



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: August 29, 2017

HSS 17025

Agency With Choice

for

DDDS

Date Due: September 12, 2017  
By 11:00 a.m Local Time

ADDENDUM # 1  
Questions and Answers

**PLEASE NOTE:**

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

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Kimberly Jones  
Procurement Administrator

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Stacy Watkins  
Social Service Senior Administrator

Division of Developmental Disabilities Services – Agency with Choice RFP - HSS17025

Section Number:	III.A.1 Minimum Requirements	
Paragraph Number:		
Page Number:	2	
Text of Passage:	“Provide Delaware license(s) and/or certifications(s) necessary to perform services as identified in the scope of work.”	
<b>Question:</b>	<b>What additional licenses or certifications might be required in addition to the State of Delaware Business Licensure?</b>	
Answer:	Certificate of insurance for: general liability, professional liability, auto insurance, and worker’s compensation insurance, a Delaware Business Licensure or proof of non-profit (501C3); please review page 20, 21 of the RFP for additional information.	

Section Number:	Appendix B.1.2.b Employer Requirements	
Paragraph Number:		
Page Number:	41	
Text of Passage:	“Interview all potential workers referred to the agency for hire?”	
<b>Question:</b>	<b>Do existing workers need to be re-interviewed by the new AWC FMS provider? Is the AWC FMS provider able to delegate interviewing to the participant?</b>	
Answer:	<p>There are no existing workers to be interviewed. This is a brand new start up service.</p> <p>The Division strongly encourages all participants to be actively involved in the hiring process, however the selected vendor must comply with page 42 1. Employer Requirements 2b.</p>	

Section Number:	Appendix B.14 Employer Requirements	
Paragraph Number:		
Page Number:	42	
Text of Passage:	“Obtain and maintain workers’ compensation coverage in accordance with State of Delaware requirements	
<b>Question:</b>	<b>Is the AWC required to list the participant co-employer as a named insured, an additional insured or not at all under the policy?</b>	
Answer:	<p>The Agency with Choice is expected to comply with all Delaware Workers' Compensation rules and requirements, including those with regard to joint employment as set forth in <a href="#">19 DE Code § 2354</a>. DDDS expects the Agency with Choice to ensure that if a worker is injured in the course of providing paid services to a participant, that a Workers' Compensation policy is in place that protects the participant from liability." No Certificate of insurance should ever name The State of Delaware as additional insured.</p>	

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Section Number:	Appendix B.12 CPR	
Paragraph Number:		
Page Number:	42	
Text of Passage:	“Train newly hired employees on CPR and first aid techniques to protect participant health and safety.”	
<b>Question:</b>	<b>Besides CPR and First Aid, are there any other trainings that potential employees need to have prior to hire? Does CPR and First Aid need to be certified or will basic knowledge suffice? Do the costs for CPR come out of the participant’s authorization or are they reimbursed separately? Can CPR and first-aid training be provided online rather than in person?</b>	
Answer:	<p>If the employee is Not an immediate family member (parent, spouse) or legal guardian and would need to assist with medication during the time they are scheduled to provide care, then The Division’s approved medication training would be required (LLAM) prior to the employee being able to assist with medication.</p> <p>CPR and First Aid need to be certified. Basic knowledge will not meet the requirement.</p> <p>The Division would expect that vendors build this into start-up costs per member.</p> <p>CPR cannot be provided online. First-Aid may be provided online.</p>	

Section Number:	Appendix B.13.b Background Check	
Paragraph Number:		
Page Number:	42	
Text of Passage:	“Background check authorization(s), as applicable	
<b>Question:</b>	<b>When would a vendor be required to complete a background check screening? Do the costs for background checks come out of the participant’s authorization or are they reimbursed separately? What is the cost of background checks?</b>	
Answer:	<p>A background check would need to be completed prior to the employee engaging in direct care activities.</p> <p>The Division would expect vendors to build the cost of background checks into the initial start-up costs per member or require that the identified employee(s) pay for their own background checks. The Division would give consideration to either of the above methods.</p> <p>The cost varies depending on the vendor that is used to perform the background checks. For informational sharing purposes the State uses for Shared Living caregivers the</p>	

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	Delaware State Police State and Federal Background check which is currently \$65.00.
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Section Number:	Appendix B.16	
Paragraph Number:		
Page Number:	43	
Text of Passage:	“If Bidder qualifies as an Applicable Large Employer (ALE) under the Affordable Care Act, provide plan to comply with the Affordable Care Act’s requirement to provide health insurance to employees who work at least 30 hours in a work week.”	
Question:	<b>Can the successful bidder limit employees’ hours to under 30 per week?</b>	
Answer:	The Division is not in agreement with this practice. The Agency with Choice would optimally only impose a restriction beyond 40 hours per week, per employee.	

Section Number:	Appendix B. 2.6 Budget Management Requirements	
Paragraph Number:		
Page Number:	43	
Text of Passage:	“Track worker hours and pay overtime as needed to any worker who works over 40 hours in a work week, regardless of the number of participants served by the worker”.	
Question:	<b>Can the AWC vendor restrict the number of hours worked by a caregiver to only 40 hours per week in the entire program, whether or not the Community Navigator or the participant chooses to have that caregiver work in excess of 40 hours?</b>	
Answer:	The Division does not object to restricting the number of hours per caregiver, per week to no more than 40 hours. The Community Navigator and participant should work together to discuss, identify, and develop natural (unpaid) support hours.	

Section Number:	Appendix B.1.9 Budget Management Requirements	
Paragraph Number:		
Page Number:	44	
Text of Passage:	“If participant’s spending pattern indicates the participant is on track to over utilize his or her authorization, contact the participant’s Community Navigator with two business days to refer the participant for follow up training, a reassessment, or other corrective measure”.	
Question:	<b>If the participant exceeds their budget prior to the AWC being alerted to the pattern, is the AWC liable to cover the expenditures? EXAMPLE - AWC receives a mailed timesheet where the service hours are over budget. First notice of the excess expenditures occur when the mailed timesheet is received.</b>	
Answer:	The Division’s expectation is that the Agency with Choice will actively track and project usage in such a way as to prevent a budget overture.	

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Section Number:	Appendix B.3.5 Payroll and Tax Reporting Requirements	
Paragraph Number:		
Page Number:	44	
Text of Passage:	“File and Deposit employer taxes including FUTA, SUTA, and the employer share of FICA (Social Security/Medicare) taxes per Internal Revenue Service and State of Delaware mandated timelines, and maintain documentation of all such deposits.	
<b>Question:</b>	<b>Are the employer’s taxes (SUI, FUTA, FICA) considered in the overall budget for the participant, or are these taxes to come out of the expenditures on the AWC?</b>	
Answer:	The employer’s taxes (SUI, FUTA, FICA) are considered in the overall budget for the participant.	

Section Number:	Appendix B.9. Billing requirements	
Paragraph Number:	2	
Page Number:	47	
Text of Passage:	“Upon execution of a contract with DDDS, the awarded vendor shall enroll with the Delaware Medical Assistance Program (DMAP) as a Medicaid provider of personal care and respite services”	
<b>Question:</b>	<b>Can a vendor who currently provides day services to DDDS also be an Agency With Choice provider under this RFP? Can a vendor who currently provides respite services to DDDS also be an Agency With Choice provider under this RFP?</b>	
Answer:	Yes, a vendor who provides day services to DDDS can also be the Agency with Choice provider under this RFP.  No, a vendor who currently provides respite services to DDDS cannot also be the Agency with Choice provider under this RFP.	

Section Number:	Appendix B.9 Billing Requirements	
Paragraph Number:	3	
Page Number:	Page 47	
Text of Passage:	“The Awarded Vendor shall submit HIPPA=standard electronic claims for personal care and respite services delivered to DDDS waiver members. The claim shall be no greater than the vendor’s payment to the employee inclusive of all taxes.”	
<b>Question:</b>	<b>Is ANSI 837P an acceptable format for claims submission?</b>	
Answer:	For questions concerning ANSI 837P format consult the Delaware Medicaid Enterprise System Health Care Claim; Professional, Institution, Dental (837) transaction Standard Companion Guide which can be found at the following Link:  <a href="https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command">https://medicaidpublications.dhss.delaware.gov/dotnetnuke/DesktopModules/Bring2mind/DMX/Download.aspx?Command</a>	

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	<p><a href="#">=Core_Download&amp;EntryId=491&amp;language=en-US&amp;PortalId=0&amp;TabId=94</a></p> <p>If after reviewing the publication above there are still unanswered questions than we suggest consulting Division of Medicaid &amp; Medical Assistance’s fiscal agent – DXC Technologies via the ECS Group email address: <a href="mailto:DelawareECSGroup@dxc.com">DelawareECSGroup@dxc.com</a></p>
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Section Number:	Appendix B.10 Electronic Case Record Requirement	
Paragraph Number:		
Page Number:	47	
Text of Passage:		
<b>Question:</b>	<b>Is there an electronic interface by which the vendor can provide the transactional date for input to the ECR for the DDS system?</b>	
Answer:	No, not at this time.	

Section Number:	N/A	
Paragraph Number:	N/A	
Page Number:	N/A	
Text of Passage:	N/A	
<b>Question:</b>	<b>Who is the incumbent vendor(s)</b>	
Answer:	There is no incumbent vendor. This is a new program.	

Section Number:	N/A	
Paragraph Number:	N/A	
Page Number:	N/A	
Text of Passage:	N/A	
<b>Question:</b>	<b>What is the current per member per month rate for financial management services under the Agency With Choice model?</b>	
Answer:	There is no established rate at this time as this a new service. The Division seeks proposals of one hundred dollars or less per member per month but is also open to other reimbursement methodologies as well. Please be prepared to explain how you arrived at the proposed rate and the methodology used.	

Section Number:	N/A	
Paragraph Number:	N/A	
Page Number:	N/A	
Text of Passage:	N/A	
<b>Question:</b>	<b>What is the current satisfaction rate of members served through all programs?</b>	
Answer:	There are no current customers or satisfaction rate. This is a new program.	