

Addendum #3
Questions and Answers
RFP # 305PUR-DHHRFP-FEA-2014-MVA
FISCAL/EMPLOYER AGENT
FOR SELF-DIRECTED SERVICES

1. General Question: Is there an incumbent vendor? If so, who is the incumbent vendor?
Answer: Yes, Acumen Fiscal Agent, LLC is the incumbent vendor.

2. General Question: What is the PMPM fee charged by the current vendor?
Answer: The contractor is paid a maximum per member per month rate of \$116.94. If the program exceeds 500 participants, then the per member per month rate will be \$111.09. If over 75% of participants' employees utilize direct deposit and /or pay card as their means to receive pay and if over 50% of participants utilize web time entry as a means of submitting their payroll, then the per member per month rate will be \$105.00. If the conditions stated above are satisfied and there are over 500 participants in the program, then the per member per month rate will be \$99.75.

3. General Question: Does the State anticipate growth of participants enrolled with the vendor over the term of the contract? If so, what is the anticipate number of participants after 3 years?

Answer:

Program	Projected
NOW	650
CCW	499
ROW	60
LaPOP	1500
Children's Choice	250

4. On pg. 17, Section C, item 1.c-e: The RFP refers to BHSF approved accounting, payroll and information systems. Is there some guidance on what systems are approved? What is the process used by BHSF for approving those systems?

Answer: No. The contractor would have to submit via e-mail documents detailing the systems that are to be reviewed within 10 business days of implementation to the BHSF contract monitor. BHSF will review the documents and work with the program offices and information technology to provide approval of systems.

5. On pg. 17, Section C, item 1.g AND pg. 19-20 Section C, item 3: The RFP describes requirements for distributing enrollment packets. Will the State consider proposals where the provider conducts face-to-face, in-home enrollment/orientation?

Answer: Yes, the state will consider proposals that propose face-to-face instructions to participants. Please see Addendum #4

6. On pg. 17-18, Section C, item 1 k-m: What is the processes for receiving approval on materials to be distributed to participants and DSW?

Answer: The contractor shall submit the materials to the BHSF contract monitor electronically so that the materials can be reviewed and approved by BHSF. BHSF will respond via e-mail.

7. On Pg 21, Section C, item 5, a, 8: Will the state reimburse the vendor for disbursements made to DSWs for overtime hours worked?

Answer: Yes, the state will reimburse all authorized services and overtime pay as authorized by the Department of Labor. Please reference the RFP pages 21-23, 5. *Payroll Process for F/EA.*

8. On pg 25, Section C, item 7, a, 9.b: Please clarify who is responsible for providing trainings to Participants / Responsible representatives and DSWs and what specific trainings are required?

Answer: Training is the responsibility of the participant/responsible representative and the support coordinator. See Addendum #4

The participant/responsible representative informs DSWs of basic training requirements such as CPR/First Aid, provide training to DSWs on tasks specific to their care.

The support coordinator trains participants/responsible representatives on:

- a. Self-direction and other service delivery options
 - b. Their employer responsibilities
 - c. Material contained in the Self-Direction Handbook
9. On Pg 28, Section C, item 11, d: Does the state have a system in place for verifying automobile insurance that meets the states requirements? Could the state clarify the requirements of the report?

Answer:

Yes. It is the responsibility of the participant/responsible representative to verify automobile insurance. Requirements of the report are listed in the RFP, p. 28, Section C, item 11, d.

10. On pg. 28, Section C, item 11.c: The RFP refers to "Payroll Reports" which are due by the 15th day of the following month. However, pg. 18 Section C under performance outcomes, letter g refers to bi-weekly budget reports. Are these the same report? If yes, what is the required frequency for issuing the reports? If no, can the state provide samples of the report formats?

Answer: Yes, these are the same reports; they are reported bi-monthly (twice a month) not biweekly. The vendor has the flexibility to design whatever format they choose

which will be reviewed and considered by BHSF. See Addendum #4

11. On pg. 28, Section C, item 11.d-k: Is the state currently receiving these reports from the incumbent vendor? Can the state provide samples of these report formats?

Answer: Yes the state is currently receiving these reports from the incumbent vendor, No, the state is not providing sample reports.

12. Pg. 48, section VII.C: RFP refers to “retainage of 10% from all billings under the contract”. Can the state confirm that this is limited to provider’s fees and does not include reimbursements for payroll/vendor payments disbursed on behalf of program participants?

Answer: The state confirms that this pertains to provider fees and does not pertain to reimbursements for payroll/vendor payments disbursed on behalf of the program participant.

13. Page 12, Section I (General Information), A, #4: “BHSF operates a Medicaid Management Information System (MMIS) for the purpose of paying claims for covered medical services and for the management of Medicaid vendor payments.” **Who serves as the current Louisiana Medicaid Fiscal Intermediary?**

Answer: Molina Information Systems, L.L.C.

14. Page 12, Section I (General Information), A, #4: “BHSF operates a Medicaid Management Information System (MMIS) for the purpose of paying claims for covered medical services and for the management of Medicaid vendor payments.” **What is the fee structure for utilizing the MMIS software? Does the F/EA have to pay software licensing costs to the Medicaid Fiscal Intermediary?**

Answer: There is no fee structure for utilizing the MMIS software. No, the F/EA does not have to pay a software licensing cost to the Medicaid Fiscal Intermediary.

15. Page 12, Section I (General Information), A, #4: “BHSF operates a Medicaid Management Information System (MMIS) for the purpose of paying claims for covered medical services and for the management of Medicaid vendor payments.” **What, if any, is the fee charged by the Medicaid Fiscal Intermediary for each claim that is submitted by the F/EA?**

Answer: There is no fee charged by the Medicaid Fiscal Intermediary for claims submitted by the F/EA or any other provider.

16. Page 12, Section I (General Information), A, #4: “BHSF operates a Medicaid Management Information System (MMIS) for the purpose of paying claims for covered medical services and for the management of Medicaid vendor payments.” **Is the F/EA or the DSW considered the Medicaid provider for billing purposes?**

Answer: The Fiscal Employer Agent is the Medicaid provider who bills Medicaid for the services that the DSW has rendered. The DSW is the Medicaid provider of personal care/family support services.

17. Page 12, Section I (General Information), A, #7: “Currently, the Fiscal/Employer Agent Contractor provides financial management services for over 400 participants in NOW, CC Waiver, CCW, and ROW.” **What is the anticipated growth of participation in the self-directed option?**

Answer: Please see question #3 and the response.

18. Page 15, Section III (Scope of Work), A, first paragraph: “...(a) verifying qualifications (criminal background check, etc.) of DSWs...” **Please explain what qualifications (e.g., high school diploma, CPR certification, valid Driver’s License, etc.) are required of DSWs.**

Answer: The potential employee/applicant must meet the following required qualification:

1. Be at least eighteen (18) years of age.
2. Have a high school diploma, GED, or trade school diploma in the area of human services, has demonstrated competency, or has verifiable work experience in providing support to individuals with disabilities.
3. Be able to complete the tasks listed on the participant’s Plan of Care.
4. Have a valid Social Security number.
5. Must not be the employer or the employer’s spouse.
6. Must not be the participant or the participant’s spouse.
7. Must not be a parent, authorized representative, or spouse of an authorized representative, of the participant. Must not live in the same household as the participant.
8. Pass criminal history background and direct services worker registry checks. The fiscal/employer agent will verify that the applicant is not barred from employment based on the results of the criminal background check.

19. Page 15, Section III (Scope of Work), A, first paragraph: “(b) processing payroll..” **Please explain if payroll is biweekly (26 payrolls per year) or bimonthly (24 payrolls per year).**

Answer: Payroll is bimonthly, i.e., 24 payrolls per year.

20. Page 15, Section III (Scope of Work), A, first paragraph: “...(d) billing for expenditures disbursed, based on the approved plan of care and budget, making refunds to Louisiana Medicaid as appropriate...” **Is the F/EA required to advance participant budgets out of its private resources to meet payroll obligations?**

Answer: Yes

21. Page 15, Section III (Scope of Work), A, first paragraph: “...(d) billing for expenditures disbursed, based on the approved plan of care and budget, making refunds to Louisiana Medicaid as appropriate...” **Does the F/EA receive funds from Medicaid prior to payday for DSWs?**

Answer: No.

22. Page 15, Section III (Scope of Work), A, first paragraph: "...(d) billing for expenditures disbursed, based on the approved plan of care and budget, making refunds to Louisiana Medicaid as appropriate..." **How much time exists between successful submission of claims to Louisiana Medicaid and payment of the claims to the F/EA by Louisiana Medicaid?**

Answer: Officially the state's Medicaid Fiscal Intermediary (Molina) has 30 days from date received to pay claims, although most payments are disbursed in 7 days.

23. Page 15, Section III (Scope of Work), A, first paragraph: "...(d) billing for expenditures disbursed, based on the approved plan of care and budget, making refunds to Louisiana Medicaid as appropriate..." **What is the average size of the participant's monthly budget?**

Answer: Some waivers do not have budgets per se; number of personal care/family support hours are based on the participant's needs and choices.

Children's Choice - 3,448 average units per year (based on annual PAs); approximately \$12,000 per plan of care year.

NOW - 13,611 average units per year (based on current quarter PAs); no set monetary budget.

OAAS CCW - 12,036 average units per year (based on current quarter PAs); approximately \$29,000 - \$30,000 per plan of care year.

24. Page 15, Section III (Scope of Work), A, #1: "It is anticipated that participants in the Medicaid State Plan Long-Term Personal Care Services will participate in the self-direction option." **What is the anticipated timeline for LT-PCS integration in the self-direction option?**

Answer: Integration is expected sometime after July 2015.

25. Page 15, Section III (Scope of Work), A, #1: "It is anticipated that participants in the Medicaid State Plan Long-Term Personal Care Services will participate in the self-direction option." **How many LT-PCS participants are expected to participate in the self-direction option?**

Answer: Please see question #3 and the response.

26. Page 15, Section III (Scope of Work), A, #2(e): "Participants/Representatives...specify how the costs of such investigation are compensated..." **Do the Participants or Representatives have the ability to specify that the cost of the background checks will be deducted from the employer's monthly budget? Can the Participants or Representatives require the DSW to pay for the cost of the background check?**

Answer: The costs of the background checks are billed as separate line item to BHSF and are paid at cost through monthly invoices.

27. Page 15, Section III (Scope of Work), A, #2(h): "...determine staff wages and benefits..." **What, if any, specific wage parameters for DSWs are set by DHH?**
Answer: Participants and responsible representatives decides to pay their DSWs within the range of \$7.25 – \$26.25, as depending on the waiver the participant is enrolled in and the service provided.
28. Page 15, Section III (Scope of Work), A, #2(h): "...determine staff wages and benefits..." **Please elaborate on the "benefits," referenced in the sentence above, available to DSWs.**
Answer: At this time there are no employee benefits in the self-direction option. See Addendum #4
29. Page 16, Section III (Scope of Work), A, #3(c): "...the F/EA making available a package of insurance options including disability, health, and life insurance for DSWs employed by participants." **Is the F/EA responsible for providing resources to the DSWs, or does the obligation extend beyond providing such resources?**
Answer: No
30. Page 16, Section III (Scope of Work), A, #3(c): "...the F/EA making available a package of insurance options including disability, health, and life insurance for DSWs employed by participants." **Is the F/EA responsible for paying premiums on these insurance options?**
Answer: No, Currently, the self-direction option does not offer DSWs employed by participants, disability, health or life insurance.
31. Page 16, Section III (Scope of Work), A, #3(c): "...the F/EA making available a package of insurance options including disability, health, and life insurance for DSWs employed by participants." **Can the F/EA receive reimbursement for the cost of insurance premiums or claims from the participant's budget?**
Answer: No.
32. Page 16, Section III (Scope of Work), A, #4: A thirty (30) day notice will be provided for the implementation of the LaPOP programs..." **Does DHH anticipate the integration of the LaPOP population during the life of this contract? If so, what is the population size?**
Answer: Yes. It is expected that approximately 1500 participants in this population will participate in the self-direction option.
33. Page 16, Section III (Scope of Work), A, #4: A thirty (30) day notice will be provided for the implementation of the LaPOP programs..." **As LaPOP is a State Plan service, does it function similar to the waivers in terms of payroll periods (biweekly versus bimonthly) and timesheet and claims processing?**
Answer: Yes, it is anticipated that the same process (of bimonthly payroll periods) will be used with the LaPOP population.

34. Page 16, Section III (Scope of Work), B, #2: “Having policies, procedures, and internal controls in place to stay up-to-date with...workers’ compensation...” **What percentage of participants/representative currently purchases workers’ compensation premiums?**
Answer: At 100%.
35. Page 16, Section III (Scope of Work), B, #2: “Having policies, procedures, and internal controls in place to stay up-to-date with...workers’ compensation...” **Is the cost of the premiums borne by the participant/representative?**
Answer: The cost of premiums is deducted from the wage paid to the direct service worker.
36. Page 16, Section III (Scope of Services), B, #4: “Establishing, maintaining, and showing proof of bonding” & Page 48, Section VII (Contractual Information), C: “The Department shall secure a retainage of 10% from all billings under the contract as surety for performance.” **Is the bond referenced on page 16 the same as that referenced on page 48, or are two bonds required?**
Answer: Yes, however this contract will not involve a performance bond. A 10% retainage will be applied and deducted from the each month’s in voice for administrative fees. This retainage will be paid if all deliverables are satisfied upon the completion of the contract year. See Addendum #4
37. Page 18, Section III (Scope of Services), C, #1, (a) & (b): “...within (2) business days of receiving the referral...” **Does the referral originate from DHH? Who currently serves in the service coordinator/counselor capacity?**
Answer: Yes. The support coordinators serve in the service coordinator/counselor capacity.
38. Page 18, Section III (Scope of Services), C, #2(j)(3): “collecting and processing DSW timesheets” **How many days exist between the pay period ending date and the timesheet submission deadline?**
Answer: Five (5) business days. 100% of paper paychecks will be mailed within three (3) business days after the deadline for receiving timesheets for that particular payroll period provided that the F/EA is furnished with current addresses and properly completed and submitted timesheets. Please see page 18, 1(c) of the RFP.
39. Page 18, Section III (Scope of Services), C, #2(j)(3): “collecting and processing DSW timesheets” **How many days exist between the timesheet submission deadline and payday?**
Answer Please see the response to question #38.
40. Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **Please explain whether the background checks are done at the state level, or if the background checks must encompass a federal or FBI check.**
Answer: Initial background checks are done at the state level. It is also required by the

state's Nurse Aide Registry/Direct Service Worker Registry and Office of Inspector General's List of Excluded Individuals/Entities.

- 41.** Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **Please explain the circumstances under which a DSW would be disqualified due to the results of a background check.**

Answer:

Convictions Barring Employment

A person may not be employed if he/she has been convicted of an offense listed below:

OFFENSES WHICH BAR EMPLOYMENT

- 1) 14.28.1 Solicitation for Murder
- 2) 14:30 First Degree Murder
- 3) 14:30.1 Second Degree Murder
- 4) 14:31 Manslaughter
- 5) 14:32.6 First Degree Feticide
- 6) 14:32.7 Second Degree Feticide
- 7) 14:32.12 Criminal Assistance to Suicide
- 8) 14:34 Aggravated Battery
- 9) 14:34.1 Second Degree Battery
- 10) 14:34.7 Aggravated Second Degree Battery
- 11) 14:35.2 Simple Battery to The Infirm
- 12) 14:37 Aggravated Assault
- 13) 14:37.1 Assault By Drive-By
- 14) 14:37.4 Aggravated Assault with Firearm
- 15) 14:38.1 Mingling Harmful Substances
- 16) 14:42 Aggravated Rape
- 17) 14:42.1 Forcible Rape
- 18) 14:43 Simple Rape
- 19) 14:43.1 Sexual Battery
- 20) 14:43.2 Second Degree Sexual Battery
- 21) 14:43.3 Oral Sexual Battery
- 22) 14:43.5 Intentional Exposure to AIDS Virus
- 23) 14:44 Aggravated Kidnaping
- 24) 14:44.1 Second Degree Kidnaping
- 25) 14:46.2 Human Trafficking
- 26) 14:51 Aggravated Arson
- 27) 14:60 Aggravated Burglary
- 28) 14:62.1 Simple Burglary of a Pharmacy
- 29) 14:64 Armed Robbery
- 30) 14:64.1 First Degree Robbery
- 31) 14:64.4 Second Degree Robbery
- 32) 14:66 Extortion
- 33) 14:67.21 Theft of Assets of an Aged Person or Disabled Person
- 34) 14:89 Crime Against Nature
- 35) 14:89.1 Aggravated Crime Against Nature

36) 14:93.3 Cruelty to The Infirm

37) 14:93.4 Exploitation of The Infirm

38) 14:93.5 Sexual Battery of The Infirm

Distribution or possession with intent to distribute any Schedule I through V Controlled Dangerous Substance

40).14:44.2 Aggravated Kidnaping of a Child

41).14:80 Felony Carnal Knowledge of a Juvenile

42).14:81.2 Molestation of a Juvenile

43).14:93 Cruelty to Juveniles

- 42.** Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **Is there an exclusion list (i.e., a list of offenses that would qualify a potential DSW) provided to the F/EA by DHH, or is the participant/representative allowed to choose who to hire based on the results of the background check?**

Answer: Yes, please see response to Question #41.

- 43.** Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **Can the employer override DHH’s exclusion criteria by hiring a DSW that would otherwise be disqualified?**

Answer: No.

- 44.** Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **If the DSW is disqualified due unsatisfactory results, please explain who bears the cost of the background check.**

Answer: Background checks are billed as a separate line item and paid in addition to the monthly pmpm and background checks administrative fees.

- 45.** Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **What software system or third party is used for processing background checks?**

Answer: Currently background checks are being conducted by a list of vendors approved by the Louisiana State Police.

- 46.** Page 21, Section III (Scope of Work), C, #5(a)(4): “The F/EA shall...have a system in place...for processing criminal background checks on prospective DSWs...” **What is the cost currently paid for each background check?**

Answer: Background checks are paid as follows: \$51 is currently paid for each background check; \$15 is paid for each additional jurisdiction checked; and \$1.50 is paid per background check for administrative fee.

47. Page 22, Section III (Scope of Services), C, #5(d): “verify through the Louisiana Service Tracking (LAST) system that the participant has a current authorization for self-direction prior to authorizing payment for goods or services on behalf of the participant.” **Is payment for goods and services made directly to the vendor/service provider? Conversely, does DHH allow for payments to be made to the participants/representatives in some cases?**

Answer: There have been no claims for goods and services billed to date. No payments are given to the participants or responsible representatives. If there were goods and services billed, there will have to be prior and post authorization of the services and goods, and claims submitted to the fiscal intermediary as any other claims.

48. Page 22, Section III (Scope of Services), C, #5(d): “verify through the Louisiana Service Tracking (LAST) system that the participant has a current authorization for self-direction prior to authorizing payment for goods or services on behalf of the participant.” **How often are vendors paid?**

Answer: The Fiscal Employer Agent Vendor shall be paid monthly for administrative fees for pmpm, cost of background checks, and processing fees for background checks upon receipt of invoice, and according to the claims/billing practices as set forth on the Louisiana Medicaid at this link:

http://www.lamedicaid.com/provweb1/billing_information/GeneralCheckWriteExLTC.htm

49. Page 22, Section III (Scope of Services), C, #5(e): “document in LAST is required for post authorization to release reimbursement to providers for prior authorized services; and the F/EA shall enter all service events into the LAST system prior to billing in order to receive reimbursement.” **Please explain what “all service events” encompasses.**

Answer: All service events refer to the services that the DSWs provide to the participant which includes time in and out and procedure code.

50. Page 22, Section III (Scope of Services), C, #5(e): “document in LAST is required for post authorization to release reimbursement to providers for prior authorized services; and the F/EA shall enter all service events into the LAST system prior to billing in order to receive reimbursement.” **Please verify that the F/EA must enter events into LAST and MMIS in order to receive payment from Medicaid for service budgets.**

Answer: Yes.

51. Page 22, Section III (Scope of Services), C, #5(e): “document in LAST is required for post authorization to release reimbursement to providers for prior authorized services; and the F/EA shall enter all service events into the LAST system prior to billing in order to receive reimbursement.” **Does the F/EA have to receive approval through LAST before billing for claims through MMIS? If so, what is the average approval time from LAST after the F/EA enters service events?**

Answer: Yes. the average approval time is two (2) business days.

52. Page 22, Section III (Scope of Services), C, #5(e): “document in LAST is required for post authorization to release reimbursement to providers for prior authorized services; and the F/EA shall enter all service events into the LAST system prior to billing in order to receive reimbursement.” **What, if any, are the licensing costs for using LAST?**

Answer: There are no licensing costs for using LAST.

53. Page 23, Section III (Scope of Services), C, #3(k)(19): “for processing DSW’s direct deposit” **Would DHH consider requiring direct deposit across the board for all payments made to DSWs?**

Answer: No.

54. Page 28, Section III (Scope of Services), C, #11(d): “Automobile Insurance Report, which specifies the individual name of the participant and DSW, program whether the DSW’s insurance meets the State’s minimum coverage, expiration date, and whether the participant has submitted a waiver letter.” **Is the F/EA required to collect automobile insurance for all DSWs, or only for DSWs who are authorized to perform transportation services for their participant?**

Answer: The F/EA is required to collect automobile insurance information only for DSWs who are authorized to perform transportation services for their participant.

55. Page 28, Section III (Scope of Services), C, #11(d): “Automobile Insurance Report, which specifies the individual name of the participant and DSW, program whether the DSW’s insurance meets the State’s minimum coverage, expiration date, and whether the participant has submitted a waiver letter.” **Is the collection and verification of auto insurance part of the DSW certification process?**

Answer: Yes.

56. Page 43, Section III (Scope of Services), P, #10. **What is the PMPM paid to the current F/EA?**

Answer: Please see question #2 and the response.

57. Page 48, Section VII (Contractual Information), C: “The Department shall secure a retainage of 10% from all billings under the contract as surety for performance.” **How is the “retainage” calculated, as all billings under the contract may vary from period to period?**

Answer: Ten percent (10%) of each invoice billed for administrative fees per month is retained.

58. Page 48, Section VII (Contractual Information), C: “The Department shall secure a retainage of 10% from all billings under the contract as surety for performance.” **What is the dollar value of the current retainage?**

Answer: Retainage varies based on the amount billed.

59. B. Contractor Responsibilities, 5. States that no sub-contractors are allowed. Does this mean no sub-contractors are allowed for any portion of the contract including

development of the online orientation?

Answer: Subcontractors may not be used for the delivery of any services for the items listed in Section C. Deliverables defined in the Scope of Work. Please see Addendum #4

60. How are background checks conducted? What is the cost to run a background check?

Answer: Please see question #46 and the response.

61. According to the schedule of events, the contract begins December 1st. If a new vendor is selected as a result of this RFP what is the timeline for transitioning current participants?

Answer: All services shall be transitioned by December 31, 2014.

62. Deliverables C.g. develop, implement, and maintain a current on-line orientation and skills training for participants/responsible representatives and employees subject to approval by BHSF. **Question: Will DH provide the content for skills training for employees? Is there a system in place with the current vendor for the online orientation? If so, what is the format of the online training?**

Answer: Please see Addendum #4

63. Performance Outcomes: c. payment of payroll checks due within 3 days after the deadline for receiving timesheets for that payroll period. Question: Is there flexibility on payroll timing? What is the current payroll schedule?

Answer: No. Two pay dates a month on or around the 15th and 30th of each month

64. Cost Worksheet-there is a clause in the description “including listing the rate per service task” but the worksheet does not look like it is asking for a breakdown of costs just a breakdown by number of people served and the background studies.

Answer: The State expects the proposer to provide PMPM rate based on the number of people served and the number of background checks anticipated. See Addendum #4

65. What is the current PMPM fee and the current volume pricing structure?

Answer: Please see question #2 and the response.

66. What is the current background check fee and the current volume pricing structure?

Answer: Please refer to question #42 and the response.

67. What are the current criminal background check requirements? Are background checks only conducted prior to employment? Will existing background checks be transferrable from the incumbent F/EA?

Answer: Yes, background checks are only conducted prior to employment. Yes, existing background checks will be transferrable from the incumbent F/EA.

68. What is the current and projected dollar volume of monthly payroll?

Answer: The current monthly payroll is approximately \$1,150,000. Future payroll will vary based on the number of participants using this option.

69. What is the current and projected dollar volume of monthly goods and services purchasing?

Answer: \$0 to date. There is no projected dollar volume of monthly goods and services purchasing.

70. What are the current payment terms for reimbursing the F/EA contractor for payroll and non-payroll expenses (i.e., net 30 days)?

Answer: For payroll expenditures related to the services provided by DSWs, the vendor will bill Molina. The non-payroll will be reimbursed with the monthly invoice.

71. Is the F/EA contractor is expected to advance its own operating capital for payroll and goods and services while awaiting reimbursement? If so, how much operating capital is the F/EA contractor expected to provide?

Answer: Yes. The F/EA contractor is expected to have at least \$600,000 in capital.

72. What is the projected growth of self-directed participants within the four existing waivers?

Answer: Please see question #3 and the response.

73. What is the anticipated launch date and projected growth in the Medicaid State Plan Long-Term Personal Care Services self-direction-option?

Answer: It is anticipated that the LT-PCS to start sometime after July 2015. It is anticipated that 1500 Long Term Personal Care participants will participate in the self-direction option over the life of the contract.

74. Is DHH likely to be deemed a third-party joint employer under the Fair Labor Standards Act? Has DHH met with the MMIS vendor to confirm requirements for reimbursing overtime within the participant's control, overtime not within the participant's control, and travel time between work locations where applicable?

Answer: No, DHH is not likely to be deemed a third-party joint employer under the Fair Labor Standards Act. No, DHH has not met with the MMIS vendor to confirm requirements for reimbursing overtime within the participants' control, overtime not within the participant's control, and travel time between work locations where applicable.

75. What is the current process for the contractor to "verify through the Louisiana Service Tracking (LAST) system that the participant has a current authorization for self-direction prior to authorizing payment"? Is this a manual process? How are individual budgets and service authorizations communicated to the F/EA? Is DHH amenable to automating this process?

Answer: The current process is by electronic means. The services will be post authorized and released to Molina within two (2) business days if the services have been pre-authorized; the recipient has not exceeded any caps (weekly caps, if applicable or PA caps); the vendor has submitted its information file; and the worker has not reported overlapping services to multiple providers.. Users of LAST can perform the following functions: a) print a daily list of downloaded Pas; b) run a report showing all PAs for a given (or all) recipient; and c) run a report showing services entered into LAST not

covered by a PA.

76. Does DHH require the contractor to screen DSWs against the Office of Inspector General (OIG) Excluded Parties List System (EPLS) and Government Services Administration (GSA) List of Excluded Individuals and Entities (LEIE) databases prior to employment and on a monthly basis thereafter?

Answer: No, the lists that are currently being required to check prior to hiring of DSWs include: the state's Nurse Aide Registry/Direct Service Worker Registry and Office of Inspector General's List of Excluded Individuals/Entities.

77. Does the current F/EA contractor make a web portal available for participants, DSWs, and service coordinators to access spending and savings data on-line?

Answer: No.

78. Can DHH provide a sample of a current participant expenditure report?

Answer: No

79. Will timesheet data be managed by an Electronic Visit and Verification (EVV) vendor and transmitted to the F/EA as a data file, or will timesheets be submitted directly to the FMS contractor? If managed by an EVV vendor, how will the participant or their representative review and approve timesheets? If managed by the F/EA, what percent of timesheets are submitted electronically, if any?

Answer: Prior to EVV implementation, the Fiscal Employer Agent vendor is expected to receive electronic and paper timesheets from participants and representatives of participants. The process for submitting timesheets following EVV implementation are currently being negotiated; however, a data file will be transmitted and the participants/representatives will have access to this information for approval of direct service workers.

80. What is the process for submission of non-payroll goods and services authorizations and invoices?

Answer: Non-payroll goods and services would include criminal background checks, criminal background checks administrative fees, and pmpm. These would be sent monthly via e-mail to the BHSF contract monitor for payment.

81. How is the FMS contractor expected to handle over-billing by DSWs and over-spending by participants?

Answer: The FMS contractor is expected to have controls in its system to detect and prevent payment for overlapping services. The prior/post authorization contractor's system should not allow for overspending since the FE/A cannot pay more hours/units than is authorized under this RFP and state and federal law. If over payment occurs, the fiscal intermediary will recoup the overpayment funds.

82. How are DHH and the incumbent FMS vendor advising eligible DSWs of the IRS Difficulty of Care Exclusion from federal income tax as identified in IRS Notice 2014-7?

Answer: The F/EA is responsible for fulfilling all IRS requirements. Please see pages 16,

17, 20, 22 and 24 of the RFP.

83. Please clarify if the F/EA contractor is prohibited from subcontracting for F/EA services, or prohibited from subcontracting for any services. For instance, is it acceptable for the F/EA contractor to subcontract for: printing, sorting, mailing, and customer service call center functions during periods of peak volume, etc.

Answer: No, subcontractors may be used for the delivery of any services for the items listed in Section C. Deliverables defined in the Scope of Work. Please see Addendum #4

84. If DHH invokes the option to require the F/EA to make available “a package of insurance options including disability, health, and life insurance for DSW’s employed by participants”, how will the direct costs of these be paid (i.e., out of participant budget or payroll deduction from DSW) and how will the administrative costs be paid (i.e., increase in PMPM fee)?

Answer: If this becomes a requirement, the direct costs will come out of the wages paid to the DSW. The administrative fee for these services will be included in the PMPM.

85. What is the current process for the F/EA to verify DSW automobile insurance? Is this a requirement for all DSWs? Is this required pre-employment only or post-employment as well? If post-employment, with what frequency?

Answer: The F/EA is required to obtain a copy of DSW’s proof of insurance for automobile coverage from the participant/responsible representative. Proof of insurance is required by all DSWs transporting participants both before and during employment. This is an on-going requirement which frequency is based on whether the proof of insurance provides a 6 month or 1 year expiration date. The participant/responsible representative is responsible to obtain proof of automobile insurance if they wish they DSW to transport them.

86. How is workers’ compensation insurance currently obtained and paid?

Answer: The F/EA contractor obtains workers’ compensation insurance for DSWs, and this is paid directly from the wages of the direct service workers.

87. p15 A.2.e) Please list the allowable compensation options that the participant may select in relation to payment of investigation costs (e.g. through budget, out of pocket).

Answer: Criminal background checks (investigations) are reimbursed through the monthly administrative fees

88. p16 B.4 What is the required bond amount?

Answer: Please see Addendum #4. A performance bond is not required.

89. p18, 28 & 29 All Please confirm that all reports can be sent US mail or delivered electronically.

Answer: Reports to participants/responsible representatives shall be sent based upon the preference of the participant or responsible representative. Reports to the State may be sent electronically.

90. p19 2.a) Will specific DSW's be identified in the participants plan? If yes, will each new hire and/or dismissal result in a new plan for the participant?

Answer: No.

91. p19 2.a) Will each DSW have the same qualification requirements, or will qualifications be individualized?

Answer: DSW's will have the same qualification requirements. Please refer to response for question #18.

92. p19 2.i) Can the Contractor charge the State a nominal fee for out of cycles being necessitated by State error?

Answer: No.

93. p19 2.i) Please provide a list of the possible errors made by the State that would necessitate an out of cycle.

Answer: We do not have an all-inclusive list, however please see the following examples of errors requiring an out-of-cycle check to pay DSWs include but are not limited to:

- 1) A technical error occurs during the loading of a prior/post authorization file;
- 2) Online systems are down; or 3) direct service workers are unable to submit hours worked.
- 3) Participant/responsible representative makes an error inputting time.

94. p19 2.j)(2) Please confirm that collecting a completed USCIS Form I-9 for every employee satisfies the assisting with verification of DSW's citizenship status.

Answer: Yes.

95. p48 C Is the 10% retainage required in addition to the performance bond?

Answer: Please see Addendum #4. Performance bond is not required under this RFP. In lieu of a performance bond, 10% retainage is required.

96. p50 F.1 Is the Contractor performing a key internal control that would require completion of a SSAE 16 SOC 1 or type 2 audit?

Answer: Yes, Please refer to page 50 of the RFP. The Department will also require the Contractor, if performing a key internal control, to submit to an independent SSAE 16 SOC 1 and/or type II audit of its internal controls and other financial and performance audits to assure both the financial viability of the program and the operational viability, including the policies and procedures placed into operation. The audit firm will conduct tests and render an independent opinion on the operating effectiveness of the controls and procedures. when required by the State the Contractor shall be required to provide a quality control plan, such as third party Quality Assurance (QA), Independent Verification and Validation (IV &V), and other internal project/program reviews and audits.

97. p63 Attachment V Where should the Contractor include the administrative cost associated with the oversight of background checks? In the PMPM Fee? Or the Background Check Fee?

Answer: The contractor should include the administrative cost for background checks in the “Background Check Fee”.

98. p63 Attachment V How would the department like the Contractor to indicate the variable background check cost due to potential jurisdictional charges in the cost proposal background check fee box?

Answer: Indicate the estimated cost of the “Background Check Fee” that averages all variables.

99. p53 N/A (No Question)

- 100.p16 B.5 Page 16, B5 indicates subcontractors are not allowed, yet Attachment I suggests that subcontractors are allowed. Please clarify if subcontractors are allowed to satisfy the 10% LaVet's & SE requirement.

Answer: Please see Addendum #4. Yes. Subcontractors are not allowed to be used for the delivery of any services for the items listed in Section C. Deliverables defined in the Scope of Work.

101. n/a In response to the recent guidance released by the DoL and CMS regarding Joint Employment in Domestic Service Employment Under the Fair Labor Standards Act, has the State assessed each program to determine if it will be considered a joint employer? If so, in which (if any) programs will the State be a joint employer?

Answer: Yes, no programs in the state will be a joint employer.

- 102.p12 General Information I.A.2. What is the projected start date for the additional waivers (SW, ADHC, LT-PCS, PACE) to participate in the self-direction option?

Answer: Self-direction is not available in the Supports Waiver, Adult Day Health Care Waiver, or Program All-Inclusive Care Elderly. All of the waivers that are eligible (provide personal care/family support services) already have participants participating in this option. LT-PCS participants are expected to begin this option sometime after July 2015.

- 103.p12 General Information I.A.7. What is the current population, per waiver, currently approved for financial management services? What is the potential growth for each waiver by year?

Answer: There are currently:
Community Choices Waiver - 56
New Opportunity Waiver – 374
Residential Option Waiver – 1
Children’s Choice – 12

For anticipated growth, please see question #3. .

- 104.p12 General Information I.A.2.b)3) How many people are eligible to receive service through LT-PCS? How many currently receive service through this?
Answer: Currently over 13,000 people receive LT-PCS, and it is expected that 1500 of those would be potentially eligible for self-direction..
- 105.p12 General Information I.A.4. Are payments for all waiver participants made through MMIS?
Answer: Yes.
- 106.p12 General Information I.A.4. Are authorizations for all waiver participants made through MMIS?
Answer: No. Authorizations for home and community based services are currently made through a prior/post authorization contractor.
- 107.p13 General Information I.C.2.e) Given that this qualification asks that Proposer give evidence of a negative, what does the State deem acceptable evidence? Is the Proposer's own attestation adequate proof that Proposer does not provide support services in Louisiana?
Answer: Provide a notarized statement or attestation that the Proposer does not provide support services, consultations, agency-provider services, goods, or PCA vendor services or supports as described in Section I of the RFP.
- 108.pI.C.2.e)If the F/EA Proposer is awarded the contract to provide service that excludes support services in the State, would the awarded F/EA agency have the option of offering support services in cases where they do not serve as the F/EA agency?
Answer: No
- 109.p15 Scope of Work III.A.1. What is the estimated participation in the Medicaid State Plan Long-Term Personal Care Services?
Answer: It is anticipated that over 1500 Medicaid State Plan Long Term - Personal Care Participants would take advantage of this option.
- 110.p15 Scope of Work III.A.2.f) What are the additional staff qualifications per waiver for services?
Answer: Additional staff qualifications include but are not limited to: medical training, nurse delegation, patient specific training, etc.
- 111.p15 Scope of Work III.A.2.h) What are the State limits for staff wages and benefits?
Answer: Participants and responsible representatives determine the wage per hour for their direct service workers. A range is set based on the type program/waiver enrolled into by the participant.
- 112.p18 Scope of Work (performance outcomes) III.C.c) Processing payroll and mailing payroll checks within five business days for EFT, and three business days for paper checks, is a premium service to implement. Would the State consider a longer time frame for delivery?

Answer: No.

113.p18 Scope of Work (performance outcomes) III.C.g) Is it possible to make the bi-weekly budget report available on-demand through the web-portal for those Participants who wish to receive the report electronically, rather than through e-mail?

Answer: Yes, the budget report can be provided through web-portal so long as paper reports are available upon request by a participant or responsible representative.

114.p18 Scope of Work (performance outcomes) III.C.h) What elements are verified with a training certification? How long is this certification valid?

Answer: The training certificate verifies certificate completion of CPR and First Aid. The certification is valid for one (1) year.

115.p21 Scope of Work III.C.4.b) Can the MMIS support the HIPAA EDI 837/835 transaction set? Does the state prefer paper claims or electronic claims?

Answer: Yes, MMIS can support the HIPAA EDI transaction. The preferred method is through electronic means.

116.p22 Scope of Work III.C.5.d) Please elaborate on work flow for processing authorization request. Does the State prefer that this be processed as a single or a batch transaction?

Answer: The state expects the contractor to process prior authorized services according to the state's customary billing practices that may be found on the Louisiana Medicaid website at the following link under articles entitled CMS 1500 Billing Instructions and Electronic Claims Submission.
http://www.lamedicaid.com/provweb1/billing_information/medicaid_billing_index.htm .
It is expected that current payday cycles be maintained.

117.p22 Scope of Work III.C.5.e) "document in LAST is required for post authorization to release reimbursement to providers for prior authorized services;" Can the State please clarify or re-state this?

Answer: Documentation of services provided in the Louisiana Service Tracking System (LAST) is required in order for the prior/post authorization contractor to release reimbursement to providers for prior authorized services billed for.

118.p22 Scope of Work III.C.5.f) Because many of this prospective Proposer's reports run after hours, it is possible we would discover an error that impacts participants or DSWs during non-business hours. Is the BHSF Contract Monitor prepared to accept the Proposer's telephone notification regardless of the time of day or night?

Answer: If an error occurs at night or during BHSF office closure hours, the vendor should contact the BHSF Contract Monitor or designee as soon as the BHSF office is open for business, or at the latest, within 4 hours of the error.

119.p22 Scope of Work III.C.5.f) What type of error would require the four-hour timeframe notification?

Answer: Any error. Please see page 22, 5(f) of the RFP.

120.p26 Scope of Work III.C.10. What constitutes an automated policy and procedures manual?

Answer: A policy and procedure manual that is available electronically and is able to be updated as needed.

121.p26 Scope of Work III.C.11.d) Is the participant waiving the insurance because the DSW is not authorized to drive? Or, are they able to waive the insurance requirement altogether?

Answer: The participant may choose to waive automobile liability insurance if the DSW will not provide transportation.

122.p26 Scope of Work III.C.11.d) How many current participants submit a waiver letter?

Answer: Approximately 130 participants/responsible representatives waive transportation by DSWs.

123.p26 Scope of Work III.C.11.d) Is obtaining proof of insurance at the time of hire sufficient to satisfy the requirement that the DSW meets the minimum requirement?

Answer: Yes, proof of automobile liability insurance (at a minimum) must be provided prior to hire date and upon renewal of insurance.

124.p39 Proposals IV.P.3. In responding to the RFP and defining the Proposer's functional approach, does the State expect Proposer to follow IV. P. 4-10 (pages 40-43)?

Answer: Please see Addendum #4. As outlined in Section III.

125. Please clarify in which Section of the RFP the State has outlined provision of services. This Section indicates that Proposer will look to Section II, Administrative Information. Does the State also want provision of services as outlined in Section III, Scope of Work?

Answer: The provisions of services are outlined in Section III. Please see Addendum #4

126.p40 Proposals IV.P.5. What is the State's expectation for beginning operations and final date by which the awarded Proposer will transition from the incumbent provider?

Answer: We anticipate the contractor to begin operations around November 20, 2014, and transition by December 31, 2014.

127.p48 Contractual Information VII.C. Regarding the retainage of 10%, is this percentage determined from the gross amount of the contract including pass-through, or is it calculated only from the administrative portion of the contract?

Answer: The 10% retainage is calculated only on the monthly administrative portion of the contract, not on the gross amount of the contract.

128. General question What is the average annual budget per participant?

Answer: Please see question #23 and the response.

129. General question What is the average number of DSWs to participant?

Answer: The average number is 3-4 DSWs to 1 participant.