

Addendum #1
Questions and Answers
RFP #3000005221
FISCAL/EMPLOYER AGENT
FOR SELF-DIRECTED SERVICES

1. If a participant does not spend all of his or her budget in a single month, can the budget “roll over” to a subsequent month?
Services are prior authorized for the quarter (3 months) and cannot roll over money from one PA to the next.
2. What is the average size of the participants’ budget?
The average annual budget for self-directed services varies by waiver – for the OAAS Community Choices Waiver (CCW) it is \$29,306; for the OCDD NOW it is \$50,582; for the OCDD CC waiver it is \$14,239; and for the OCDD ROW it is \$41,786.
3. Would DHH consider requiring direct deposit across the board for all payments made to DSWs and vendors?
Not at this time. In February 2016, 93% of participants utilized the direct deposit or pay card option.
4. Are DSWs set up as individual Medicaid providers with an individual Medicaid provider number for billing purposes? No
 - a. Are claims for DSW services submitted using the ANSI ASC X12N 837P Version 5010A1 standards?
Hard copy billing of waiver services are billed on the paper CMS-1500 (02/12) claim form or electronically on the 837P Professional transaction. See the EDI Specifications located on the Louisiana Medicaid website at www.lamedicaid.com, directory link “HIPAA Information Center, sub-link “5010v of the Electronic Transactions” – 837P Professional Guide.)
 - b. Does each distinct service provided by the DSW have a corresponding distinct billing procedure code? Yes. If so, how are procedure codes provided to the F/EA?
The procedure codes will appear on the prior authorization.
5. When billing for goods and services provided by a vendor, does the F/EA bill the Medicaid Fiscal Agent under the vendor’s unique provider number?
The purchasing of goods and services is not included in the current contract. Refer to 3.1.3.
6. Can the F/EA bill the Medicaid Fiscal Agent prefer billing based on the participant’s lump sum budget? Alternatively, must billing be done by time claimed from the DSW and purchases made by the participant/representative?

The billing must be done by time claimed by the DSW and purchases made by the participant/representative. Claims for OAAS Community Choices Waiver and LTPCS must be for single dates of service, one claim per recipient per service per day. Claims for OCDD can span dates, with one claim per service for the date range.

- a. Is one billing unit equivalent to one service hour or a portion of one service hour (e.g., 15-minute units, etc.)?
For current services, one unit is one full 15 minute service, without rounding.
 - b. What maximum dollar or unit limits are in place?
The limits are determined by the prior authorization issued to the F/EA for a recipient for a service for a date range.
7. Are participant-specific diagnosis codes required for billing purposes (as opposed to a single diagnosis code used across the board to represent self-directed services)? If so, how are such codes provided to the F/EA?
For billing purposes, a single diagnosis (Z76.89 – Persons Encountering Health Services in Other Specified Circumstances) can be used across the board for self-directed services.
8. When services take place outside of the home, please explain how the F/EA bills the Medicaid Fiscal Agent. For example, are additional service codes required, and is the place of service provided on the DSW timesheet?
No additional service codes are required.
9. What is the timeframe for payment of Medicaid claims submitted by the F/EA?
Billing must occur by noon on Thursday's to receive payment on the following Tuesday.
- a. Is the F/EA required to disburse the payroll before receiving the corresponding funds from Medicaid?
No
10. Is the LAST system web-based?
No. It is a distributed application that runs on the user's LAN.
11. How is the current authorization for self-direction and the authorized type and amount of services displayed in LAST?
It is downloaded and appears on a PA display grid in LAST.
12. Does the F/EA update LAST via file transfer or by manual data entry?
Manual data entry
- a. Please explain the format for entries. It is manual data entry.
 - b. Is a separate entry required for each day that services are performed, or will a single lump entry representing the entire period of service suffice?
An entry is required for each recipient, per service worker, per service for a contiguous service event within a day. So, if services were delivered at two different times during the day by the same worker, two entries would be required.

13. Does DHH intend to establish an Electronic Visit Verification (EVV) system?
There is no projected start date for EVV implementation of personal care attendant services.
- If so, what is the anticipated start date, and will all waivers participate in the EVV system? N/A
 - Will EVV supplant the LAST system? N/A
 - How will timesheets be submitted to the F/EA both prior to and after implementation of the EVV?
Currently, timesheets are submitted via fax or web based entry.
14. Is there a delay between the submission of service events into LAST and the F/EA's ability to submit claims to Medicaid for the corresponding service events?
The F/EA can submit claims the second business day after submitting an information file from LAST to SRI prior to the 8 pm deadline. So, if an information file is sent by 8 pm Monday, the F/EA can bill by noon on Wednesday.
- How will EVV, if applicable, change this timeframe? N/A
15. Who pays for the criminal background checks on DSWs? DHH/Medicaid. Does the F/EA deduct the cost of the background check from the participant's budget?
No, the cost of the background check is included on the F/EA's monthly invoice.
16. Does DHH have a list of items that would exclude an applicant from becoming a DSW, or is the choice to hire the DSW left entirely up to the participant/representative?
Yes. Some criminal convictions prevent employment as a paid home care worker under Louisiana Register Volume 29, Number 9, September 20, 2003, 42 CFR 441.404 (b), Louisiana Revised Statutes, 40:1203.1 et seq., SB204 and Children's Code Title IV. There are no exceptions to these federal and state laws. In addition, the F/EA must check the Louisiana State Adverse Actions List Search database: <https://adverseaction.dhh.la.gov/>. This database contains all individuals and providers who are excluded by the state from providing services.
17. Louisiana statutes exempt employees of a private residential household from workers' compensation coverage. Is workers' compensation mandatory per DHH rules? Refer to Section 3.3.3.8.1 on the RFP document. The intent is for the contractor to continue to broker workers' compensation insurance.
- Is DHH willing to explore this exemption further to determine its impact on the self-direction programs? No
 - If workers' compensation is required, can it be added to the individual's homeowner's policy, or if a separate policy is required, is the cost deducted from the participant's budget? No
18. Please elaborate on DHH's vision for the online skills training program for participants and representatives as it relates to the supports brokerage function.
Refer to 3.3.3.5.1.2 in the RFP document.

19. What is the current daily, weekly, and monthly customer service call volume?
Current customer service call volume as follows: January 2016, 1038 calls, February 2016, 950 calls.
20. Who is/are the incumbent Contractors or providers of Financial Management Services and Supports Brokerage? Acumen Fiscal Agent
21. What are the current rates for Financial Management Services and Supports Brokerage? See question #59 and #60
22. What subcontractors, if any, are currently approved for use by the incumbent Contractor for what services/functions on the existing contract? None
23. What is the current and projected dollar volume of monthly payroll?
Payroll volume by dollar amount in January 2016, \$1,415,231.85, February 2016, \$1,488,009.94.
24. What is the current and projected dollar volume of monthly goods and services purchasing? The purchasing of goods and services is not included in the current contract. Refer to 3.1.3
25. Is the current Contractor capturing employee eligibility for the Difficulty of Care income exclusion available under IRS Notice 2014-7, which recognizes payments for Medicaid waiver services to eligible live-in providers as excluded from reporting as federal income? No
26. Is the current Contractor capturing employee eligibility for the live-in exemption from overtime under the Fair Labor Standards Act such that participants employing eligible employees do not need to pay overtime premiums? Yes
27. Will DHH ensure the incumbent Contractor is fully compliant with the new Contractor's transition documentation requirements? Yes
28. Can you please clarify why this Request for Proposal is being issued prior to the end of the contract term in the RFP issued in September of 2014?
A new contract was not awarded as a result of the RFP issued in September 2014. The current contractor is operating under an emergency contract.
29. Please clarify the amount of time the successful Contractor will have to transition over 500 participants and their associated providers. The Schedule of Events (2.4.1.) allows just over 60 days between contract negotiation and the contract beginning date. What deliverables, if any, are due by July 1, 2016?

DHH's current contract with the incumbent contractor will terminate on September 30, 2016. After the start date of the new contract, which is anticipated to be July 1, 2016, the incumbent will continue to provide all contracted services until September 30, 2016. Between those dates, there will be a minimum 60 day transition period during which the new contractor will perform all necessary transition activities.

30. How long will the Contractor have to design, develop, and test a "BHSF approved payroll system" and a "BHSF approved accounting and information system" as required in Sections 3.3.1.1.5. and 3.3.1.1.6 to meet the requirements of all four Medicaid waiver programs?
All transition deliverables must be complete by September 30, 2016 and the new contractor will assume all duties on October 1, 2016.
31. What is the earliest date the Contractor is expected to provide payroll (2.4.1.)?
October 1, 2016
32. Would DHH consider alternative timelines proposed by bidders for the transition of participants and providers from the incumbent contractor to the awarded contractor (2.4.1.)? No
33. The requirements in section 3.1.3.2. list the potential need for managing of invoices for goods and services. Can you please confirm that managing of invoices for goods and services is not currently part of this contract and should not be reflected in the Proposer's cost worksheets? Yes
34. Can the state please elaborate on the FEA's role in providing a package of insurance options including disability, healthy, and life insurance for DSWs as listed in 3.1.3.4.? One of the potential amendments that may be made to the contract would be to have the F/EA make these insurance options available to all DSWs in the program. (Due to a typographical error, 3.1.3.3 was accidentally broken into two parts which appear in the RFP as 3.1.3.3 and 3.1.3.4; instead, 3.1.3.3 should have read, "the F/EA making available a package of insurance options including disability, health, and life insurance for DSWs employed by participants.")
35. Please confirm that the proof of bonding is only required upon award of a contract as listed in 3.2.1.4. The reference to "bonding" was erroneously included and is inapplicable.
36. Can DHH please explain further the requirement listed in section 3.3.1.1.1.?
DHH considers this provision to be self-explanatory.
37. For the Workers Compensation requirement in section 3.3.3.8., is the cost of the premium still deducted from the wage paid to the DSW? Yes

38. What is the current ratio of support brokers to participants (3.3.3.6.)? [N/A \(There are currently no support brokers.\)](#)
39. Are the Contractor's Support Brokers (3.3.3.6.) responsible for developing the individualized service plan? [No](#)
40. What is the currently frequency of the face to face assistance visits as required in 3.3.3.6.1.4.? [This service is not currently in the contract.](#)
41. Has DHH imposed liquidated damages (3.4.) on the current contractor? [No](#) If so, how often and how much? [N/A](#)
42. Please clarify whether the late submission of invoices penalty in 3.4.1.4., refers to service claims, administrative invoices or both. [Administrative invoices only.](#)
43. Please confirm that the Proposer is expected to submit a single rate for FMS and a single rate for Support Broker services that will apply to all three years of the initial contract term (Attachment V). [Yes](#)
44. Which company(s) currently provides Fiscal Management Services (FMS)?
[Acumen Fiscal Agent](#)
45. Which company(s) currently provides Support Brokerage services? [N/A](#)
46. In 1.18, the RFP states there are 500 participants receiving FMS, and in Att.V, the cost worksheet indicates a monthly cost for 775 participants receiving FMS. Please clarify the difference. [The number of participants self-directing their services increases monthly. In February 2016, there were 699 participants in self-direction. In July 2016, the number of participants receiving FMS is projected to be approximately 775.](#)
47. What type of bond is required, pg. 12 – 3.2.1.4? [The reference to “bonding” was erroneously included and is inapplicable.](#)
48. What rates are subject to BHSF approval, pg. 13 – 3.3.1.1.13?
[This reference refers to any blast communications including forms notifying of rate changes that is sent to participants, must be approved by BHSF.](#)
49. Typically, payroll runs 10 business days after the timesheet submission deadline to allow for processing. Would DHH consider a longer timeframe (than that indicated in 3.3.1.2.3) to process payroll more in accordance with a standard bi-weekly payroll cycle? [No](#)
50. Would online availability of reports meet or exceed frequency requirement and/or be an acceptable alternative to the US mail or email? (This assumes a paper report can be a requested option, pg. 14 – 3.3.1.2.7) [Yes](#)

51. For a printed report option, please clarify if the requirement is within 3 days after the payroll period (as indicated in 3.3.1.2.7) or monthly (as indicated in 3.3.3.10.1.1). [As indicated in 3.3.1.2.7](#)
52. What is the average annual budget per F/EA participants? [See Question #2](#)
53. Does the fee for Support Brokerage services come out of the participant's budget?
[No](#)
54. How many participants are receiving Support Brokerage services? [None, this will be a new service.](#)
55. How is it determine who receives support brokerage services? [It is a requirement for the developmental disability waivers.](#)
56. What is the anticipated frequency of face to face support brokerage assistance for participants? [An initial face to face visit for new participants and any time it is requested.](#)
57. Is documentation of auto insurance, or a waiver letter, required of all DSWs, or just specific DSWs? [Yes.](#) How is this determined? [The enrollment packet includes a form that allows the participant to select whether their employee will or will not be driving.](#)
58. What is the anticipated enrollment in FMS at the end of contract year one, year two, and year three? [Projected enrollment at the end of each contract year: Year 1 – 900, Year 2 – 1100, Year 3 – 1300.](#)
59. What is the anticipated participant enrollment in Support Brokerage services at the end of contract year one, year two, and year three? [This is a new service.](#)
60. What is the current per member per month fee for FMS? [The current rate per member per month \(PMPM\) rate is \\$99.75. This rate is based on the existence of the following conditions: \(1\) the program exceeds 500 participants; \(2\) over 75% of participants' employees utilize direct deposit and/or pay card as their means to receive pay; and \(3\) over 50% of participants utilize web time entry as a means of submitting payroll. The rate would be higher if all of the conditions stated above were not met. Background checks are invoiced at cost, in addition to an administrative fee of \\$1.50 per background check.](#)
61. What is the current per member per month fee for support brokerage services?
[N/A](#)
62. In regards to section 3.3.3.6.1.2, "Conduct initial face to face enrollment and orientations for new participants." Is the desire for this to be provided only for

participants who want face to face or for all participants regardless of their preference. For example, many participants may want to enroll electronically and not want face to face. [An initial face to face visit is a requirement when electing support brokerage services.](#)

63. In regards to section 3.3.3.6.1.4, "Provide information, assistance, and support for self-direction participants through the person centered planning process, which assists the participant in arranging for, directing and managing services." Typically a person centered planning process would be facilitated by case management, a provider agency or a certified person centered planner. Is it the intent that the proposer facilitate a person centered plan for each participant? [Person Centered Planning as it relates to FMS.](#) If so, how does the state view this in terms of directing services which would potentially create a third party employer situation for the proposer? Would this process be only an initial orientation type of training for the member or would it be an ongoing case management type of function? [An initial orientation type of training in addition to ongoing training as described in 3.3.6.3.1.4.1 – 3.3.6.3.1.4.6](#)
64. It appears the state has a desire for support brokerage and fiscal employer/agent services to be provided separately. Is the preference of the state to have them provided by the same entity or two different entities? [The preference is for the state to have them provided by the same entity.](#)
65. In section 3.3.1.1.4. it says 'Pay periods must correspond to Sunday - Saturday work weeks' in section 3.3.3.3.1.4. it says 'Design the pay period to align with the DHH work week which begins Monday at 12:00am through the following Monday at 12:00am'. Will you please clarify. [The pay period must begin on Sunday and end on Saturday. Pay period dates example: Sunday, July 3, 2016 – Saturday, July 16th.](#)
66. RFP #3000005221 has certain required elements. One of them is 4.15.5.1.9. "explain processes that will be implemented in order to complete all tasks and phases of the project in a timely manner, as outlined within Section II;" Section 2 provides Administrative Information. Should this be Section 3 instead, which is the Scope of Work? [Yes, the section reference should be 3.](#)