service is listed as equal to 1 month. Is the proposed rate to be presented as a monthly fee per participant?

Yes.

20) Item 6.1.1 - What are the professional requirements for the provider's staff person who is to "Coordinate with participants to develop, sign, and update Individual Service Plans (ISP's)"

The requirements are not established. The applicant must describe staff credentials.

21) Will the state require a licensed professional (RN/LPN or MSW) in this role?

No.

22) Item 6.1.4 – When securing a background check on the worker, What level of Background check is required? (Name Search? County/State or National? Fingerprint?)

State and federal criminal background checks and abuse screening are required.

23) Is the cost of the background check charged to the participant? Is the State covering the cost of this check?

State covers the cost of background checks via the vendor's unit cost rate. The vendor must build the cost of background checks into the unit cost projection.

24) If No, Is the proposal to include this cost in the monthly unit cost?

Yes.

25) Who will determine if a "result" or "finding" on the background check disqualifies the worker for hire by the Participant (Employer)?

State regulations and the discretion of the participant.

26) Will DSAAPD set the criteria or will it be at the discretion of the Participant?

See above.

27) Item 6.1.5 - Please provide a list of the information on Employer/Employee relations that is currently being provided to Participants in the Self-Directed Care Services in the state program.

The state funded program is operated differently in some respects than the Support for Participant Direction program planned under the waiver. The vendor is expected to generate this information.

28) Item 6.1.6 – In an effort to accurately calculate training costs what is the total number of all participant's employees?

The total number of employees is variable and dependent upon the participants' needs.

29) What is the average number of service hours authorized for a Participant in the current Self Directed Care Program?

20

30) How many participants require 24 hour/day services?

0

31) How many participants require more than 40 hours/week services?

None. The current program is capped at 30 hours per participant per week.

32) Item 6.1.6 - Will the training hours be in addition to the participant's "authorized hours" set by the DSAAPD Case manager?

Yes.

33) Will the Participant be required to pay their employee for training?

No.

34) Is there a set number of Orientation training hours and annual in-service training hours DSAAPD is requiring the Personal Care Attendants to have, to be eligible to provide service to a Participant?

No.

35) Item 6.1.9 - Will the participant be required to hire a second employee as a (backup employee) to cover services when their regular employee is unavailable? If yes, Please confirm DSAAPD expects each Participant to hire at least 2 employees.

No.

36) Who is responsible to arrange for a backup worker when a participant's employee does not show up for work? What is the required timeframe for the responsible party to have a backup in place?

The vendor, in coordination with participant, develops plans for back-up care. Backup plans must be appropriate to ensure the health and welfare of the individual participant.

37) Can the participant pay an Agency to staff the uncovered shift?

Not directly. The individual participant will have a given number of personal care service hours authorized by DSAAPD. The participant will have the option to self-direct none, some or all of those service hours and to select providers (personal care attendants and/or agency-based care providers). Selected providers are indicated in the individual participant's service plan. Only those selected providers can submit claims for service. Agency personal care service providers will submit claims for reimbursement directly to the MMIS.

38) Can the same Agency contracted to provide Support for Participant Direction staff the uncovered shift?

Only individuals or agencies with personal care service agreements under the waiver and who have been prior-authorized to provide service to a given participant can deliver this service.

A participant who self-directs personal care services can opt to have an approved home health agency or a personal care agency deliver some of his/her personal care services. Under a waiver, the participant chooses among available providers for this purpose.

If the Support for Participant Direction provider is also an approved personal care provider under the waiver, and if the participant selects the Support for Participant Direction provider to deliver agency-based personal care services, the participant will be required to sign a written statement indicating his/her preference for the delivery of the service from this provider.

It is important that the Support for Participant Direction provider demonstrate a clear understanding of the participant-directed service approach. Any attempt by an agency to use its position as support broker to persuade a participant to utilize the agency for personal care services would be considered a significant misuse of the support broker role and could result in a review by DSAAPD of the suitability of the agency to continue providing Support for Participant Direction services.

39) If yes, What if the rate is different than that rate the Participant pays his/her employee (including taxes and fringe)?

Rates will be negotiated with personal care provider agencies.

40) Item 6.2.4 – Will the division provide the “Medicaid provider agreement with a personal care attendants” that is to be executed as referenced in this section to the selected proposer?

Yes.

41) Item 6.2.4 – How will the Division handle billing?

Personal care service claims will be submitted to MMIS by the vendor on behalf of the personal care attendants. The vendor will submit invoices to DSAAPD for administrative costs based on the agreed upon unit-cost rate (per member, per month).

- 42) Upfront lump sum received by the Support Service Provider based on authorized hours and monthly fee, with reconciliation reporting?

No upfront lump sum payments will be made to the support provider. The support provider will submit claims on behalf of the personal care attendants after personal care services have been rendered.

- 43) Item 7.17 – Please confirm the Participant (employer) will set the wage for the Personal Care Attendant. If confirmed, will DSAAPD establish a maximum wage rate guideline for program participants?

The State will set the rate for personal care services provided by attendants.

- 44) Item 7.22 – Please provide a copy of DSAAPD quality assurance initiatives related to this program.

Please refer to the Draft E&D Waiver amendment application for a description of QA initiatives. Providers are expected to participate in a brief annual survey. In addition, DSAAPD providers must comply with DSAAPD monitoring and self-monitoring requirements, as described in DSAAPD’s provider manual. See

http://www.dhss.delaware.gov/dhss/dsaapd/files/draft_ed_waiver_amendment.pdf and http://www.dhss.delaware.gov/dhss/dsaapd/files/dsaapd_provider_manual.pdf

- 45) Item 8- This section does not specify that the provider be a licensed Home Health Agency, or a licensed Home Care (non-medical) Agency. Can the Division provide further detail on the expected level of “staff knowledge, experience, and abilities” desired under this RFP?

The vendor must demonstrate that it has the organizational capacity to perform all of the tasks described in the service specifications.

HSS-10-089 Pre-bid meeting questions

Administrative Questions

- 1) How many copies of the Confidential Information discs are required?

One (1) complete copy of up to three (3) discs total are required.

- 2) Can the MS Word and PDF documents be on the same disc?

Yes

- 3) Is an agency audit necessary if an agency does not receive more than \$500,000 in federal funds? Please clarify.

All state, local governments and non-profit agencies that have \$500,000 or more in federal funding for all contracted programs are required by the federal government to have an A-133 audit. This total includes federal funds received from all entities, whether within or outside of Delaware. Agencies that receive less than \$500,000 must sign a statement to that effect.

- 4) Is today is the last day for questions?

Yes

Programmatic Questions

- 5) The contracts start on 12/1/10. Can we start recruiting prior to the start date of the contract?

There will be a "ramp-up" time during the beginning of the contract period, but any costs incurred prior to the 12/1 start date will not be covered. No services can be rendered prior to the issuance of the purchase order.

- 6) What are the names of the current programs and how many clients are enrolled?

The current attendant service programs are operated by JEVS and Easter Seals. There are approximately 89 participants enrolled and approximately 70 on the waitlist.

- 7) How many participants in the State-funded program do you expect will receive participant-directed personal care services under the waiver?

Approximately 50 participants in the state-funded program are enrolled in the Elderly & Disabled Waiver and could potentially transfer to participant-directed personal care under the waiver.

- 8) Can the consumers waive the background check?

At this time, background checks will be required for all prospective providers

9) Will there be aggregate filing in the State for worker's compensation?

At this time, workers compensation policies are purchased individually. DSAAPD is willing to advocate for more cost-effective options.

10) Will this contract manage current clients?

Yes, this contract will manage some of the current clients.

11) (Section 6.1.2) Will collecting the timesheets be a vendor responsibility?

Yes. The participant and employee will sign the timesheet and the participant will submit the timesheet to the vendor.

12) Will the vendor reimburse the consumer?

The vendor will issue a paycheck to the participant's employee. (A lump sum payment to the vendor ahead of time is not an option.)

13) How often does MMIS process claims?

Weekly

14) Are vendors required to pay weekly, biweekly?

The vendor will make that determination.

15) (Section 6.0) Support Brokerage – Will the vendor develop the ISP?

Yes

16) How will the hours/rate be determined? Is it the same hourly rate for all providers?

DSAAPD will determine the hours and rate. Yes, it will be the same rate for all personal care attendants.

17) How will the vendor bill for the Workers compensation?

The costs of worker's compensation insurance will be deducted from the individual attendant's paycheck along with other fringe benefits

18) Will vendors have to list out items in the fringe components?

Yes.

19) (Section 5.2.2) Page 14 - Work Plan – Service Activities vs. Service Standards. What is the difference?

*Service activities describe **what** will be accomplished. Standards describe **how** the activities will be accomplished.*

20) In reference to the workers compensation and taxes... Will there be accounts for each participant or one agency account?

DSAAPD recommends a careful review of Internal Revenue Service (IRS) requirements for fiscal agents. At the federal level, individual accounts are established, but aggregate payments by a fiscal agent are permissible via a Federal Employer Identification Number designated for this purpose. Certain State and local payments (for example, for state unemployment insurance) cannot be made in the aggregate at this time.

21) Is the participant responsible for the workers compensation?

The vendor will assist the participant in securing a policy.

22) Does Delaware state law require domestic employment of household employees to obtain workers compensation insurance coverage? Is Delaware aware of any underwriters who will provide/underwrite the policies?

Yes, with a few exceptions workers compensation is required. See Delaware Code Title 19 Chapter 23. <http://delcode.delaware.gov/title19/c023/index.shtml>

It is an expectation of this program that participants will obtain workers compensation policies. Such workers compensation policies are available in Delaware. The Delaware Department of Labor, Office of Workers Compensation can be referenced for more information. <http://www.delawareworks.com/industrialaffairs/services/WorkersComp.shtml>