



*Delaware Health  
And Social Services*

---

**DIVISION OF MANAGEMENT SERVICES**

---

PROCUREMENT

DATE: February 26, 2014

HSS 14-001

Respite Care

for

Division of Services for Aging & Adults with Physical Disabilities

Date Due: April 22, 2014

By 11:00 am Local Time

ADDENDUM # 2 – Questions & Answers

**PLEASE NOTE:**

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

---

Kieran Mohammed  
Procurement Administrator

---

Franklin Jones  
Division Contact

Respite Care – RFP HSS-14-001  
Questions & Answers – (2/26/2014 Revision)

Question #1: Would the Respite Care service be for unskilled, skilled or both as well as how long (days, weeks, months)?

Answer: The services to be provided for the Respite Care program would be services that are able to be performed by a Delaware Home Health Care- Aide only or a Delaware Personal Assistance Services Agency (PASA) license holder. The contract would be for one (1) year with the ability to renew for four (4) years. The duration of the service for a participant depends on his/her individual needs as well as the needs of his/her caregiver.

Question #2: What is the total annual dollar amount available under RFP HSS-14-001 Respite Care?

Answer: The planned funding amount for the Respite Care program is \$780K. This will be the total amount utilized for the 10/1/2014 – 9/30/2015 contract year.

Question #3: Within the Service Specifications under 6.1.6.1 – Is the caregiver and care recipient assessment form a specific form that DSAAPD will distribute to vendors?

Answer: This requirement has been removed from the Respite Care service specifications and the revised Respite Care Service Specifications are reflected in Addendum #1 of this RFP (HSS-14-001). Providers will utilize their agency approved assessment form.

Question #4: Within the Service Specifications under @ 6.1.9 – Will DSAAPD provide a spreadsheet or a web link for the required data submission?

Answer: Yes, DSAAPD will supply an invoicing workbook that will allow the approved provider to collect all required data.

Question #5: Within the Service Specifications under @ 5.1 – Will authorized hours be prescribed for a specific day and time to be used by a participant, or, will hours be authorized for a specified timeframe and hours can be used by the participant as needed during that timeframe?

Answer: The Respite Care service will be authorized for a specific number of hours and frequency as indicated by caregiver need.

Question #6: Within Service Specifications @ 8.1.1 – Will the voluntary contribution be collected by DSAAPD or by the provider?

Answer: The provider is responsible for the collection of the contribution, tracking and reporting of the amount collected and deduction of the amount collected, as appropriate, from the invoice prior to submission to DSAAPD for payment.

Question #7: Within Service Specifications @ 8.1.1 – If the consumer does not make the voluntary contribution, will the provider be reimbursed the full approved unit rate, or the reduced rate that reflects the expected contribution?

Answer: The provider is reimbursed at the reduced rate that reflects the expected contribution.

Question #8: Will funding be available outside of state?

Answer: All Respite Care service units will be used for eligible persons, as detailed in Section 5.0 of the Respite Care service specifications as reflected in Addendum #1 of this RFP.

Question #9: Must the caregiver reside in the home with the care recipient?

Answer: No.

Question #10: Please confirm that this RFP is for TIII B Respite funding only and does not include TIII E Respite funding which provides In Home, ADC, Assisted Living and Nursing Home Respite care.

Answer: This is not an RFP for Title III-B Respite. It is an RFP for Respite Care, which will be paid for with multiple funding sources (Title III-E and SSBG). As described in the service specifications, Respite Care is an in-home service.

Question #11: If this is just In-home care for TIII B Respite, will there be an RFP issued any time soon for the TIII E Respite contract renewal?

Answer: No, another RFP will not be issued. This RFP is for the newly-revised Respite Care service that will be funded with Title III-E and SSBG funds.

Question #12: Section R, page 13: with regard to informing DSAAPD in writing of that which should not be part of the public record: Is the confidential CD information automatically withheld from the public record or must an addition statement be made to that affect?

Answer: In most cases any information included on the corporate confidential CD will not be public record.

Question #13: What is the total amount of funds available for this RFP for Sussex County, and each of the other counties?

Answer: If a vendor is proposing for a particular county, they should budget for approximately \$150K per county.

Question #14: The budget forms appear to be the same as those used for the FY14 TIII B Respite contract, is that a correct observation?

Answer: Yes.

Question #15: On the service specifications: section 6.1.6 what are the training minimum requirements? Would that be only the requirements as set forth in the licensing requirements?

Answer: Sections 6.1.4 and 6.1.5 both address training requirements. Please see below.

6.1.4 Provider staff must be fully trained and professionally qualified in accordance with applicable licensing requirements with supplemental training provided, as appropriate, to support the provision of care to the population served through this program.

6.1.5 The provider must maintain, follow, and continually update a training and supervision program to ensure that respite staff is fully trained and familiar with agency procedures.

Section 6.1.4 indicates that staff need to have received the training specified in state licensure requirements plus any additional training needed in enable them to provide care for the population served through the respite care program (older persons aged 60 and over; persons of any age with Alzheimer's disease or related dementia; persons aged 18 or over with a physical disability). The specifications do not set forth minimum requirements for the additional training. DSAAPD expects providers to use professional judgment about the type and amount of additional training needed to meet this requirement.

Section 6.1.5 indicates that the provider must provide training to ensure that staff is knowledgeable about agency procedures. Again, no minimum requirements are specified. Providers are expected to exercise professional judgment about the type and amount of training that is needed to meet this requirement.

Question #16: Will the Monthly Usage report be incorporated into the invoicing workbook currently in use as a separate worksheet as are the Program and Financial Quarterly Reports?

Answer: No. The Monthly Usage report must remain a stand-alone Excel report, delivered monthly, as this information is passed to the Delaware Office of Management & Budget.

Question #17: Who were the incumbent winning bidders for the Respite RFP for 2012 & 2013 calendar years?

Answer: There was no RFP for Respite Care in 2012 or 2013. The current (2014 calendar year) providers that are offering Respite services similar to the Respite Care service under this RFP are: Addus Healthcare Inc.; Cheer Home Health Services Inc.; Christiana Care Home Health & Community Services Inc.; and Maxim Healthcare Inc.

Question #18: In the Service Specifications for Respite Care, the service definition clearly states that the services are to be provided in the home. Does that mean that there will be no expectation that respite providers transport clients or run errands for them? If transportation for these types of tasks is expected, can you please state what the scope of transportation will include?

Answer: It is correct that there is no expectation that respite providers transport participants or run errands for them.

Question #19: What is the number of clients served by the Respite Care service by county and any plan for expanding this number?

Answer: Clients totals are as such: New Castle County – 79, Kent – 50, Sussex – 75. Currently, the total amount allocated for the Respite Care service is set at \$780K.

Question #20: Is there a typical cap, if any, for number of Respite hours authorized per year to an individual?

Answer: This is a newly-established respite care service for which service cost caps have not yet been established. Service cost caps for respite services recently-funded by DSAAPD have been 260 hours of service per year per participant.

Question #21: Are errands an allowable activity?

Answer: Respite care is defined as an in-home service. Therefore, errands performed outside of the home would be considered outside the scope of the service.

Question #22: Define cueing and clarify if this has any relationship to medications.

Answer: Cueing can be defined as providing a reminder to an individual to perform an activity. For example, a respite care provider can remind participant to take his/her medication at a certain time according to a schedule made up by a qualified practitioner or family member.

Question #23: Will a company who has submitted a joint proposal with a partner, also be allowed to submit an individual proposal for the same/similar services?

Answer: DSAAPD is unable to accept multiple bids from a single bidder. It will be up to the bidding party to decide which strategy that best suits them. A bidder may propose multiple options or “tiers” of service within their single proposal such as an “option 1” and/or “option 2”.

Question #24: How will the client be offered a Choice of providers if eligible to receive Respite Care?

Answer: Potential Respite Care service clients would be offered a choice of the approved/eligible providers per their location and available funding source.

Question #25: On page 2 of the RFP it indicates sealed proposals are to be received by:

Delaware Health and Social Services  
Herman M. Holloway Sr. Campus  
Procurement Branch  
Main Administration Bldg, Sullivan Street  
Second Floor, Room #257  
1901 North DuPont Highway,  
New Castle, Delaware 19720

Then later on Page 10 the RFP indicate to submit proposal responses to:

Kieran Mohammed  
Division of Management Services  
Delaware Health and Social Services  
Main Administration Building, Sullivan Street  
Second Floor, Room 257  
1901 North duPont Highway  
New Castle, DE 19720

Is one address listing preferred or will either be accepted?

Answer: Either address is fine as long as it contains room 257.

Question #26: On Page 6, section B it indicates the Division will allow subcontractors for this proposal and later refers to them as Sub or Co-contractor. If two companies want submit a joint proposal is this considered "co-contracting"?

Answer: A co-contractor is a joint effort whereby two bidders form a new entity and submit 1 bid on behalf of that new entity. There is no primary and sub-contractor relationship.

Question #27: Will joint proposals be accepted as a solution to RFP HHS-14-001?

Answer: All bids must have a primary agency submitting the bid to DSAAPD and that will be the contractual agency for any future service contracts.

Question #28: What if any additional submission or paperwork will be required for joint proposals?

Answer: Sub-contractors requirements can be found in Section III, Part B (Page 5) of the RFP.

Question #29: Please confirm that the division requires only 1 (one) budget workbook for the period of 10/1/14-9/30/15 to be submitted with the proposal.

Answer: Correct.

Question #30: Please confirm that contracted providers will receive all their referrals and service authorizations direct from DSAAPD case managers.

Answer: Correct.

Question #31: Please briefly describe the process flow from the time a client need is identified through the time they are referred to a provider.

Answer:

1. Potential client calls DSAAPD/ADRC
2. Potential client is referred to DSAAPD Case Manager
3. DSAAPD Case Manager determines eligibility and authorizes for Respite Care
4. DSAAPD Contracts approves hours based on funding
5. DSAAPD Case Manager contacts provider to begin service per guidelines set in Respite Care Service Specifications
6. Provider begins service to client.

Question #32: Will the provider be expected to conduct Outreach in the community and identify clients in need of respite and direct potential clients to DSAAPD staff for eligibility verification?

Answer: Outreach, client identification, and referral to DSAAPD/ADRC are not required components of the service. However, if a provider becomes aware of an individual who could potentially qualify for and benefit from the program, the provider is encouraged to refer that individual to DSAAPD for eligibility determination.

Question #33: How many clients are currently waiting for services for the whole state?

Answer: As of 2/11/2014, there are 28 individuals waiting for the Respite Care service.

Question #34: What is the average time a client waits for services to become available?

Answer: Waiting list time is contingent on available funding.

Question #35: Are any of the Delaware counties experiencing under-utilization of Respite services?

Answer: No.

Question #36: In reviewing the DSAAPD Policy Manual for Contracts, Policy Log Number X-Q, Invoicing, will DSAAPD accept Electronic visit verification as proof of time in- time out and care tasks performed according to the individual care plan as sufficient documentation of service delivery?

Answer: Yes.

Question #37: Describe/define the differences in: Local Cash, In-kind funds, Matching funds, and Contributions.

Answer: Definitions:

Local Cash: funds from local sources such as town/city/county government, United Way, and foundations. State Grant-In-Aid is considered local cash.

In-kind: Non-cash contributions provided by third parties and the contractor. Third party and contractor in-kind contributions may be in the form of staff time, real property, equipment, supplies and other expendable property, and the value of goods and services directly benefiting and specifically identifiable to the project or program.

Matching Funds: Older Americans Act funds may be used for no more than 90% of the program/service cost. Local resources (a.k.a. "Match") must be used for 10% of program/service costs. Matching funds include Local Cash and In-Kind contributions, but does not include Program Income.

Contributions: Same as Matching funds.

Question #38: How do the above items affect the billing/payments due to the Contractor Agency, and their ability to provide additional units?

Answer: Providers will have to offer a 10% match for their respective bid amount. In addition, the provider must budget a Projected Project Income amount per the Unit of Service cost. To assist potential bidders in preparing their budget, providers should budget at least \$.20 per Service Unit as Program Income per Unit of Service.

Question #39: Who controls additional units available from Project Income? (Contractor Agency or Division)

Answer: DSAAPD will allocate any additional units generated from excess Project Income.

Question #40: Do bidders need to include the Service Specifications and the Department boilerplate in their bid?

Answer: No

Question #41: What funding should bidders budget for?

Answer: Please budget your planned bid amount as Title III funding on the Budget Worksheet.

Question #42: How are potential Respite Care participants identified?

Answer: The DSAAPD Case Manager identifies and approves potential participants for Respite Care service and then those potential participants are approved for service with the awarded bid providers.

Question #43: How long does a provider have to start services with a new program participant?

Answer: Once hours are approved for a program participant, the case manager will notify the provider to start services for the new participant. Per 6.16 & 6.17 of the Respite Care service specifications: In-home case assessments must be completed within five (5) working days of receipt of the service approval from DSAAPD. A plan of care must be developed for each new care recipient within five working days after assessment.

Question #44: When does an awarded provider need to re-determine participant Respite Care service?

Answer: Per the agency licensure regulations.

Question #45: If a provider plans to offer services in multiple state counties, do they need to create multiple budgets?

Answer: No. The budget should represent the total amount that is planned to be served by the bidder for the calendar year 10/1/2014 – 9/30/2015 for the service area designated in the bid work plan.

Question #46: If a provider serves in the same geographical area of a separate provider, how is it determined which provider will receive the participant referral?

Answer: Whichever provider agency has funding available within their contract to service the participant will receive the participant referral.

Question #47: Does DSAAPD have an optimal number of provider agencies to be awarded for this RFP?

Answer: For this amount of funding, DSAAPD is planning to contract with 3-5 providers.

Question #48: May DSAAPD change the amount offered to bidders?

Answer: Yes. Bidders are encouraged to budget for as much of the planned \$780K of funding that they can adequately service. If during the Technical Review, it is determined that DSAAPD would like to offer a lower amount of funding, bidders would retain the right to adjust their planned unit cost, or decline the offered amount of funding.

Question #49: Will the current Respite Care program participants be absorbed within the new providers?

Answer: Yes, on 10/1/2014, all current Respite Care program participants will be moved to the approved provider contracts.

Question #50: Will approved bidders be issued contracts renewals?

Answer: Yes, this RFP is for five (5) years and all approved bidders would have the opportunity for renewals up to an additional four (4) years. All bidders whom are not selected initially are held as viable candidates for the length of the RFP.

Question #51: Does staff training need to be provided by RN's?

Answer: Staffing/oversight requirements are as specified in the licensure regulations for the two agency types (home health agencies personal assistance services agencies) that can provide respite care services.