



*Delaware Health
And Social Services*

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

DATE: October 10, 2025

HSS-26-019
AGENCY OF CHOICE
FOR
DIVISION DEVELOPMENTAL DISABILITIES SERVICES

Date Due: October 31, 2025 @ 1:00 PM EST

ADDENDUM # 1 Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE-
MENTIONED BID.

Responses to questions received by the deadline of September 26, 2025.

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Public Q&A

1. Number of Providers

Sep 17, 2025 3:20 PM EDT

How many awards will be granted/how many providers will be selected?

The State of Delaware expects to negotiate and contract with only one “prime vendor.”

2. Contract Amount

Sep 17, 2025 3:20 PM EDT

What is the maximum contract amount per year?

Contract amount is set in the RFP/contract negotiations.

3. Role of Co-employer

Sep 17, 2025 3:21 PM EDT

Can you share more about the state of Delaware’s rules and expectations around the role of the co-employer and their involvement in pay rate selection, termination decisions, workman’s compensation, unemployment, etc.?

The co-employer assists participants in hiring, training, and managing staff while ensuring compliance with employment laws and DDS policies. DDS requires the AWC broker to act as employer-of-record for payroll/tax filings and ensure compliance with payroll withholding, unemployment, workers’ compensation, and FLSA rules; the participant (or guardian/surrogate) retains decision authority such as selecting and supervising workers as co-employer. The broker must verify payroll withholding and tax filings quarterly/annually.

4. RFP instructions

Sep 19, 2025 11:40 AM EDT

According to the RFP instructions on page 50 and the Bonfire website, the required response appears to include the items listed in Appendix A (transmittal letter, executive summary,

proposal, references and pricing) as well as Attachments 2, 3, 4, and 5. Are there any specific items from Appendix B that must also be included? If so, please advise which ones.

Appendix B outlines all the requirements it is expecting in your proposal and what you can do to meet the needs and requirements of this RFP. We did NOT itemized each item since it should be included as a synopsis which will help the evaluators understand your abilities and experience, and what is required to be able to meet DHSS/State of Delaware requirements and the requirements of this RFP.

5. Responsibilities

Sep 19, 2025 11:41 AM EDT

Is the vendor responsible for scheduling caregivers/ call offs, or does that responsibility lie with the participant?

The participant/employer (or their co-employer/surrogate) typically directs and schedules caregivers and approves service utilization. The AWC broker provides employer-of-record and administrative support. The broker may offer scheduling tools and help with coverage, but scheduling authority rests with the participant/co-employer.

6. Licensing

Sep 19, 2025 11:42 AM EDT

Does the selected vendor have to undergo licensing that is typically required of personal care agencies?

The selected vendor needs to meet DDDS and State of Delaware licensing requirements. This includes a business license and certificate of liability insurance. In performance of the contract, the vendor will be required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful vendor. The vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 *Del. C.* § 2502.

Prior to receiving an award, the successful vendor shall either furnish the State of Delaware with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject vendor to applicable fines and/or interest penalties.

7. Marketing

Sep 19, 2025 11:42 AM EDT

How is the program marketed?

DDDS/Community Navigators inform participants about self-direction; the AWC broker also educates participants when they opt for self-direction. AWC services are also posted on the DDDS website.

8. Set benefits

Sep 19, 2025 11:43 AM EDT

Does the current vendor currently offer and/or does the program require, the offering of set benefits for the caregivers?

The AWC model does not require the offering of set benefits for the caregivers other than what is federally required.

9. Health insurance benefits

Sep 19, 2025 11:43 AM EDT

Does the current vendor offer health insurance benefits, in accordance with ACA today?

The vendor would need to comply with mandated requirements of ACA.

10. Incumbent

Sep 19, 2025 11:43 AM EDT

Who is the incumbent vendor?

Easter Seals

11. Go live date

Sep 19, 2025 11:44 AM EDT

When would the anticipated go live date be for the vendor?

The anticipated go live date is 7/1/26.

12. Payroll

Sep 19, 2025 11:44 AM EDT

What is the average biweekly payroll to be expected for this program?

Payroll volume depends on number of self-directing participants and hours utilized

13. Billing

Sep 19, 2025 11:45 AM EDT

What type of billing is utilized? 837 or invoicing?

AWC administrative payments are invoiced to DDDS (monthly). Medicaid claims for services flow to MMIS (837/EDI) via the fiscal agent. The AWC broker submits monthly invoices for administrative fees service claims via MMIS where appropriate.

14. Participants

Sep 19, 2025 11:45 AM EDT

Total participants appears to be 475 today, is that correct?

475 is the projected number of participants for FY27.

15. Contract award

Sep 19, 2025 11:45 AM EDT

How many contracts does the state plan to award for this RFP?

The waiver references a single statewide AWC broker contract historically; RFP specifics determine if multiple vendors are awarded.

16. PM/PM rate

Sep 19, 2025 11:46 AM EDT

Are background checks to be included in our PM/PM rate, or is this reimbursable?

Background checks should be proposed in the vendors proposed budget.

17. PM/PM rate

Sep 19, 2025 11:46 AM EDT

Is workers' compensation to be included in our PM/PM rate, or is this reimbursable?

The AWC broker acts as employer of record and pays workers' compensation as employer expense. Typically, this is covered by the broker's operational costs and reflected in negotiated administrative fees.

18. Enrollment

Sep 19, 2025 11:47 AM EDT

Pertaining to participant enrollment, will we use our Intake system to enroll, or data import?

The DDDS electronic case record will be utilized for enrollment.

19. Contract terms

Sep 19, 2025 11:48 AM EDT

In general, are there any penalties for non-compliance with the contract terms?

Contract terms (liquidated damages, remedies, termination) are in the RFP/Professional Services Agreement — waiver requires DDDS monitoring and corrective action authority; specific penalties are in procurement documents.

Refer to Section V.G

20. Enrollment

Sep 19, 2025 11:48 AM EDT

Are there any paper based enrollment and payroll processes? If yes, what percentage of processes are paper based?

The process should be outlined in the request for proposal.

21. Billing

Sep 19, 2025 11:49 AM EDT

For billing, who is the payer entity (Gainwell)?

The selected vendor needs to bill through the DDDS electronic case record system.

22. Budget

Sep 19, 2025 11:49 AM EDT

Are budgets based on dollars or time units?

DDDS authorizations are unit-based (authorized units and unit rates) for MMIS claims; AWC participant allotments for self-directed Respite/Personal Care are dollar allotments managed by the broker.

23. Contract terms

Sep 19, 2025 11:50 AM EDT

Is Sick Time applicable to this contract?

The State of Delaware requires compliance with applicable state and federal employment laws.

24. Contract terms

Sep 19, 2025 11:50 AM EDT

Is Forward Funding available?

Vendor payments are issued after services are rendered.

25. Reimbursement

Sep 19, 2025 11:51 AM EDT

What is the average timeframe for reimbursement?

The State of Delaware reserves the right to pay by ACH Payment, SUA Payment, or PCARD Payment. The agencies will authorize and process for payment of each invoice within thirty (30) days after the date of receipt of a correct invoice.

26. IT

Sep 19, 2025 11:51 AM EDT

Is SOC2 / Type2 required?

Refer to data security requirements of the RFP.

27. Eligibility

Sep 19, 2025 11:57 AM EDT

Does the participant's eligibility ever change retroactively?

Eligibility may be redetermined and retroactive changes can occur per Medicaid rules. The FMS must follow DDDS notification procedures and conduct periodic reviews. Eligibility determinations are managed by DDDS.

28. Eligibility

Sep 19, 2025 11:57 AM EDT

What actions should the FMS take should they learn of a participant's ineligibility?

Notify DDDS/AWC Liaisons immediately, suspend future payments, return any ineligible funds as required, and follow DDDS recoupment procedures.

29. Eligibility

Sep 19, 2025 11:58 AM EDT

How often is eligibility reviewed and redetermined?

Frequency of eligibility determinations follow state Medicaid policy.

30. Authorized Representative

Sep 19, 2025 11:58 AM EDT

Is Authorized Representative applicable to this program?

Yes — guardians, POAs, or designated surrogates can act for participants and as co-employer surrogates per waiver rules; the AWC broker must obtain signed DDDS Standard Agreement from surrogates.

31. Eligibility

Sep 19, 2025 11:58 AM EDT

Who determines the ongoing participant eligibility for this program and how will an FMS be notified of eligibility changes (e.g. 270/271 file exchanges)?

Frequency of eligibility determinations follow state Medicaid policy. DDDS staff will notify FMS regarding eligibility changes.

32. Workers

Sep 19, 2025 11:59 AM EDT

What is the average number of workers per participant?

Self-directed services are person-centered. The majority of enrolled participants have one worker.

33. Budget

Sep 19, 2025 11:59 AM EDT

What is the duration of each individual budget?

July 1 through June 30 of each calendar year is the State's fiscal year. Proration will occur for individuals who are not enrolled for the full fiscal year.

34. Budget

Sep 19, 2025 11:59 AM EDT

Are there different services and/or service codes associated with a participant budget? If so, can participants move money across different service codes?

Authorizations are code/unit based in MMIS. The AWC participant allotment is a dollar amount for specific services (Respite/Personal Care). Moves across categories require plan modification/authorization changes by DDDS AWC Liaisons.

35. Budget

Sep 19, 2025 12:00 PM EDT

If a participant does not spend all of their budget in a single month, can they "roll over" funds to a subsequent month? If so, how long/how much may a participant roll over funds until such funds are considered non-usable or are to be forfeited?

Funds are allocated on an annual (state fiscal year) budget or pro-rated based on the date of enrollment.

36. Budget

Sep 19, 2025 12:01 PM EDT

What is the average individual budget for a participant?

\$5000 per fiscal year.

37. Enrollment

Sep 19, 2025 12:02 PM EDT

If there are existing self-directed participants who are currently working with an FMS who is awarded this contract, will those participants need to re-enroll / select an FMS?

If same vendor continues as statewide AWC broker, current participants who already self-direct likely remain; if vendor changes, DDDS will provide transition instructions. AWC Liaisons and Community Navigators facilitate seamless transitions.

38. Contract award

Sep 19, 2025 12:02 PM EDT

If there are existing self-directed participants who are currently working with an FMS who is awarded this contract, will those participants need to re-enroll / select an FMS?

If same vendor continues as statewide AWC broker, current participants who already self-direct likely remain; if vendor changes, DDDS will provide transition instructions. AWC Liaisons and Community Navigators facilitate seamless transitions.

39. Contract award

Sep 19, 2025 12:04 PM EDT

If Delaware contracts with multiple FMS vendors, will Delaware split the participants amongst each FMS vendor, or will the participant have the option to choose?

RFP/contract determines assignment. DDDS contracts with a single statewide AWC broker; if multiple vendors are used, participants should be allowed to choose unless otherwise specified.

40. Average spending

Sep 19, 2025 12:05 PM EDT

What is the total average monthly spending for all participants?

[It varies based on the individual employers needs/desires.](#)

41. **Contract terms**

Sep 19, 2025 12:05 PM EDT

Does the FMS vendor need to have a physical office located in Delaware?

[Not mandated. The contract/RFP may require a Delaware presence or representative.](#)

42. **PM/PM rate**

Sep 19, 2025 12:05 PM EDT

What are the PM/PM rates paid to the current FMS vendors who support this service or other Delaware self-directed programs?

[PMPM and administrative fees are submitted with the RFP submission and finalized at the time of contract negotiation.](#)

43. **Attachments**

Sep 19, 2025 12:33 PM EDT

The attachments are not named properly. Attachment 2 is the non-collusion statement; Attachment 3 is the exceptions report; and Attachment 4 is confidential information. Will you be uploading new forms or do we keep these as they are named?

[Thank you. The Attachments have been uploaded with the correct files.](#)

44. **Payrate**

Sep 22, 2025 3:03 PM EDT

Who dictates the worker pay? The participant or the vendor?

AWC broker determines the employees pay rate with input from the member. The rate of pay should reflect of the support needs of the individual.

45. Payrate

Sep 22, 2025 3:04 PM EDT

If there is a 'margin' leftover after paying one's worker and billing for respite or personal care services, what is the vendor to do with that leftover margin? Is it expected to be returned to the state?

The allotted budget is not paid to the AWC broker. The AWC broker would bill against a prior authorization entered in the MMIS system as services are rendered. If the individual doesn't use the allotted budget, the leftover funds do not carryover into the next fiscal year.

46. Payrate

Sep 22, 2025 3:18 PM EDT

Do all workers get paid the same or is it dictated by the CLEs?

Pay is negotiated by the participant per employee. Wage parity is not mandated by DDDS but must comply with state/federal wage laws.

47. Payrate

Sep 22, 2025 4:36 PM EDT

Is there a fee schedule provided for the respite and personal care services?

The rates are individual based rates.

48. Client allotment

Sep 26, 2025 10:21 AM EDT

What is the funding allotment per client, per year?

\$5000 per fiscal year

49. Lifespan Waiver Services

Sep 26, 2025 12:58 PM EDT

The RFP mentions other Lifespan Waiver services. Can DDS confirm that Respite and Personal Care are the only services eligible for self-direction and processed and paid for by the AWC Provider?

Currently, the only self-directed services offered through the Lifespan Waiver are self-directed respite and personal care.

50. Person Centered Plan

Sep 26, 2025 12:59 PM EDT

Can DDS provide a sample Person Centered Plan (PCP) showing authorized units of service for Respite and/or Personal Care?

Due to HIPAA, DDDS cannot provide a sample of a personal centered plan.

51. Overtime

Sep 26, 2025 1:00 PM EDT

If an employee serves more than one participant and the employee's hours per week exceed 40, is it permissible for the AWC Provider to bill the overtime to the respective participant's authorization for whom the employee worked the overtime hours?

The max weekly utilization authorized under AWC is 29.75 hours. Approvals must be granted proactively before exceeding weekly 29.75 hours worked.

Track worker hours, monitor to ensure the employee does not work in excess of 29.75 hours per week, and pay overtime as needed to any worker who works over 40 hours in a workweek, regardless of the number of participants served by the worker.

The waiver and AWC guidance require compliance with US DOL FLSA. Overtime must be paid to the worker; which participant's budget is charged is a financial allocation determined by

timesheets; the broker should allocate overtime to the participant(s) for whom overtime work was performed. DDDS monitoring audits timesheets for compliance.

52. Cost Proposal

Sep 26, 2025 1:01 PM EDT

What level of budget detail is required in support of the Cost Proposal? Is there a specific format that would allow DDS to evaluate proposals evenly?

All contract costs must be as detailed specifically in the Vendor's cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the State of Delaware. The proposal costs shall include full compensation for all taxes that the selected vendor is required to pay.

The State of Delaware will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).

53. Cost Proposal

Sep 26, 2025 1:01 PM EDT

Can bidders propose separate fees for each of the potential five years?

RFP typically allows multi-year pricing

54. Budget

Sep 26, 2025 1:02 PM EDT

What is the expected start-up fee to be paid under this award?

Contract negotiation item. Waiver references a one-time setup payment for AWC per participant but not a statewide start-up fee amount.

55. Budget

Sep 26, 2025 1:03 PM EDT

What is the expected Per Member/Per Month (PM/PM) fee to be paid under this award?

DDDS negotiates a fixed monthly administrative fee per participant that is applied consistently.

56. Terms and Conditions

Sep 26, 2025 1:04 PM EDT

Are there any additional contractual terms or documents that have not been included within the RFP? If so, can you please provide copies of any sample agreements?

The contractual terms or documents are noted in the RFP document, including a sample of the Professional Services Agreement, Business Associate Agreement and the DTI Terms and Conditions (which include cyber liability insurance if applicable). Anything changes/needed will be issued via an Addendum.

57. Responsibilities

Sep 26, 2025 1:04 PM EDT

Who sets the direct service workers rate? Is it the responsibility of the participant or the FMS?

Pay is negotiated by the participant per employee. Wage parity must comply with state/federal wage laws.

58. Budget

Sep 26, 2025 1:05 PM EDT

Will service authorizations be dollar based or unit based?

Self-directed respite and personal care is an hourly service. The annual budget divided by the rate of pay will give the maximum number of hours allowed for the service. The smallest billable increment is $\frac{1}{4}$ hour.

59. Proposal Format

Sep 26, 2025 1:06 PM EDT

Is there a specific format requested for the answers in the Appendix section? All the appendix's are blank sheets. Are they intentionally blank?

Appendix C are templates/samples/placeholders that will be used to finalize the Professional Services Agreement, Business Associate Agreement and DTI Terms & Conditions. RFP clarifies format. Follow RFP Appendix instructions for submission.

60. References

Sep 26, 2025 1:14 PM EDT

Per the RFP, Vendors are to provide 3 references on the applicable form (Attachment 5). However, page 52 of the RFP in the Scope of Work Technical Requirements, vendors are required to provide at least one but no more than 3 references to demonstrate qualifications, which is required to include a letter of reference/recommendation from said program references. Please confirm if both reference requirements are required, and if so, may vendors use the same reference(s) as listed on attachment 5?

As noted in Appendix B, page 52 of the RFP Document, please provide the requested information which should be included in your Proposal/Executive Summary.

For Attachment 5, we request you provide Business References which will be used for references if you are to be awarded a contract.

61. RFP

Sep 26, 2025 1:19 PM EDT

The RFP has portions of content that appears to be from an older/different RFP not applicable to this effort (Such as a 2023 July due date) as well as little information regarding the full scale and scope of expected vendor responsibilities in service to this effort. Can DDDS please confirm the information in the RFP is accurate/applicable to this effort as well as articulate any additional services/requirements expected of the awarded vendor(s)?

Any inconsistencies will be resolved through RFP addenda; use the latest procurement documents and Q&A for final requirements.

62. Participant count

Sep 26, 2025 2:27 PM EDT

Can you please confirm how many referrals of new participants are sent each month? How many participant terminations occur each month?

Operational referral volumes are variable and are maintained by DDDS Day & Transition Unit and Community Services.

63. Employee Count

Sep 26, 2025 2:28 PM EDT

How many providers are directly hired by the participant? How many providers were issued a W2 for 2024?

Participants can have multiple employees.

DDDS would not know how many W-2's have been issued without asking the vendor.

64. Enrollment Requirements

Sep 26, 2025 2:28 PM EDT

Does the State require face-to-face enrollment visits or are virtual and/or phone enrollments allowed? What is the current timeframe for referral to start of services for a newly referred participant, for a directly hired provider, and for a new vendor selected by the participant?

Virtual and phone enrollments are permissible. There is a 48-hour timeframe to make contact with participant/representative when a referral is received.

65. Referral system

Sep 26, 2025 2:28 PM EDT

How is a newly referred participant's information sent to the FMS for enrollment? What information and/or documents are provided? How is the information submitted? Does this occur through the Wellsky system?

Currently, AWC referrals and authorizations are sent to the approved vendor via email. In future state, prior authorizations will be sent via the electronic record system.

66. Background Check Requirements

Sep 26, 2025 2:29 PM EDT

Can you please clarify: 1) What specific types of background checks are required for providers? Are fingerprint-based checks part of the mandated screening process? 2) Who is responsible for bearing the costs associated with conducting these background screenings for the self-directed service providers of the participants?

Waiver requires provider screening and compliance with background checks; costs and responsibility are contract items. Typically, the AWC broker performs background checks and costs are either in PMPM or billed as admin expenses per contract.

67. Eligibility

Sep 26, 2025 2:29 PM EDT

How is the participant's eligibility determined? By whom? How often is eligibility reviewed and re-determined?

Individuals enrolled in the Lifespan Waiver are eligible for self-directed respite and personal care. Services are reviewed and authorized through the person-centered planning process. The person centered plan is update at least annually or as the individuals needs change. The Division of Medicaid and Medical Assistance determine eligibility for the Lifespan Waiver based on State of Delaware Medicaid policy.

68. Ineligibility

Sep 26, 2025 2:29 PM EDT

What actions should the FMS take should it learn of a participant's ineligibility?

Notify DDDS immediately, halt services where required, reconcile payments, follow recoupment and SUR procedures.

69. Eligibility

Sep 26, 2025 2:30 PM EDT

- a. How is the FMS alerted of the participant's eligibility?

Individuals enrolled in the Lifespan Waiver are eligible for self-directed respite and personal care. Services are reviewed and authorized through the person-centered planning process. The person centered plan is update at least annually or as the individuals needs change. The Division of Medicaid and Medical Assistance determine eligibility for the Lifespan Waiver based on State of Delaware Medicaid policy.

- b. What eligibility items prevent payment, and which are flexible, if any?

Will need further clarification of question to answer this question.

70. Start and End Notification

Sep 26, 2025 2:30 PM EDT

- a. How does a participant learn of the option to self-direct? What options counseling is provided? Are there videos, handouts? Who provides the information?

The participants learn of the option to self-direct respite and personal care through their case manager via the person-centered planning process. DDDS has a Guidebook to Self-Directed Services provided to individuals who choose to self-direct. The chosen vendor can develop additional resources as needed.

- b. How is the FMS notified of a participant terminating from the program? Are there ever any involuntary terminations?

The AWC broker would receive a disenrollment form from DDDS when terminating services. Involuntary terminations will happen for a variety of reasons including a loss of Medicaid eligibility, demonstration of the individual's inability to self-direct services, etc.

71. Employee Information

Sep 26, 2025 2:31 PM EDT

- a. Does the participant already have selected providers (employees and/or vendors) at the time of referral? What are the requirements for being a qualified provider? Who covers the cost of fulfilling those requirements, such as first aid, CPR and medication administration training? Are these prior to hire or within a certain time after hire? Are requirements different based on type of service performed? Does this requirement apply to only directly hired providers or does this also apply to vendors a participant may choose to provide their supports?

Participants often identify workers; the broker verifies credentials (I-9, W-4), ensures required trainings. Training costs responsibility is typically defined in contract — many brokers include initial orientation in admin set-up.

- b. What is the minimum age requirement to be a provider? Are there any relationship limits on who can provide services?

Surrogates and paid direct care workers must be adults (18+) per standard practice; certain relatives may be permitted unless legally restricted by DDDS policy. Waiver allows relatives/legally responsible persons under certain conditions—see provider specifications.

- c. Can you provide details on the provider credentialing process, especially regarding the verification and re-verification of provider qualifications?

AWC broker must verify provider qualifications before service and maintain documentation (W-4, I-9, background checks). DDDS periodically audits files. Re-verification frequency is contractually specified; waiver indicates verification before initial service.

- d. Are there any specific participant or provider trainings required to be delivered by the FMS? What training requirements exist? Are trainings renewed?

Requirements can be found in Appendix B of the posted RFP.

72. Participant Budget and Authorization Questions

Sep 26, 2025 2:31 PM EDT

What is the average participant budget size, as well as the minimum and maximum budget sizes?

The current annual budget for self-directed respite and personal care services is \$5,000. DDDS can authorize exceptions to the budget based the health and welfare of the individual. DDDS intends to gradually increase the budget for self-directed services based on available funds.

73. Participant Budget and Authorization Questions

Sep 26, 2025 2:31 PM EDT

What costs are tied to the participant's budget? For example, does the participant's budget include taxes, insurance, other administrative costs?

Participant budgets typically cover wages, employer taxes (FICA, FUTA, SUI), workers' comp, and possibly benefits if chosen. AWC admin fees are separate from participant allotments.

74. Participant Budget and Authorization Questions

Sep 26, 2025 2:32 PM EDT

How is the participant's budget established? Who develops the budget with the participant? Can DDDS provide an example of a current budget report?

Developed during PCP/person-centered planning by Community Navigator (Case Manager) and participant. AWC broker assists with budgeting and training. DDDS authorizes amounts.

75. Participant Budget and Authorization Questions

Sep 26, 2025 2:32 PM EDT

How are participants able to use their budget?

a. Directly authorized services only?

All services must be pre-authorized by DDDS. Budgets typically limited to authorized services (e.g., Respite/Personal Care). Any flexible use requires PCP modification and DDDS approval.

b. Do they select the pay rate? Within a range?

Participants negotiate pay with their selected employee(s). The AWC broker may provide recommended ranges and ensure compliance with wage laws.

c. Are employee bonuses permitted (e.g., health insurance, PTO, retirement, etc.)?

Bonuses are not permitted

d. Are additional goods/services permitted that are not directly authorized?

No

e. How are premium pay (e.g., overtime, holiday) factored into the budget?

The maximum hours a week a caregiver can work is 29.75 hours.

f. How are employer taxes budgeted?

Employer taxes (FICA, FUTA, SUI, W/C) must be included in budgeting; AWC broker computes and withholds/payroll taxes and reports to DDDS per monitoring rules.

g. Can participants carry over unused funds from one period to another?

Participants can carry over unused funds from month to month during the fiscal year in which services are authorized. Funds cannot carryover into the next fiscal year.

76. Participant Budget and Authorization Questions

Sep 26, 2025 2:32 PM EDT

What format is authorization data provided? Can DDDS provide some examples for each program?

Currently, DDDS provides a program authorization in an excel/pdf format. DDDS enters a prior authorization into the MMIS system and provides the PA number to the AWC broker to bill against. Future state, the pre-authorization will be generated from the person-centered plan and electronically sent to the MMIS system.

77. Participant Budget and Authorization Questions

Sep 26, 2025 2:33 PM EDT

a. What format is authorization data provided? Can DDDS provide some examples for each program?

Currently, DDDS provides a program authorization in an excel/pdf format. DDDS enters a prior authorization into the MMIS system and provides the PA number to the AWC broker to bill against. Future state, the pre-authorization will be generated from the person-centered plan and electronically sent to the MMIS system.

b. What is the length of the authorization for services? What is the average number of modifications on an authorization?

Authorizations vary; PCP reviewed at least annually and modifications occur as participant needs change. Average number of modifications is operational.

c. Does the State allow providers to draw down funds related to authorized services?
Participant authorized what services to utilize funds for.

Claims paid through MMIS against prior authorizations; AWC admin PMPM invoiced monthly. Direct drawdown by providers is through claim submission to MMIS.

78. Participant Budget and Authorization Questions

Sep 26, 2025 2:33 PM EDT

How do participants currently receive their monthly budget reports? What components are contained in the report? What is the current report format?

The AWC broker provides monthly budget reports to participants showing expenditures, balances, timesheets, and allocations. Format/content is defined in contract.

79. Billing and Claims

Sep 26, 2025 2:33 PM EDT

What is the timeframe for reimbursing for pass-through claims including the claims related to the hourly services provided by providers of the participant (Medicaid recipient receiving the self-directed services)?

Claims processed via MMIS per the fiscal agent's adjudication schedule; pass-through reimbursements to vendors depend on invoice processing timelines. Exact turnaround is in contract/payment terms.

80. Billing and Claims

Sep 26, 2025 2:34 PM EDT

a. Does the State allow for invoicing for claims within the same month of services?

Typically, yes — claims/invoices are submitted monthly; the AWC broker invoices monthly for administrative fees. Specific cutoffs in fiscal agent guidelines.

b. What is the frequency of submitting claims allowed by the State?

MMIS accepts claims per standard billing cycles (often daily/weekly/monthly). The AWC broker submits admin invoices monthly. Check DMMA companion guides.

c. Does the contractor have to wait a required amount of time after the service is completed to submit for reimbursement of claims? If so, what is the amount of time?

No general wait other than billing cycle cutoffs and claims adjudication rules. The broker should follow MMIS claim submission rules.

d. In what format are claims submitted? Is there a companion guide for the claims format?

Claims are submitted to MMIS in EDI formats (837, etc.); DMMA provides companion guides and the fiscal agent details.

- e. What is the timeframe for reimbursing for provider-related claims, including the financial management PMPM claim?

Reimbursement is made within **30 days of a valid invoice** submission

- f. What is the denial rate for claims and the top reasons for denial?

There is no specified claim denial rate. Denials generally result from eligibility issues, missing documentation, duplicate claims, or authorization errors.

81. Billing and Claims

Sep 26, 2025 2:34 PM EDT

- a. What is the current employer payroll tax? In other words, if a provider was paid \$10 per hour, what hourly rate would DDDS be billed?

The AWC broker will account for employer taxes and reimburse at cost with documentation. Billing to DDDS reflects the total cost of wages plus employer taxes/benefits as applicable — there is not a single flat “stated tax rate” in the waiver. The specific percentage depends on federal FICA (6.2% Social Security up to cap + 1.45% Medicare), FUTA, Delaware SUI rate (employer-specific), workers’ comp, and any employer share of benefits. DDDS performs quarterly verification of filings.

- b. What claim denial codes indicate participant eligibility? What percentage of claims and dollar amount were denied over the past year for this reason?

Clarification Needed to answer this question.

- c. Are services submitted at a set rate, calculated rate, gross wages with a stipulated employer tax percentage?

For state-managed providers, claims are submitted at authorized unit rates (fee schedule). For self-directed wages via AWC, the broker pays gross wages to employees and accounts for employer taxes/costs. Administrative billing to DDDS separates the participant service allotment (dollars for wages/services) and broker admin fees. Brokers reimburse goods/services at cost with receipts and claims must match authorizations.

82. Service Documentation and Payroll Questions

Sep 26, 2025 2:34 PM EDT

- a. What documentation requirements exist for services to be eligible for payment? Are there differences across service codes?

Service(s) must be recorded in the DDDS Electronic Case Record (ECR): participant name/MCI, type of service (respite or personal care), provider name, date of service, number of units, activities performed, wage paid per unit, and balance vs. authorization. Supporting documentation (timesheets / EVV / payroll records) is required to substantiate claims.

b. What timeframe must service documentation be submitted to be eligible for payment?

Monthly utilization reports are required (Attachment 7) and due by the 15th (or next business day) covering the prior month. Claims/invoices must be submitted as required by DDDS/DMAP; the State pays valid invoices within 30 days. The RFP does not specify a separate short-window cutoff (e.g., X days after service) beyond these reporting/claim timing rules.

c. What limits on services or dollars exist for what parameters (i.e., full span of authorization, authorization-to-date, monthly, weekly, total amount, within a percentage)?

Service limits and dollar caps are set by each participant's DDDS authorization/authorization period (the individual budget/allotment). The RFP requires tracking balance vs. maximum allotment but does not define a statewide uniform monthly/weekly cap within the RFP itself.

d. Who reviews exceptions that exceed utilization management at the agency? At what frequency?

Exceptions and over-utilization are reviewed by DDDS staff and may be subject to Division performance reviews. The RFP requires monthly and quarterly reporting to support oversight but does not specify a fixed review timeline for exceptions.

e. Is overtime permitted? What documentation requirements exist for services to be eligible for payment? Are there differences across service codes?

Employees can work no more than 29.75 hours a week combined regardless of the number of individuals they work for. The AWC Broker would monitor the hours and not allow the employee to go over the maximum number of hours per week.

f. Please confirm the payroll frequency (weekly or bi-weekly).

The RFP does not mandate a payroll frequency. Vendors should propose their payroll schedule (weekly or biweekly) and ensure it complies with employment laws and the contract.

g. Are community navigators paid by the FMS via the participant's budget?

No, Community Navigators are paid through a separate vendor contract.

h. Point of clarification. The RFP document states that employees are to be paid overtime after 40 hours per week, but this is not per participant or per employer. I read this to mean that if someone works for 2 participants, 20 hours for one and 25 hours for another, they are entitled to 5 hours of overtime. How do we determine which participant budget the 1.5x rate comes from?

Employees can work no more than 29.75 hours a week combined regardless of the number of individuals they work for. The AWC Broker would monitor the hours and not allow the employee to go over the maximum number of hours per week.

83. Vendor Goods and Services Questions

Sep 26, 2025 2:35 PM EDT

- a. How are vendor payments currently being submitted? What is included on the invoice? Do all invoices require the participant's signature?

Invoices are submitted electronically through DDDS/State payment systems per the billing schedule. Invoices must include participant name, service type, units, dates, and authorized rate. The RFP does not require participant signatures on invoices.

- b. What requirements exist for a vendor to provide services? Are requirements specific to certain service codes?

Vendors must meet DDDS provider standards: background screening, required insurances, staff qualifications, and service-specific training.

- c. What documentation is required for goods and services?

Invoices and supporting receipts or proof of delivery are required for any purchased goods/services billed through a participant's budget.

- d. What limits exist on goods and services? Specific items? Dollar limits?

The RFP does not list fixed dollar limits. Spending must stay within each participant's authorized budget and comply with DDDS policy on allowable expenditures.

- e. Are goods and services authorized directly or part of flexible budgeting?

Goods and services must be authorized under the participant's service plan; the RFP does not establish a flexible-budget pool.

- f. Are there specific review steps for any particular goods or services (i.e., home modifications over \$10,000, etc.)?

This RFP does not cover home modifications.

- g. How are transportation services paid for? Are individuals able to utilize ride share platforms?

Transportation falls within the scope of service for self-directed personal care. The employee is not paid separately for transportation but it is included in the hourly rate.

84. Technology and EVV

Sep 26, 2025 2:35 PM EDT

- a. Will the contractor be required to aggregate EVV data with a national aggregator? If so, what national aggregator is the State currently using?

HHAeXchange (formerly Sandata) is the Aggregator and Therap is the DDDS Alternate EVV vendor.

- b. What service codes are subject to EVV?

EVV applies to in-home respite and personal care, with the exception of employees who reside with their employer/participant.

- c. How do EVV shifts tie to the claims process, if at all?

EVV data serves as supporting documentation for service verification before claim submission.

- d. Are third-party EVV systems allowed to be used and data uploaded into the state's EVV aggregator before billing?

The RFP does not prohibit third-party EVV systems, however, they must meet DDDS data submission requirements.

- e. How are exceptions to EVV (paper timesheets) communicated to the FMS? Is there something required to be on file to document these exceptions?

EVV data is required for self-directed respite and personal care services provided in the home unless provided by a caregiver who lives in the home.

85. Reporting

Sep 26, 2025 2:35 PM EDT

Can DDDS provide a list of current reports and desired fields and formatting along with an example? Please specify what types of analysis, decisions, and actions DDDS expects to be support by the desired reporting. This includes detailing:

- The key metrics or data points that the reporting should highlight.
- The type of analysis that would be most beneficial (e.g., trend analysis, comparative analysis, predictive analytics, etc.).
- The decisions that reporting will inform. What are the operational questions that need answers?
- The actions that might be taken based on the report's insights. How does DDDS envision the report influencing operations?
- Any specific visualizations or format that DDDS would like the data to be presented (e.g., charts, graphs, tables).

- f. The frequency in which the report should be updated or generated.
- g. Understanding these aspects will help in designing a report that is tailored to DDDS needs and decision-making process.

DDDS requires monthly and quarterly reporting on participant budgets, utilization, and compliance. The RFP does not prescribe a fixed format or analytics model; vendors must provide data supporting oversight, trend tracking, and decision-making.

86. Satisfaction Rating

Sep 26, 2025 2:36 PM EDT

What is the current satisfaction rate among participants, providers, and case managers?

The RFP does **not** provide current satisfaction metrics for participants, providers, or case managers.

87. State DDDS interaction with current FMS

Sep 26, 2025 2:36 PM EDT

What frequency of routine meeting cadence exists currently? Who attends? What standard agenda items are critical to cover?

The RFP calls for regular coordination meetings with DDDS program staff to review performance and participant issues. It does not specify exact frequency or agenda, leaving scheduling to DDDS and the awarded vendor(s).

88. Current Services

Sep 26, 2025 2:36 PM EDT

What is the current PMPM rate and stipulated tax rate?

Vendors are required to propose their own PMPM rate in the Cost Proposal section.

89. ECR

Sep 26, 2025 2:37 PM EDT

Within the solicitation, the DDDS outlines information that is required to be entered into the ECR. Is the DDDS amenable to an electronic interface in order to electronically deliver these data points, rather than a manual entry?

[HHAeXchange \(formerly Sandata\) is the Aggregator and Therap is the DDDS Alternate EVV vendor.](#)

90. AWC and FEA Models

Sep 26, 2025 2:37 PM EDT

Do participants have a choice between AWC and F/EA, or will all participants be enrolled with AWC?

[Participants will be enrolled with AWC for this solicitation.](#)

91. Billing and Claims

Sep 26, 2025 2:37 PM EDT

Due to FMS duties of reporting and tax filings, is there a possibility to discuss billing the FMS fee for active participants even when payment for services were not rendered in the month? It currently states that the PMPM can only be billed if the participant has services paid for in the month.

[PMPM can only be billed if the participant has services paid for in the month.](#)

92. Drug Testing

Sep 26, 2025 2:46 PM EDT

The RFP document specifies drug testing requirements. Is this for employees that work for the participant? Does this include employees of the FMS that serve the contract (but are not direct care workers)?

[The RFP specifies drug testing applies to employees providing direct services to participants. It does not explicitly extend to FMS administrative staff, though vendors must ensure compliance with DHSS personnel and background requirements.](#)

93. Diversity Reporting

Sep 26, 2025 2:47 PM EDT

Can you please provide more information on the diversity report that is required to be submitted quarterly?

The Diversity Supplier Report (Attachment 8 of the RFP document) is to help the State identify what type of subcontractor(s) are being utilized, especially if they are of the diverse categories. The report is to be submitted to the designated individual and/or department if awarded a contract for your subcontractors, if applicable.

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