

RFA #22-18

Specialized Services for Persons with Disabilities and Nursing Home Transition

Q&A

	RFA Section	Question	Answer
1		Looking for clarity with regard to documentation, as it relates to the ORC Specialized Services piece, where is this information being documented? For example, any and all documentation pertaining to NHT is done in WellSky (Formerly SAMS). Is there a similar system, i.e. HCSIS, in place to document encounters such as SSP meetings, attempts to contact the nursing facility/resident to schedule meetings?	There is not currently a specific electronic system for documentation of specialized services.
	RFA Section	Question	Answer
2		The selected applicant is required to explain the PASRR determination including the description of Specialized Services to all referred NF residents including those individuals who are enrolled in managed care. The selected applicant is also required to work with the MCO (if the resident is enrolled) if there is a need for DME. Just to be clear, is there an expectation to bill the MCO for payment for anything done on the behalf of their participants?	In the case of specialized services, if a service is identified that is covered by a Medicaid long-term care plan, payment for that service is the responsibility of the managed care entity administering that plan (e.g., the CHC-MCO or LIFE provider). In the case of DME, if it is a covered service, the DME provider would bill the appropriate managed care entity.
	RFA Section	Question	Answer
3		As far as reimbursement for ORC Specialized service(s) is concerned, will the selected applicant bill for these services using the established regional rates?	Billing for ORC specialized services will be included in the flat rate per participant per month in which services are received, and will not be billed in 15-minute units at the regional service coordination rates.
	RFA Section	Question	Answer
4		Also, for NHT, the incentive program discussed in the RFA is clear. Will the billing for this new NHT program reflect the NHT billing structure that became effective in December 2016?	No, the billing system and methodology will be entirely changed from the NHT billing structure that became effective 12/1/16.

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5		Please clarify, will OLTL permit the use of subcontractors for this project? If so, does this just apply to Pennsylvania? Is it possible to bring on subcontractors from another state?	<ol style="list-style-type: none"> 1. Yes, please refer to Part III, Section III-5.D concerning Subgrantees and Subcontractors. 2. No. 3. Yes, as long as all subcontractors satisfy the requirements listed throughout the RFA.
	RFA Section	Question	Answer
6		What is the anticipated award date?	DHS anticipates awarding an agreement in September 2020; however, this is subject to change.
	RFA Section	Question	Answer
7		What is the anticipated go-live date?	DHS anticipates that all Readiness and Performance Review activities will be completed by January 1, 2021; however, this is subject to change.
	RFA Section	Question	Answer
8	Page 23	<p>Developing SSPs and Providing Specialized Services to Participants Residing in Nursing Facilities Who Are Not Enrolled in Managed Long-Term Care.</p> <p>a. Service Coordination and Advocacy.</p> <p>The selected Applicant shall provide Service Coordination at the frequency needed to develop and maintain the SSP and shall provide advocacy at points of contact with the participant as appropriate or as requested.</p>	Actual frequency of contact per individual is not currently tracked; however, the minimum contacts necessary to provide service coordination and advocacy are described on page 3 of Appendix M, Specialized Services Plan Directive. Per the directive, the frequency of contacts is at the discretion of the selected Applicant as

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		What was the average frequency of contacts for providing service coordination per individual per month in 2019?	long as the minimum number of meetings are held as follows: a.) One meeting per year for residents who choose to remain in the nursing facility; b.) Two meetings per year for residents who are undecided about leaving the nursing facility; or c.) Three meetings per year for residents who have decided to relocate to a community setting.
	RFA Section	Question	Answer
9		c. Training. Training is classroom instruction, individual instruction, or natural situations where the participant acquires, regains, or avoids the loss of skills in key areas. The selected Applicant’s role is to assist the participant to identify training needs and provide or arrange for the appropriate trainings. Is the expectation that the Applicant provides the training, such as the classroom instruction, individual instruction, or natural situations so that the individual acquires, regains, or avoids the loss of skills in key areas, if training cannot be arranged?	If training cannot be arranged, the selected Applicant must provide training that is needed in order to meet needs identified in the Specialized Services Plan to the extent possible. In some cases, such as employment benefits counseling, training may only be provided by qualified trainers and therefore may not be provided by the selected Applicant unless they have the appropriate qualifications.
	RFA Section	Question	Answer
10		d. Community Integration. The selected Applicant’s role is to provide support in the development and documentation of the participant’s	Contacts per individual are not tracked; however, for 2019, the average number

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		community integration goals and to facilitate activities that will allow or help the participant to reach those goals. What was the average frequency of contacts for facilitating community integration activities per individual per month in 2019?	of participants receiving CI was fewer than 10 per month.
	RFA Section	Question	Answer
11	Page 24	f. Transportation. Transportation is arranging for and, when necessary, providing the appropriate type of transportation to enable the participant to access the Specialized Services listed on the SSP. Is the expectation that the Applicant provides the transportation for the individual if transportation cannot be arranged? How often was transportation provided to access Specialized Services listed on the SSP for each individual per month in 2019?	In the event that transportation that is necessary to enable a participant to participate in specialized services cannot be arranged, the selected Applicant must provide appropriate transportation. DHS does not currently track the frequency of transportation utilization.
	RFA Section	Question	Answer
12		What types of transportation were utilized if not provided for by the nursing home?	Types of transportation vary based on the needs of the participant and may include, but are not limited to: purchase of bus passes, assistance in accessing transportation programs or advocacy toward receiving transportation from the nursing facility, specialized van transportation, or ambulance transportation.
	RFA Section	Question	Answer
13		3. Assisting Specialized Services Participants Who Are Not Enrolled in managed long-term care to Obtain Community-Based Housing. (Estimated 4 monthly and 50 annually)	These costs must be included in the total costs for Developing SSPs and Providing Specialized Services to Individuals Residing in Nursing Facilities.

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	RFA Section	Question	Answer
		These are not listed out on the cost proposal worksheet. How should costs be estimated for these services?	
14		<p>ii. Community Support Team.</p> <p>The selected Applicant must facilitate the formation of the CST, participate in meetings and planning activities with the CST as needed, and document in the participant’s SSP the type, duration, and arrangement of Specialized Services that the CST recommends. Specialized Services are stated to consist of training, service coordination, advocacy, peer counseling and support groups, community integration, and related transportation.</p> <p>Is the CST able to recommend any services outside of this list of Specialized Services?</p>	<p>The CST must look holistically at what the participant needs to safely transition to a community living arrangement. The selected Applicant must provide the services encompassed in the grant agreement; however, there may be other services that the CST identifies. If the CST identifies additional services, the selected Applicant must assist, under Service Coordination and Advocacy, in connecting the participant with needed services.</p>
	RFA Section	Question	Answer
15	Page 25	<p>b.vi. Arranging for the Provision of Services to Waiver Recipients.</p> <p>Is there a wait list for Medicaid Waiver services?</p> <p>Once all applications are completed and submitted, what is the typical wait time before an individual is enrolled in the Medicaid waiver?</p>	<p>There is not a wait list for waiver services; however, there may be a period of time prior to services starting during which services are not yet available because eligibility has not yet been determined. The MA eligibility process starts when the Independent Enrollment Broker (“IEB”) receives a referral for HCBS services. After the functional eligibility determination, the application and documentation needed for the final eligibility determination are forwarded to</p>

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			<p>the County Assistance Office (“CAO”), which will issue the eligibility determination within 30 days, with a possible extension of 15 days for a total of 45 days if needed.</p> <p>Many factors can influence how long the entire eligibility process takes, such as time needed to schedule the functional eligibility assessment, gather documentation, and other factors.</p> <p>The selected Applicant must assist the participant in working with the IEB, the CAO, the nursing facility, and any other involved entities to make sure that the application for waiver services is progressing toward timely determination of eligibility.</p>
	RFA Section	Question	Answer
16		How many individuals were successfully transitioned from nursing home level of care and enrolled in a Medicaid Waiver in 2019?	In 2019, 285 of the total 465 transitions facilitated through the fee-for-service NHT program, or approximately 61%, enrolled into an OLTL-administered waiver within the first 30 days after transition. It is important to note that the statewide roll-out of CHC has reduced the number of transitions occurring via the

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	RFA Section	Question	Answer
			fee-for-service NHT program from 2019 to 2020.
17	Page 27	<p>12. If the DME is acceptable to the resident, no further follow up is needed. If the DME does not meet the resident’s needs, the Peer Counselor must work with the nursing facility and MCO Service Coordinator to adjust equipment or request another clinical evaluation;</p> <p>How often did DME not meet the resident’s need, requiring follow up and reevaluation in 2019?</p>	This data is not currently tracked.
	RFA Section	Question	Answer
18	Page 28	<p>Task 4: Administer the Fee-for-Service NHT Program.</p> <p>3. OR have a barrier, other than a need for information or referral, that requires assistance from an NHT Coordinator and that is preventing their discharge from the nursing facility through the normal discharge process.</p> <p>What are the typical barriers that would require assistance from the NHT Coordinator?</p>	Housing has historically been and continues to be the most frequently cited barrier to transition. Other barriers may include need for items to set up the household, difficulty lining up services and supports in the community, need for home modifications, poor credit, criminal history, or family concerns. This is not an exhaustive list as each participant may have a unique set of barriers.
	RFA Section	Question	Answer
19		How are transition costs (up to \$4000 per transition participant) reimbursed? Will the \$4000.00 per participant, allotted for moving costs, utility set-up, furnishings, and groceries, be included in the applicant’s proposed budget or is that reimbursable paid separately through SAMS or PROMISE via a different funding source?	Individuals who are not enrolled in managed long-term care remain eligible to apply for Special Nursing Home Transition Funding (“SNHTF”) to cover Community Transition Services such as one-time costs to secure housing, home

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			modifications, essential furnishings and supplies, utility set-up fees, moving expenses, and personal/environmental health and safety assurances, if these items are a barrier preventing them from being able to transition. Billing and documentation for SNHTF will continue to be through WellSky (formerly SAMS) for the foreseeable future.
	RFA Section	Question	Answer
20		If the expenses per participant (\$4000.00) are entered into SAMS or PROMISE, will the contractor enter the approval for purchases into the system or does OLTL do that?	Documentation and billing for the purposes of SNHTF requests and reimbursement are the responsibility of the selected Applicant.
	RFA Section	Question	Answer
21		Currently, the Commonwealth approves the number of units per participant with a maximum number of units that may be changed or approved, especially when the transition presents many challenges. With this contract, will the Commonwealth continue this process or will the responsibility of approving hours be shifted to the contractor?	Billing for NHT through this agreement will not be by units of time. Consequently, OLTL will restrict the number of units expended during a transition; however, if work on a transition extends through multiple months, OLTL will review the progress at least once per year to verify continued approval to bill for the transitioning individual.
	RFA Section	Question	Answer
22		Does the payment for service include: (1) the payment for services rendered included in the applicant's budget based on per unit (15 minutes at the regional rate X the number of units billed) and (2) the final lump sum payment upon completion of the transition?	Neither the billing for specialized services nor NHT services will be as described in this question. The selected Applicant must bill a flat amount per month for each

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			individual who received NHT or specialized services during that month.
23		Is the contractor paid at the rate stated in the RFA, Cost Submittal at the 30, 90, 180, 365 or is that in addition to the NHT transition payment?	This agreement replaces all previous billing for NHT activities (currently billed as NHT01 through NHT05 billing codes). The selected Applicant will only be compensated in accordance with the agreement, which includes a flat rate per participant, per month for any individual receiving NHT or Specialized Services in that month, and an additional possible incentive for transitioned individuals who remain in the community, as described in the RFA Part IV-1.
	RFA Section	Question	Answer
24		Please clarify the role of the contractor with the respect to the acceptance and distribution of NHT requests. Is the contractor assuming responsibilities previously held by OLTL?	The selected Applicant may NHT referrals from any source as long as the individual is not currently enrolled in managed long-term care and meets NHT participant criteria. NHT Funding Requests for Special Nursing Home Transition Funding will continue to be sent to OLTL for approval.
	RFA Section	Question	Answer
25		How many approved NHT providers are in the Commonwealth?	As of January 2020, there were 37 approved NHT Coordination Agencies in the Commonwealth.

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	RFA Section	Question	Answer
26		Is there an option to request a cash advance?	No.
	RFA Section	Question	Answer
27		Is it possible to have co-applicants? In other words, two agencies jointly submit a proposal one for NHT and one for Specialized Services?	No. Please refer to Part I, Sections I-13 and I-15.
	RFA Section	Question	Answer
28		May an applicant with a proposed sub-contract submit a proposal where the responsibilities of the RFA are divided among the applicant and proposed sub-contractor?	Yes. Please refer to Part I, Section I-15 and Part III, Section III-5.D.
	RFA Section	Question	Answer
29		Does the Department of Human Services have an anticipated start date for this contract?	Please refer to the response to Q6.
	RFA Section	Question	Answer
30		How will the contractor receive names/contact information of eligible participants for each service; Specialized Services, DME, and NHT?	For Specialized Services and DME, the selected Applicant shall receive referrals exclusively from OLTL, which will include names and such contact information that is available to OLTL at the time. For the NHT program, the selected Applicant shall accept referrals from any source for individuals who meet the NHT participant criteria. For the DME program, OLTL will provide the selected Applicant a list of names every two years. The last list was provided in September 2019.

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31		Monthly and annual estimates have been provided by task within the Work Plan instructions. Are these estimations based on the facility as a whole or per participant? Please clarify.	The estimates provided are based on historical and projected volume of total units based on the task and time period indicated, not per person.
	RFA Section	Question	Answer
32		In regards to the RFA posted in eMarketplace, are applicants permitted to also remain contracted with the MCOs for NHT in addition to applying for this?	Yes.
	RFA Section	Question	Answer
33		In reading the attachments, it appears that the applicant will need to serve all counties, statewide, for the programming. Are you looking for one single applicant or possibly 2 applicants that would split the state?	The Department will select one Applicant. Refer to the response to Q27.
	RFA Section	Question	Answer
34	Page 16, References	It states “The Applicant must provide a list of at least three relevant contacts within the past three years to serve as corporate references. The references must be outside clients (non-DHS).” Our work experience related to serving special needs and disabled people has been primarily for DHS. That said, will you accept references from DHS or will you accept references from partners and patients for which we have been working with?	Applicants may provide any relevant non-DHS contacts.
	RFA Section	Question	Answer
35	Page 17, Personnel	For the Project Manager role, in lieu of a Bachelor’s Degree:	The Project Manager’s qualifications must include a Bachelor’s degree.

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		Will you accept a clinician with an Associates Degree and 11 years of case management experience working with a special needs and disabled population?	
	RFA Section	Question	Answer
36	Page 24	<p>Assisting Specialized Services Participants Who Are Not Enrolled in managed long-term care to Obtain Community-Based Housing:</p> <p>What resources are currently available to locate participants? Does DHS have a list of facilities available from which the selected applicant will use to house participants? Or will participants be located to life-share family setting? Are there any building in development available for non-traditional residents?</p>	<p>The selected Applicant will receive referrals for individuals who have been determined to need Specialized Services exclusively from OLTL. If an individual who is receiving Specialized Services expresses the desire to live in a community-based setting, the selected Applicant will assist the individual to assess available housing options in the area where the individual chooses to move, which may include apartments, personal care homes, shared residences, or any other living arrangement that meets the individual's needs and preferences.</p>