



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**Division of Procurement
Room 525, Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120**

**Daniel R. Boyd
Director**

**Telephone 717-783-3767
Fax 717-787-3560**

February 8, 2012

FLYER 5

SUBJECT: RFA NO. 22-11 Vendor Fiscal/Employer Agent Financial Management

Dear Prospective Offeror:

The attached package represents a formal issuance of materials related to the Commonwealth of Pennsylvania, Department of Public Welfare Request for Application (RFA) 22-11 Vendor Fiscal/Employer Agent Financial Management services

1. Pre-proposal Conference Presentation
2. Pre-proposal Conference Sign-in Sheets
3. RFA Questions and Answers

Additionally, Section II-5, and Section IV-3 of the RFA have been revised. Please replace with attached version.

NO ADDITIONAL QUESTIONS REGARDING RFA 22-11 WILL BE ACCEPTED OR ANSWERED EITHER VERBALLY OR IN WRITING.

All proposals must be received by March 30, 2012, at or before 2:00 p.m., by the Department of Public Welfare, Division of Procurement, Room 525, Health and Welfare Bldg, 625 Forster Street, Harrisburg, Pennsylvania 17120.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel R. Boyd".

Daniel R. Boyd, Director
DPW Division of Procurement

Attachment

Vendor Fiscal/Employer Agent Financial Management
Services (FMS)
Request for Applications (RFA) #22–11

Pre-proposal Conference

January 25, 2012

Housekeeping

- ▼ Sign-In Sheets
- ▼ Emergency Exits
- ▼ Restrooms



Purpose

- ▼ Review important points in the RFA
- ▼ Allow potential Offerors to submit questions that have a direct impact on their ability to develop an application for this RFA.
- ▼ All questions must be in writing

Questions

- ▼ DPW has received written questions by email.
- ▼ We will answer some of these written questions prior to the break.
- ▼ You may submit additional questions today on the forms provided.
- ▼ Some questions submitted today will be read and a response will be provided after the break.

Questions

- We will not answer any question not provided in writing
- We will not answer questions today that do not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.
- No answer is official until it is answered in writing
- Answers will be posted to the DGS website as an addendum to the RFA

Critical Points

- ▼ Each proposal must have 2 separately sealed submittals:
 - ▼ Technical
 - ▼ Cost
- ▼ Bidders must provide:
 - ▼ Original
 - ▼ 10 paper copies of the Technical Portion
 - ▼ 2 paper copies of the Cost
 - ▼ 2 copies of the entire proposal (Technical and Cost) on CD Rom or Flash Drive.

Critical Points/Selection Criteria

- ▼ Technical Portion = 60% of total points
- ▼ Cost Portion = 40% of total points
- ▼ Bonus points may be awarded for:
 - ▼ Domestic Workforce Utilization = 3%

Method of Award

- ▼ Lot 1 Western Region – OLTL
- ▼ Lot 2 Central Region – OLTL and Statewide ODP
- ▼ Lot 3 Eastern Region – OLTL
- ▼ Offerors may propose on one, all, or any combination of the three (3) Lots
- ▼ Submit each lot as a separate proposal



Clarifications

- ▼ All proposals must follow the time periods specified in the RFA
- ▼ Proposals that include any assumptions in the cost submittal may be rejected
- ▼ Proposals that are contingent on negotiation of Offeror terms and conditions may be rejected
- ▼ Proposals must be received by 2:00 P.M. on March 30, 2012

Technical Submittal

- ▼ Shall be comprised of the following:
 - ▼ Statement of the Problem
 - ▼ Management Summary
 - ▼ Work Plan and Project Management
 - ▼ Prior Experience
 - ▼ Personnel
 - ▼ Training
 - ▼ Financial Capability; and
 - ▼ Objections and Additions to the Standard Grant Terms and Conditions



Technical Submittal

- ▼ All proposals will be evaluated on the following in order of importance:
 - ▼ Soundness of Approach
 - ▼ Offeror Qualifications
 - ▼ Understanding the Problem
 - ▼ Personnel Qualifications; and
 - ▼ Available Facilities



Work Statement

- ▼ Offerors must respond to all areas of the work statement
- ▼ Offerors must describe how they will meet all deliverables in the work statement



Questions

- ▼ Now we will read and answer some of the questions that were submitted by email



Questions

- ▶ Please use the next few minutes to finalize your questions
- ▶ We will then take a short break so we may review your questions
- ▶ Following the break, we will provide a response to some of your questions
- ▶ As a reminder, no answer is official until it is answered in writing



RFA #22-11

This concludes the pre-proposal conference

Answers to all questions posed will be posted to the DGS website at

(<http://www.dgsweb.state.pa.us/RTA/Search.aspx>)

by close of business February 1, 2012

No further questions will be entertained or answered



RFA 22-11
 Vendor Fiscal/Employer Agent Financial Management Services
 Pre-Proposal Conference
 January 25, 2012

Print Name	Print Agency Name
Gregory L. Coleman	Homemaker Service
Dennis Troy	UCP
Michelle Herring	DPW
/K	DPW
JOYCE REAMERSKI	UCP / CLASS
Tracy Hunt	Allied Services
Conny Christman	Christman Financial Management
Kelly Cole	NEPA Center for Ind. Living
Wendy Sheaffer	Cumberland County Aging & CS
Bill Weber	PITMC
JOAN W. MARTIN	UCP of PA
Lill Satter	Helpmates Payroll Services
Dawn Foy	Helpmates P.S.
Regina Stewart	Abilities In Motion
Joseph Sreks	Family Health Council of Central PA
Brianna Albert	DPW
Chrisk ENA	LIFE

RFA 22-11
 Vendor Fiscal/Employer Agent Financial Management Services
 Pre-Proposal Conference
 January 25, 2012

Print Name	Print Agency Name
Debbie Zielinski	The Advocacy Alliance
Krista Beer	Guardian
Lenny McKinnon	Guardian
J. MATTHEW DICKEY	AT HOME FMS LLC.
Deb Snyder	DPU
Kay Nikalic	Acumen
TIM CARMICHAEL	GT INDEPENDENCE
John Carmichael	GT Independence
Monan Baldini	JEVS Human Services
MIKE SMITH	LRI
Terri Reeser	United Disabilities Services
Justin Shilliday	Resources for Living Independently
CAROL HARRIS	PA Home & Community Services of the PA Assoc.
Gary Brandt	UCP CENTRAL PA
Muzny, L...	HEPA
Jody S...	LRI
Stacey Collins	Home and Community Services, Inc.
Jesselle Grant Sumner	TRIPID
Meghan Patchford	UCP
In Ja Choi	Peoni Asia, Senior Services
DUANE SOBEL	ACCESS
KEN KAUFHOLD	HOMECARE SYSTEMS

RFA 22-11
 Vendor Fiscal/Employer Agent Financial Management Services
 Pre-Proposal Conference
 January 25, 2012

Print Name	Print Agency Name
JEN Buggan	The Advocacy Alliance
Tony Hewitt	BABS, INC
Annette Stewart	CLCP
Jim Fetzer	@Home
Michael Auer	CLCP.
Deborah Bacon	Resources for Living Independently
Gloria Wilbur	DPW
Colleen Fox	Public Partnerships, LLC
Joan Hardaway	Homemaker Service
MaryLou Knabel	Allied-Services
MARYANN LUDWIG	JEVS HUMAN SERVICES
DAN LOFTIS	ACCESS - PA
Shona Eakin	Voices for Independence
Felicia Kmetz	UCP/CLASS
STEFAN MAJZ	TRIAL SERVICES.
Brian Bell	Morianty Consultants Inc
PAT Young	FAKCP
Lisa Feiten	Penn Asian Senior Services
COURTNEY WALKER	MORIANITY CONSULTANTS, INC
Theo Brady	CLCP

**Questions Submitted for RFA 22-11
Vendor Fiscal/Employer Agent Financial Management Services
as of February 8, 2012**

Questions regarding Part I - General Information

1. How does the Department feel that regionalization of FMS service will enhance services to eligible consumers, as stated on p. 2?

As stated in the RFA, the Commonwealth seeks to ensure that FMS is provided consistently across all Home and Community-Based Services waivers and certain state-funded programs.

2. On page 2 under "Rejection of Proposal" the RFA reads "The Commonwealth may...reject any proposal...if it is deemed to be in the Commonwealth's best interests." Please define "best interests".

There is no standard definition of "best interests". The decision to reject a proposal will be made on an individual basis.

3. Why was the comment made in section 1-20 related to news releases?

This is standard language included in every RFP and RFA issued by the Department.

4. Page 6 of the RFA states "Offerors shall not issue news releases, Internet postings... pertaining to this Project...". Does this include correspondence to consumers, board members, staff and other stakeholders? Please clarify these restrictions.

Once an offeror submits a proposal in response to the RFA it is prohibited from issuing any "public" communications pertaining to the RFA unless permission to do so is granted by the Issuing Office. Discussions with existing staff and board members are permitted.

5. Will the issuance of "all services and supplies" necessary to complete the identified work include: gloves for attendance; priority backup attendants; emergency response services?

No, the services and supplies referenced in I-22 are specific to what is needed by the VF/EA to provide FMS.

6. The RFA requires that the technical and cost submission be submitted separately. Is the Commonwealth requiring two CD for the technical and cost?

Paper copies of the Technical and Cost proposals must be submitted separately. However, a complete and exact copy of both the Technical and Cost proposals should be submitted on the same disc. Please provide 2 copies of the disk containing both proposals.

7. The RFP requires an original and copies. How is the offeror expected to provide copies of the sealed corporate reference(s)?

Copies of the sealed Corporate Reference Questionnaire are not required.

8. On page 7, Section I-22, Issuing Office Participation, states: *Offerors shall provide all services, facilities, and other support necessary to complete the identified work, except as otherwise provided in this Part I, Section I-22.* Please clarify this statement.

Offerors should disregard the last part of the sentence. The sentence should read as follows: Offerors shall provide all services, facilities, and other support necessary to complete the identified work.

9. What is the policy rationale and the legal justification for the admonishment in "Part 1-20. News Releases" (p. 6) that offerors "shall not issue releases . . . or any other public communications pertaining to the Project without prior written approval of the Issuing Office, and then only in coordination with the Issuing Office?"

This is standard language included in all Commonwealth-issued RFPs and RFAs.

10. Due to language in RFA on page 6 - referring to not being able to publically distribute info on the RFA: Can a provider share that there is an RFA for FMS with their consumers, such as in private letters mailed directly to consumers - or would that disqualify them based on the language in the FMS RFA ?

Once an offeror submits a proposal in response to the RFA it is prohibited from issuing any "public" communications pertaining to the RFA unless permission to do so is granted by the Issuing Office. If an offeror is unsure as to whether a communication falls within this section, the offeror should request permission, in writing, from the RFA Project Officer

11. How does the commonwealth see that the regionalization of the program and the combination of the model will reduce the employer related tax burden as noted in section I-5 Problem Statement on page 2?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

12. Can we provide alternate options and pricing to offer the commonwealth cost savings or is this excluded by the alternate proposals clause in section I-15 Alternate Proposal on page 4?

Offerors must propose their best solution for meeting the RFA requirements. DPW will not accept alternate proposals.

13. Page 1, Part I, 1-4. Request for Application Standards. It is our understanding that a state may elect from two structures, a structure which provides free choice of FMS providers and a structure which does not. What is the CMS approved structure for this plan?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA. The Department has identified the requirements for this RFA.

14. If an offeror submits multiple applications, will these applications be evaluated separately? Will the fact that a bidder has submitted multiple bids in any way influence the bids either positively or negatively?

Offerors must propose their best solution for meeting the RFA requirements. DPW will not accept alternate proposals.

Questions regarding Part II – Proposal Requirements

15. Page 14: Staffing Requirements for key personnel. Can FMS job experience replace or be substituted for Bachelor degree requirements in FMS RFA?

No. Offerors must follow the staffing requirements as stated in the RFA.

16. Can a provider collaborate with 1 or more other organizations to jointly respond to the RFA?

Only one entity may submit a proposal and enter into an agreement with the Department. However, other vendors may participate as subcontractors so long as all of the RFA requirements are met

17. On page 13 of the RFA it says "...Selected Offeror(s) must provide...reference from organizations to which it has provided similar services during the past five (5) years." If a provider has only provided services to individual consumers, will OLTL be that reference for such providers?

The Department will only permit its employees to verify factual information provided in submitted references. Department employees may not offer opinions regarding the quality of an offerors past performance as part of the reference.

18. Is there any conflict of interest which would preclude the issuance of references from OLTL, Area Agencies on Aging county offices, Office of Developmental Programs, County Office of Developmental Programs, Department of Aging?

The Department will only permit its employees to verify factual information provided in submitted references. Department employees may not offer opinions regarding the quality of an offerors past performance as part of the reference.

19. On page 11, section II-3 the RFA references "key staff". Does this mean personnel already in place or personnel expected to be hired and/or in place if the provider is awarded the contract?

"Key staff" refers to the individuals the offeror would expect to have in place to complete all of the required tasks should they be the Selected Offeror. This could include current staff and/or staff that the offeror plans to hire if selected.

20. Page 11 outlines the requirement for a detailed work plan and a PERT/Gantt or Bar Chart. Both items must include tasks, key staff, and time. What is the difference between the work plan and the chart?

Work Plan - A work plan describes what is to be accomplished and outlines how it will be done. The overall work plan is divided into a logical sequence of tasks including time for completion of each task as well as the overall completion of the work plan, who does what and when.

PERT/Gantt or Bar Chart – These are charts that show the workflow of the work plan.

21. Would the experience of current provider organization and/or personnel qualify a newly established corporation which would not be affiliated with a provider of Home and Community Based services? The new corporation would have separate board of directors, separate audits, and no common management.

All offerors must be free of any conflict of interest with any existing or future waiver/program providers and demonstrate compliance with the requirements of RFA section IV-3. Please also see the response to Question 68b.

22. It appears to us that the wording of the requirements for minimum years of previous experience, reference from a contractor with one year of experience receiving similar services, and conflict free management render most current providers of OLTL funded services barely eligible to bid, if eligible at all. If this is true, why did the Department choose to exclude current providers? If not true, please comment on where this is made clear.

Current providers are not barred from being an offeror. However, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

23. Based on questions and concerns, will OLTL consider changing or adjusting the restrictive provisos of this RFA, to allow any current FMS provider to bid?

The Department does not intend to change any requirements. Current providers are not barred from being an offeror. However, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

24. Will the chosen offeror have to meet the requirements for providing three years similar service, staffing requirements, conflict-free corporate structure by
- Offer due date
 - Effective Date of Agreement
 - First Date of Service
 - Other date

Post- selection but in advance of the transition of common law employers to the selected offeror. The selected offeror(s) will not be permitted to begin serving OLTL/PDA/ODP waiver participants if it does not show acceptable evidence of readiness for each requirement.

25. Why hasn't OLTL considered a prime contractor approach, with subcontractors providing services that would lessen or eliminate confusion or stress for consumers?

The RFA allows qualified offerors to propose the use of subcontractors so long as the subcontractors meet the relevant eligibility requirements.

26. Can a newly formed entity use the audits, references and staff experience of the existing FMS entities that comprise it?

Potential Offerors must demonstrate that they meet the requirements in Part II-4 and II-5

27. In Section II-4(b)(i), please describe "similar services"

There is no precise definition. This language refers to services that are similar to those required by the RFA.

28. The RFA requires the selected offeror have at least three years' prior experience successfully providing similar services. How was this particular time period decided?

DPW seeks to ensure that any selected vendor has adequate previous experience providing similar services.

29. The RFA requires the selected offeror provide at least one reference from organizations which it has provided similar services during the past five years. How was this particular time period decided?

DPW seeks to ensure that any selected vendor has adequate previous experience providing similar services.

30. On pages 13-14, Section II-4, letter c, the paragraph under vii states: *The Offeror must submit Appendix D, Corporate Reference Questionnaire, directly to the contacts listed. The references should return completed questionnaires in sealed envelopes to the Offeror. The Offeror must include these sealed references with its proposal.* Does the Offeror need to include several copies of the sealed references and an electronic copy of the sealed references on the flash drive/CD ROM with the proposal submissions? Please clarify how the Corporate Reference Questionnaire should be submitted with the proposal.

Copies of the sealed reference are not required. References need to be in a sealed envelope only.

31. When will the offeror have to have the lines of credit in place?

All Offerors must submit the information required by Part II-7 in order for the Commonwealth to assess the offeror's ability to meet the RFA requirements. If an offeror does not possess one or more of the requested items, the offeror should include a statement as to why it does not. DPW may ask for additional information to assess an offeror's financial viability.

32. How would an offeror comply with 11-7 (i) if it is a newly formed entity?

All Offerors must submit the information required by Part II-7 in order for the Commonwealth to assess the offeror's ability to meet the RFA requirements. If an offeror does not possess one or more of the requested items, the offeror should include a statement as to why it does not. DPW may ask for additional information to assess an offeror's financial viability.

33. If an offeror cannot meet 11-7, how does this adhere to laws that require nondiscriminatory practices?

All Offerors must submit the information required by Part II-7 in order for the Commonwealth to assess the offeror's ability to meet the RFA requirements. If an offeror does not possess one or more of the requested items, the offeror should include a statement as to why it does not. DPW may ask for additional information to assess an offeror's financial viability.

34. For what activities or functions could an offeror use a subcontracting arrangement?

Offerors must make their own determinations about how they will use subcontractors. The subcontractors would be required to meet the same requirements as the selected offeror.

35. II-4(b)iv. Where the requirements of OLTL Bulletin 54-5411-03 and ODP Bulletin 00-08-14 conflict with one another, which bulletin will be applied?

The Selected Offeror is required to follow all program office policies and procedures.

36. II-7(a-c) If the intent of the bidder is to separate from other corporate entities in an effort to be conflict free, must it provide detailed information on the corporate entities which it is currently associated with?

If an offeror is not currently conflict free, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free. This would likely include information about corporate entities they are currently associated with.

37. If the potential offeror is not currently eligible, is there a process for becoming eligible by September 2012? Are potential offerors that are in the processing of becoming eligible permitted to submit an application to DPW?

If an offeror is not currently conflict free, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

38. Page 13, II-4., c. References: Please clarify the number of references required.

The Corporate Experience reference should be for services similar to VF/EA FMS provided during the last 5 years. The reference in Section II-4(c) should be specific to at least 1 relevant agreement/contract the offeror has had during the last 3 years. If applicable, an Offeror may use the same reference to satisfy this requirement or the Offeror may submit 2 separate references to satisfy this requirement.

39. Pg 14, II-5. Personnel 1.c. Is it required that the payroll and invoice payment processes be supervised by the same manager?

Offerors must make their own determinations about their proposed management structure. Please refer to Section II-5 (1)(c)(iii)

40. Page 16, II-6, Training: Please clarify what "recommended" training of agency personnel means.

This refers to the training, if any, that the Offeror may recommend for Commonwealth personnel, or its own staff that may provide services if awarded a contract.

41. Our agency has received an email to consolidate FMS services. We are already FMS providers. I wanted to know what steps should be taken for the consolidation. Do we need to provide a portfolio?

This question is unclear.

42. According to the staffing requirements for key personnel (pages 14-16) list several positions. A current job description and resume must be provided for the Enrollment Services Manager, the Payroll and Invoice Payment Manager, and the Medicaid Billing Manager; however, only a resume must be provided for the VF/EA FMS Program Manager. Is this correct? Why is this the case?

Offerors should also include a job description for the VF/EA FMS Program Manager.

43. Please further clarify RFA Page 17 Section 11-6 ii.

This section does not appear in the RFA.

44. If you were a Home and Community Based Service Provider, does this qualify in some capacity as having prior experience providing similar type of services since the company did the employing for services as opposed to the participant being the employer in the FEA FMS model?

Offerors must make their own determinations about whether they meet the experience requirements in the RFA. Offerors should include any information related to experience that they feel is relevant to the services required by the RFA.

45. Is the Offeror required to have worked with the references in the past 3 years or within the past 5 years?

This depends on the type of reference. The Corporate Experience reference should be for services similar to VF/EA FMS provided during the last 5 years. The reference in Section II-4(c) should be specific to at least 1 relevant agreement/contract the offeror has had during the last 3 years. If applicable, an Offeror may use the same reference to satisfy this requirement.

46. If the Offeror is bidding on all three regions, may the Offeror use the same references for all three lots?

Yes.

47. If so, would the organizations providing the references be required to complete three separate Corporate Reference Questionnaires?

No, the same Corporate Reference Questionnaire could be used for all three; however the organizations providing the references would need to make copies and provide 3 sealed envelopes containing copies of the completed questionnaire to the Offeror for each lot.

Questions regarding the Cost Submittal

48. If awardee becomes a collective bargaining union shop AFTER this award, will the PPM be adjusted to reflect the potential additional costs that would be associated with collective bargaining?

No, the PMPM will not be adjusted

49. On the cost submittal spreadsheets, Tab 2, 3 and 4, Instruction 3 states: "A one-time initial start-up fee of \$277 will be paid for all new distinct consumers enrolling in VF/EA FMS Services". Since the Offeror is required to show cost data, how many NEW participants are DPW forecasting for each lot or region for accurate estimation?

It is impossible to accurately predict the growth of these programs. Therefore, solely for the purpose of developing cost data, offerors should assume that the number of consumers will remain the same for each contract year.

50. If this RFA is a PPM (Per Participant Per Month), why is there a budget needed?

The Cost Verification is for internal DPW use to ascertain the appropriateness of costs for services

51. Will the cost of the brokered Workman's Compensation be a factor in the cost review?

For evaluation purposes, only the monthly FMS administrative fee will be evaluated. Workman's Compensation is not included in this fee.

52. In an effort to offer a lower PMPM fee can a request be made for a 1 time start up fee in addition to the enrollment costs?

No, there will not be a onetime start up fee.

53. Page 18, II-9. Cost Submittal: The Offeror is not permitted to include assumptions in their cost submittals. Please provide clarification as to what consumer rendered services are expected to be delivered. Include in that

clarification, the number of consumer by model, services my way, ODP budget authority, fiscal/employer agent only, payment agent only. Please specify this information by lot/region?

The VF/EA FMS is expected to only deliver the FMS per member per month administrative service.

LOT 1 WESTERN REGION – OLTL and PDA programs

(approximately 7,126 consumers)

LOT 2 CENTRAL REGION OLTL, PDA, AND STATEWIDE ODP programs (approximately 3,802 consumers for OLTL and PDA programs, and approximately 850 consumers for ODP programs)

LOT 3 EASTERN REGION- OLTL and PDA programs (approximately 10,106 consumers)

54. Pg 18 Section II-9. Cost Submittal. If a consumer is served part of the month by one provider and then the rest of the month by another provider, who gets the PM/PM fee?

Since the RFA is structured to make regional awards, it is unlikely that two selected offerors would provide services to the same consumer within the same month following the transition period.

55. Page 18, II-10. Administrative Fee, paragraph 3, “transition process”. Is it the Department’s expectation that providers will transfer participants mid month and or between September and December?

DPW considers the transition period for existing participants to be 9/1/2012 through 12/31/2012. It is possible that some consumers could be transitioned mid-month.

Questions regarding Part III – Criteria for Selection

56. Please further clarify the domestic workforce utilization Page 20 Section 11-10.

The Domestic Workforce Utilization Certification is an evaluation criterion which affords the applicant the opportunity to receive bonus points for its commitment to use the domestic workforce in the fulfillment of the grant. As noted in Appendix D, Maximum consideration will be given to those offerors who will perform the contracted direct labor exclusively within the geographical boundaries of the United States or within the geographical boundaries of a country that is a party to the World Trade Organization Government Procurement Agreement.

Questions Regarding Part IV – Work Statement

Questions Regarding the Performance Bond

57. The RFA mentions an executed performance bond for six months on page 30 section d and a surety bond for one month on page 34 section 8. Please clarify if the Commonwealth is requesting six or one month bonds or both?

DPW is modifying this timeframe and will require the Selected Offeror to secure a bond for 3 months to cover VF/EA FMS and related services. A flyer will be issued to amend the RFA.

58. Please clarify the performance and payment bond requirements. Page 30, Section IV-3., item 1.d. requires executed performance and payment bonds both in the sum of six months of the annual agreement amount. Would the amount only include the FMS amount for the six month period or would the amount also include the projected direct services for the six month period? In contrast, page 34, item 8, requires a surety bond which is at least equal to the total cost of the FMS and related services for only one month. Please clarify the differences in the requirements.

DPW is modifying this timeframe and will require the Selected Offeror to secure a bond for 3 months to cover VF/EA FMS and related services. A flyer will be issued to amend the RFA.

59. On page 30 under Section IV-3, #1, letter d., Performance and Payment Bonds, the first sentence states: *The Agreement will require the Selected Offeror(s) to deliver to the Commonwealth executed performance and payment bonds, each in the sum of six months of estimated Agreement amount, with the Commonwealth as the obligee.* On page 34, #8, Financial Viability, the only sentence states: *Secure a surety bond equal to or greater than the total cost of VF/EA FMS and related services for the VF/EA for one month.* To what type of bond does this section refer? Are additional bonds required? Please clarify the timelines for each of these bonds.

DPW is modifying this timeframe and will require the Selected Offeror to secure a Performance and Payment bond for 3 months to cover VF/EA FMS and related services. A flyer will be issued to amend the RFA.

60. Will the surety bond have to be in place at the time the application is submitted?

No, only the Selected Offeror(s) is required to secure the bond.

61. There is inconsistency in regards to the requirement for the performance and payment surety bond in the bid material. Could you please clarify one or both

are needed or if both are needed only if financial performance of the offeror suggests it prudent to do so?

DPW is modifying this timeframe and will require the Selected Offeror to secure a bond for 3 months to cover VF/EA FMS and related services. A flyer will be issued to amend the RFA. The bond is a requirement, regardless of the financial performance of the Selected Offeror.

62. Assuming that funds are funded into the neutral bank (or bank account) by the contractor in advance for services, would the bond, if applicable, be securing six months less the amount of the pre-paid contractor funds? Phrased otherwise, how is the bond to be acquired to avoid the contractor bonding his own asset for required timeframe?

DPW is modifying this timeframe and will require the Selected Offeror to secure a bond for 3 months to cover VF/EA FMS and related services. A flyer will be issued to amend the RFA. The bond must cover 3 months of the VF/EA FMS administrative fee and 3 months of related services notes in Section IV-3(d).

63. What is the formulary being used for the calculation of the performance and payment bonds referenced in section IV-3 1.d.?

DPW is modifying this timeframe and will require the Selected Offeror to secure a bond for 3 months to cover VF/EA FMS and related services. The bond should include 3 months of the VF/EA FMS administrative fee, plus 3 months of related services such as delinquent payments to qualified DCWs, vendors and small unlicensed providers, and federal, state, and local tax and worker's compensation insurance premium payments

64. Page 30 states that the Selected Offerors must provide a bond equal to six months of the estimated agreement amount. Page 34 states that the financial viability metric is a surety bond equal to one month (not six months) of operations. Which statement is accurate?

DPW is modifying this timeframe and will require the Selected Offeror to secure a bond for 3 months to cover VF/EA FMS and related services. A flyer will be issued to amend the RFA.

65. How will the offerer obtain this wage information to determine the size of the line of credit and surety bond that will be required?

DPW will determine the size of the surety bond once it has selected offerors.

Questions on the Conflict Free Requirements

66. Why are Home and Community Based Service providers unable to apply even if they have the required experience in FMS?

Any entity that meets the requirements set forth in the RFA including, but not limited to, the requirements of Section IV-3, is encouraged to submit a proposal.

67. Conflict Free as stated on page 31 states that an Offeror be free of any conflicts with any existing waiver /program provider. Does this statement bar present FMS Providers who are also waiver providers from being an Offeror if they state in their response to the RFA that they are willing to remove themselves as a waiver provider if selected?

No, this statement does not bar present FMS Providers who are also waiver providers from submitting a proposal. However, FMS Providers who are also waiver providers must demonstrate in their application how they are going meet the conflict-free requirements of the RFA.

68. Page 31: The Selected Offeror(s) and its subcontractors may not be a part of or affiliated and must remain independent from any provider of home and community based waiver services. Neither the governing body of the Selected Offeror(s) nor individual members of the governing body may be affiliated with any provider of home and community based waiver services. Nor may the Selected Offeror(s) or its subcontractors be affiliated with or a subsidiary of any existing provider of home and community based waiver services.

a. Specifically, define which home and community based services you are referring to.

Included are all home and community-based services in OLTL/PDA and ODP programs listed in Part IV of the RFA. All waivers and programs can be referenced on the DPW website www.dpw.state.pa.us

b. Specifically, define 'affiliated'.

Affiliate - A party that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with an enterprise.

Control - The possession, direct or indirect, of the power to direct or cause the direction of the management and policies of an

enterprise through ownership, by contract, or otherwise.

c. Please describe how a conflict could exist between HCBS providers if the participants have NO choice of their VF/EA and the SC/CM agency is determined during intake with the 'Independent Enrollment Broker'. There is NO apparent financial gain in the above possible interactions.

All offerors must be free of any conflict of interest with any existing or future waiver/program providers and demonstrate compliance with the requirements of RFA section IV-3.

d. IF an individual of the governing body is a participant receiving Home and Community Based Services in PA (as further defined above), will an exemption clause exist or will a disclosure of relationship satisfy this requirement?

As is stated in the RFA, individual members of an Offeror's governing body may not be affiliated with any provider of home and community based waiver services. Please see definition of "affiliated" provided above.

69. Page 31, IV-3. Requirements. 2, a., ii: Please clarify what this means in terms of an applicant which currently provides other services beyond the scope of those mentioned by this RFA. For example, could an individual employed by the FMS work in the evening as a CLA Care manager or provide Life Sharing services for an individual in their home?

Each Offeror will need to determine whether or not the services they are currently providing fall under the scope of home and community-based waiver services in Pennsylvania. They must demonstrate in their application how they are going to meet the requirements in the RFA and are going to be conflict-free.

70. Page 31, IV-3. Requirements 2. Conflict free requirement: i, ii, iii Please clarify conflicting requirements. What is meant by the term "affiliated" and what is meant by the term "subsidiary of"?

Please refer to the response to 68b.

The term "subsidiary of" means a company wholly controlled by another.

71. Pages 31, IV-3 Requirements 2. Can an organization establish a new FMS corporation segregating the FMS Corporation? If so, does each corporation need a separate board and no shared members?

Please refer to the response to 68b.

72. Page 31, IV-3, Requirements i & iii. Are developmental disabilities services included as HCBS services under the same 1915(c) federal guidelines?

Yes.

73. Page 31, IV-3, Requirements ii. Regarding employees, is this intended to mean that an employee, of the FMS for example, could not be a life sharing provider under the ODP program? Also, is this section to mean an employee of a service provider could not be also hired part time by the FMS, say to assist in consumer enrollments?

Yes, if the life sharing provider is paid through home and community-based waiver funds.

Yes, an employee of a service provider for home community-based waiver services and state funded program covered in the RFA cannot also be hired by the FMS.

74. When the ODP FMS bid was issued in 2007, separating the organization at the corporate level was acceptable if two boards were established and the services were segregated from the FMS. Is this structure permitted in this project?

Please see the response to Question 68b.

75. The RFA speaks about related parties and affiliations. Please define what that means in terms of corporate structure and board composition?

Please see the response to Question 68b.

76. Can the FMS organization sell its capacity to perform work to other organizations? For example, can it provide billing or payroll services for an HCBS corporation?

This scenario does not appear to meet the conflict-free requirements.

77. The FMS currently rents space in a building where another corporation provides services. Some of the services of the other corporation may be HCBS/OLTL or ODP. That is unknown. Is this a co-location concern?

This scenario does not appear to meet the conflict-free requirements.

78. For co-location, please define the extent to which this must be done? Example, can an offeror have an office on a different floor in an office building?

Co-located means sharing the same office space.

79. If a consumer using OLTL or ODP services is on the Board of Directors, can they continue as a board member if that organization is offered the FMS RFA contract?

Please refer to the definition of "affiliated" in response to Question 68b.

80. What specific provider types cannot be a part of or affiliated with and/or must remain independent of a Type 54 provider (one who provides FMS services)?

The Selected Offeror (provider Type 54, Specialty 541) cannot be part of or affiliated with any other provider of home and community-based waiver services.

81. Can you (the bidder) provide the following services if awarded the bid?

- Service Coordination
- Agency Services
- Nursing Home Transitions
- Agency with choice services
- OHCDS

Each Offeror will need to determine whether or not the services they are currently providing fall under the scope of OLTL and ODP home and community-based (HCBS) waiver and state funded programs. For a listing of individual services provided under OLTL and ODP HCBS waivers and state funded programs, refer to the RFA, Section IV-2

82. If our organization provides Agency w/Choice for ODP and plans to continue, does that disqualify us under conflict free language in RFA?

The offeror should ensure that they are conflict free.

83. Can an organization that is currently not structured to be conflict-free still submit a bid provided the work plan for that organization will ensure it is conflict-free at the time the contract is implemented (if successful bidder)?

Yes. Potential Offerors that do not currently meet the conflict-free requirements must demonstrate in their application how they are going to be conflict-free.

84. Can a provider who wishes to submit a bid also provide Early Intervention services (through OCDEL as a Provider Type 17)?

Each Offeror will need to determine whether or not the services they are currently providing fall under the scope of OLTL and ODP home and community-based (HCBS) waiver and state funded programs. For a listing of individual services provided under OLTL and ODP HCBS waivers and state funded programs, refer to the RFA Section IV-2

85. Page 32 of the RFA, #3 says "...The physical site...cannot be co-located with any existing provider." What does "existing provider" mean?

This language refers to an existing provider of home and community-based waiver services.

86. Please clarify the term "affiliated with" for purposes of the RFA. Page 31, items 2.a.i. through item 2.a.iii. appear to have different interpretations of this term.

See the response to Question 68b

87. Would two or more organizations which have entirely separate board of directors and separate audits be considered affiliated if a cost sharing agreement existed for management and facility service costs? The organizations are not required to have consolidated audits because there is no direct control which is demonstrated by the separate board of directors. However, related party notes are required due to the cost sharing agreement.

See the response to Question 68b

88. Would two or more organizations which utilize a common management organization be considered affiliated if the management organization assigned different staff to the different organizations?

See the response to Question 68b

89. To what extent do subcontractors have to be non-affiliated with an existing provider of HCBS?

The subcontractors would be required to meet the same requirements as the selected offeror.

90. How do you define “subcontractor”?

An individual or business firm contracting with a selected offeror to perform part or all of the services required by the RFA

91. If an offeror plans to restructure its services in order to comply with conflict free qualifications, what financial records are required?

All Offerors must submit the information required by Part II-7 in order for the Commonwealth to assess the offeror’s ability to meet the RFA requirements. If an offeror does not possess one or more of the requested items, the offeror should include a statement as to why it does not. DPW may ask for additional information to assess an offeror’s financial viability.

92. Currently we provide both FMS and Service Coordination services to counties within the Central Region. If we would submit a proposal for the entire Central Region – could we continue to provide service coordination services as well?

This does not appear to meet the conflict free requirements in the RFA.

93. What is the definition of “affiliated organization” for the purposes of this RFA?

See the response to Question 68b

94. What is OLTL referencing in the RFA when it says “developmental disabilities”? What provider type(s) does this refer to?

DPW uses the term “developmental disabilities” to describe service providers for programs funded by ODP; this includes Provider types 51 and 52.

95. What services are considered services under Developmental Disabilities?

Below is a chart containing the participant-directed services and vendor services eligible for payment through the Office of Developmental Programs' (ODPs) Financial Management Services (FMS) model. For more information about these services, please reference the ODP Bulletin 00-11-02 titled, Service Definitions for the Pennsylvania Mental Retardation Program, Reissued.

PDS Service Names
Home and community habilitation
Companion Services
Supports Broker Services
Supported Employment Services
Transitional Work Services
Home Finding
Respite – In-home, 24 hours
Respite – In-home, 15min
Respite – Unlicensed Out-of-home, 24 hours
Respite – Unlicensed Out-of-home, 15 min
Homemaker/Chore
Vendor Services
Home Accessibility Adaptations
Vehicle Accessibility Adaptations
Specialized Supplies
Homemaker/Chore
Education Support Services
Assistive Technology (medical)
Assistive Technology (non-medical)
Transportation (Mile)
Transportation (Trip)
Transportation (Per Diem)
Transportation (Public)
Respite – Overnight Camp
Respite – Day Camp

96. On page 31, Section IV-3, #2, number iii, the first sentence states: *The Selected Offeror(s) cannot be a developmental disabilities service provider within the Commonwealth.* What is the definition of a developmental disabilities service provider and what developmental disabilities services are included under this definition?

A developmental disabilities service provider is an entity that provides services to individuals funded through the DPW Office of Developmental Programs (ODP). For a list of services see the response to Question 95

97. Given the Problem Statement and understanding that a selected offeror is to be “independent” from a HCBS provider, what is the policy rationale and legal justification for prohibiting any affiliation between a selector vendor and an HCBS provider? (See IV-3.2. at p. 31).

This question that does not have a direct impact on a prospective Offeror’s ability to develop an application for this RFA. All offerors must demonstrate how they will meet the RFA requirements.

98. If an affiliated vendor and HCBS provider can demonstrate that the books and records of the vendor and of the HCBS are maintained separately and independently, are subject to separate and independent audit, and that each entity has separate and independent managers, why is the Commonwealth seeking to narrow the number of knowledgeable and experienced entities that can submit a bid and be considered for an award by precluding an otherwise qualified vendor that is affiliated with an HCBS provider from consideration for an award?

Current providers are not barred from being an offeror. However, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

99. Is there a specific state or federal statute or regulation that prohibits any affiliation between a selected offeror and an HCBS provider?

DPW is unaware of any such regulation or statute.

100. Is there a specific state or federal statute or regulation that prohibits any affiliation between a selected offeror and an HCBS provider where the two entities, although affiliated, have separate and independent management and accounting units?

DPW is unaware of any such regulation or statute

101. In regards to conflict of interest. If a potential bidder provides the following service(s), can you state if it is a conflict of interest with the VF/EA services outlined in the contract?

1. Service Coordination
2. Attendant Care Agency Services

3. Nursing Home Transition
4. Home Modifications, non-PHFA funding
5. OHCDS
6. Agency with Choice, FMS ODP
7. Vendor Payer, for non-FMS participants

Each Offeror will need to determine whether or not the services they are currently providing fall under the scope of OLTL and ODP home and community-based (HCBS) waiver and state funded programs. For a listing of individual services provided under OLTL and ODP HCBS waivers and state funded programs, refer to the RFA, Section IV-2

102. Is it permitted for an offeror who currently provides services that are disallowed by this contract, to make its intention known that it will no longer provide disallowed services if awarded the bid, and still be in compliance with the bid procedures and process?

Current providers are not barred from being an Offeror. However, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

103. Where is the conflict between the provision of Agency and FMS services by the same entity?

This is a policy/program question that does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

104. Will an offeror be permitted to provide FMS/FEA services to one lot (region) of the Commonwealth, while providing other waiver services in another area? (For instance, provide FMS to consumers in the Lot 1, while providing other HCBS services to consumers in other Lot(s). No consumer would receive FMS and HCBS from the same provider in this way).

No, the conflict free requirements in the RFA apply statewide not per region.

Questions Regarding VF/EA FMS Tasks

105. Can the offeror subcontract the function of the employer of record?

Offerors must make their own determinations about how they will use subcontractors. The subcontractors would be required to meet the same requirements as the selected Offeror.

106. Can the offeror subcontract the function of MA billing?

The Offeror must be the entity that bills PROMISE™.

107. If an offeror is considering subcontracting out portions of the work plan, will this be viewed negatively? Are there any limitations on the tasks that can and cannot be subcontracted?

DPW will evaluate the Offeror's overall plan to accomplish the task required by the RFA, including the experience and qualifications of subcontractors. Proposed subcontractors would be required to meet the same requirements as the selected Offeror and DPW will hold the selected Offeror accountable for subcontractor's performance.

The Offeror must be the entity that bills PROMISE™.

108. What types of benefits does the offeror have to provide? Worker's compensation is clearly required. Are health, dental, and life insurance also required?

Health, dental, and life insurance are not required.

109. Is the offeror required to provide an EIN for each waiver participant enrolled?

Yes, the selected Offeror must apply for (through the completion and submission of the IRS Form SS-4, Application for Employer Identification Number), and obtain a Federal Employer Identification Number (EIN) for each newly enrolled common law employer it represents as employer agent.

110. What is a reporting agent (p.30)?

As defined by the Internal Revenue Service a Reporting Agent is defined as an accounting service, franchiser, bank, service bureau or other entity authorized to perform one or more acts on behalf of an employer, including signing and filing IRS Forms 940 and 941 and making Federal tax deposits for the taxes reported on those forms. Page 30 IV-3 letter c means that the selected Offeror cannot contract with a reporting agent.

111. What is the difference between a subcontractor and a reporting agent?

*An individual or business firm contracting with a selected offeror to perform part or all of the services required by the RFA.
See response to Question 110, reporting agent*

112. Page 30, IV-3 Requirements – c. Subcontracting with a Reporting Agent. The Selected Offeror(s) may not subcontract with and delegate VF/EA FMS tasks to a reporting agent. What does this mean?

See response to Question 110, reporting agent

113. Page 26 #21 states that one office in the commonwealth in addition to the selected offerors headquarters is necessary so to clarify does this mean at least two offices are needed?

Only one office is required to be located in Pennsylvania.

114. Page 25, #7: Must the Offeror have federal and state authority to act as a VF/EA FMS org in order to bid or by contract start date? What is involved in getting approval?

The Selected Offeror must have federal and state authority to act as a Vendor Fiscal/Employer Agent by the contract start date.

115. Page 25, #10: Clarify what is meant by develop and maintain a current computer database' does this mean that the bidder must have a database in place or can it be developed if the contract is awarded?

The database can be developed if the contract is awarded and the database must be in place by the contract start date.

116. Page 37, #20: Indicates 'Selected Offeror' must provide a full implementation plan along with the bid; why would an agency undertake this significant task prior to being awarded?

The term "Selected Offeror" refers to an entity that has been "selected" as a result of this RFA. Only the Selected Offeror is required to submit a full implementation plan and this will only be required of the selected offeror during the readiness review.

117. Page 39, #23: Do IT systems need to be in place at time of response to RFA or by contract start?

IT systems must be in place by the contract start date.

118. Page 31 #2: Clarify whether these requirements disqualify agencies who are service providers and are currently providing financial management services?

Current providers are not barred from being an Offeror. However, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

119. Page 34 #9: Clarify “The Selected Offeror must be an enrolled provider in the Pennsylvania Medical Assistance Program.” Does this mean that in order to bid, an agency must be an MA provider or must enroll if selected? Is this in conflict with Page 31, #2 above?

If the Selected Offeror is not currently enrolled in the Pennsylvania Medical Assistance Program, then the Selected Offeror must enroll as a VF/EA prior to the contract start date.

120. When will the Organization Readiness Review Tool draft (and drafts of other documents such as the Good to Go Process Flow) be finalized?

The Readiness Review Tool will be finalized prior to the Readiness Review being conducted by DPW. The Readiness Review is tentatively expected to begin in early July 2012.

121. Will QMET monitorings and BFO audits be used as part of the Readiness Review?

DPW is still in the process of determining the details of the Readiness Review.

122. Page 32 of the RFA, #5 lists requirements for Regional Presence and says “...must establish a presence in each region and must have the capability to conduct meetings...in each region.” Does this mean in each region in which the offeror will operate if awarded the contract or in all regions of the state? (Page 33, requirements for Service Capacity is similar.)

The Selected Offeror(s) must have the capability to conduct meetings in the region or regions for which they are selected.

123. On page 38, #21 f. says “...current processes used by the Commonwealth...”. Is this referring to the FMS Standards as monitored by QMET?

Yes.

124. On page 39, #23 b. refers to HCSIS access. Will this access stay the same (total consumer budget only) for the provider(s) awarded the contract or will access be expanded to include pending revisions, etc.?

Access to HCSIS will be to a view-only role. The Selected Offeror will be able to view the individual's service details (the budget) and all revisions. The Selected Offeror will receive an alert notification through HCSIS when revisions to the services details are authorized.

125. What level of access will the Commonwealth give providers to HCSIS/SAMS and when during the transition will this occur?

The Selected Offeror will have read only access in HCSIS and SAMS after the contract start date.

126. In regards to the requirement that the offeror have a separate office in PA separate from its headquarters (pg. 26); can the offeror co-locate the office with our corporate headquarters if the headquarters is located in the appropriate Pennsylvania region?

Yes.

127. If an Offeror subcontracts to subcontractor will the Offeror bill and reimburse the subcontractor or do the subcontractor bill PROMISE?

The offeror must be the entity that bills PROMISE™.

128. How much time must Support Coordination Agencies be given notice when the Fiscal Agent does not pay the Timesheet?

Per PA Department of Labor and Industry law, common-law employers must pay all timesheets. It is the common-law employer's responsibility to ensure that all workers are paid according to PA Department of Labor and Industry regulations.

129. Is there a particular pay cycle required, or is it up to the individual FMS to dictate a bi-week or semi-monthly pay schedule?

The offeror should indicate in their response to the RFA how they will implement a pay cycle.

130. What if the above pay cycle requirement different regarding the ODP participants?

The Offeror must propose the pay cycle that they intend on using for all programs covered by the RFA.

131. Will the state (ODP/OLTL) standardize and develop ISPs to be used by the various SC/CM entities to ensure uniformity?

ODP and OLTL will continue to follow existing processes for ISPs.

132. Will the state (ODP/OLTL) standardize and develop reporting requirements and will these reports be submitted thru the HCSIS and SAMS systems or by some other means?

No. The selected offeror will be required to develop a reporting process as outlined in Section IV-7 of the RFA.

133. Please identify the systems and programs that will be utilized for participant's budgets / vendor payment / budget authority / Services My Way sharing of information between FMS, Service Coordinators and the Commonwealth?

The current systems include HCSIS, PROMISE™, SAMS and any systems that may be developed by the selected vendor for purposes of reporting.

134. On page 68, the RFA says that the quarterly report must include "The number of Education and Outreach activities performed"; what qualifies as Education and Outreach? Please give examples.

See Part IV-4, VF/EA FMS Tasks. Specifically, IV-4E and IV-4F.

135. On page 43, the RFA refers to paying overtime to direct care workers in the ODP programs. Why do those workers not fall under the same exemption from overtime as OLTL direct care workers?

This question does not have a direct impact on an Offeror's ability to develop an application for this RFA.

136. How will the processing of overtime payments for PDA and OLTL be handled?

Based on the domestic service worker exemption, direct care workers in OLTL's waivers and programs are not subject to overtime.

137. The RFA refers repeatedly to timesheet recording of hours worked by the DCW; is use of time and attendance collection software (such as HALO) permitted if a provider is awarded the contract(s)?

Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

138. What is the "...up-to-date information..." accessible to waiver participants and representative on the web site that is referred to in #10 on page 46?

"Up-to-date" means that any information on the website must be current.

139. The Offeror must comply with MA Bulletin 99-11-05 in respect to "Screening of Employees and Contractors for Exclusion...." Is this screening required only for FMS and subcontractors' employees or for each participant/employer's DCW?

The screening is required for FMS and subcontractors' employees and for each participant/employer's DCW.

140. Page 24, #5 refers to "Processing and paying invoices for ...goods and services...". Does this refer to ODP V/F and the Services My Way program only? (Question asked because payment for PERS, etc. has always been a service coordination function, not FMS.)

Yes, this refers to ODP V/F and the Services My Way program only.

141. Which provider will be expected to do the 2012 W-2 to workers? Will it be the transitioning provider or the provider that is awarded the contract?

The provider that delivers FMS services during 2012 is responsible for completing the W-2 for 2012.

142. On page 68 IV-7. the RFA says "...OLTL/PDA/ODP must have read only access to the accounting and information systems...". Does this mean on-site access only or does this include remote access?

This refers to both on-site and remote access.

143. Which FMS provider will be responsible for mailing 2012 W-2 forms to consumer employees, and how will this be coordinated between the winning bidder and current provider?

The provider that delivers FMS during 2012 is responsible for completing the W-2 for 2012.

144. What standards apply for an offerer who uses telephony for time and attendance capture?

DPW does not have separate standards for telephony. Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

145. What standards apply for an offerer who uses a Web-based portal for time and attendance capture?

DPW does not have separate standards for web-based technology. Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

146. What standards apply for an offerer who uses faxing of time-sheets for time and attendance capture?

DPW does not have separate standards for faxing of time sheets. Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

147. What standards apply for an offerer who uses mailed timesheets for time and attendance capture?

DPW does not have separate standards for mailed timesheets. Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

148. Must the offerer make more than one option available to participants for time and attendance submission?

There is no requirement that Offerors make more than one option available. Offerors must propose the options they will have available and will be evaluated on their planned approach.

149. Is the offerer required to manage each participant's direct service and related costs, e.g. worker's compensation or unemployment compensation, within that participant's budget?

Yes.

150. Will all participants have an individual spending plan?

No. Only the participants in Services My Way will have an individual spending plan.

151. Is it acceptable to have VFEA data stored on a remote serve (i.e., cloud computing)?

Offerors should describe their planned approach for storing data, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

152. Does the call center have to be located in Pennsylvania?

No.

153. Can we put policies and procedures in place so as to minimize the necessity to bill the common law employer directly for services provided not in accordance with the individual's approved ISP or to bill directly because a service limit was exceeded, i.e. cap the number of hours of service to coincide with ISP?

The Selected Offeror may put additional procedures in place provided the procedures are in compliance with DPW policies and the PA Department of Labor regulations.

154. Is it your intent that the implementation of common law employer orientation and skills training be conducted on a one-on-one, in-home basis, or is the vendor able to utilize group training and other formats such as WebEx?

Offerors should describe their planned approach for providing common law employer orientation and skills training, including plans for any one-on-one, in-home, or other formats. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

155. What are the accessibility standards for submitting timesheets?

DPW has not established accessibility standards for submitting timesheets. Offerors should take into consideration the abilities of the participants they will be serving in developing a planned approach for timesheets.

156. Will the selected offeror be required to conduct face to face meetings for all new consumers electing to use participant directed services?

No.

157. What will be the responsibilities of the selected offeror to assure complete and accurate DCW records for those transitioned from current FMS providers?

The Selected Offeror must ensure that all necessary DCW records are transferred.

158. How will the selected offeror be reimbursed for DCW records update and verification?

This cost will be covered by the one-time \$45 transition fee for each participant.

159. Will the state require a consistent format for records transfer from the current FMS provider to the selected offeror?

DPW will require consistent content of the records but will not require a consistent format.

160. Are we expected to manage each individual consumer within their total approved budgets regardless of changes in the fixed expenses such as WC, UIC, local taxes etc?

Changes in the fixed expenses will need to be reflected in the individual's approved budget. This will be managed by the service coordinators, caremanagers, and supports coordinators.

161. Will provider be allowed telephony and web portal for timesheets? If so what standards apply?

DPW does not have separate standards for timesheets. Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

162. Please provide clarification with respect to timesheet use. Is the use of an electronic time and attendance system (telephony) acceptable?

DPW does not have separate standards for timesheets. Offerors should describe their planned approach for recording the number of hours worked by the DCW, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

163. If offeror uses a payroll service, e.g. ADP or Paychex, does this violate the “no reporting agent restriction”?

Yes.

164. Will there be a reimbursement for attendant intake expenses?

This cost is covered in the per member, per month administrative fee.

165. Are enrollment and ongoing visits for setting up and training common law employers mandated to be face to face or is it one option made available by the VF/EA and chosen by the participant?

Enrollment and ongoing visits are not mandated to be face-to-face.

166. In general, several provisions of this service had been unique to the specific DPW Office of oversight. Should the bidder respond as if it is attempting to uniform the provision of this service for all programs and all waivers? For example, ODP requires records to be maintained for 6 years, OLTL, 4 years. Should the contractor plan to follow each program’s specific guidelines or is there general guidance of which mandate to follow? For example when modifying the VF/EA Procedure Manual, what guidance does the bidder assume when determining records will be kept 4 years or 6 years?

The Selected Offeror should plan to follow each program’s specific guidelines.

167. Will there be a single entry process by which care managers, service/supports coordinators send referrals or communicate updates/changes to service plans (i.e. such as through PASA)?

No. DPW does not have plans to develop a single entry process for communicating updates and changes to service plans.

168. A participant desires training for his DCW—is this an allowable expense in the participant’s funds?

This is an allowable expense in the participant's funds only in the Services My Way model.

169. Please clarify the following in regards to clearance checks:

- a. Are both the PA State Police Criminal Background **and** the child abuse clearance required for DCW's of the common law employer regardless of whether a child is currently in the home?

The PA State Police Criminal Background check is always required. The child abuse clearance is required only if there is a child in the home.

- b. Do all programs require that the results (listed offenses) be compared with the listing of prohibited offenses to determine if the DCW is permitted to perform the service? And can the common law employer override the conclusion of this provision and hire their DCW if the DCW has a prohibited offense?

Currently ODP programs require that the results (listed offenses) be compared with the listing of prohibited offenses. OLTL programs do not follow this policy; however there are plans to amend the policy in line with ODP requirements. In the ODP programs, the common-law employer may not override the conclusion of this provision.

- c. Is there a limit to the number of employees a common law employer can hire?

No.

- d. Is there **no** conditional employment pending the results of the clearances, including FBI Clearance, if applicable?

Yes, this is correct.

170. Required checks for exclusion of prohibited providers outlined in MA Bulletin 99-11-05 (or any other program mandated checks) are done by the VF/EA prior to service delivery, correct?

Yes

171. Who is responsible for processing, payment and tracking/reporting results of criminal background checks for individuals or surrogates intending to act as the common law employer?

The VF/EA

172. Does Appendix N (page 6) apply to all individual program participants intending to act as the common law employer?

Yes

173. What is the current process for the common law employers to indicate their choice to hire a DCW with a criminal history?

Currently ODP programs require that the results (listed offenses) be compared with the listing of prohibited offenses. OLTL programs do not follow this policy; however there are plans to amend the policy in line with ODP requirements. In the ODP programs, the common-law employer may not override the conclusion of this provision.

174. Are there any exclusionary convictions or barrier crimes that would prohibit a common law employer from hiring a DCW?

Currently ODP programs require that the results (listed offenses) be compared with the listing of prohibited offenses. OLTL programs do not follow this policy; however there are plans to amend the policy in line with ODP requirements. In the ODP programs, the common-law employer may not override the conclusion of this provision.

175. Will it be the responsibility of the VF/EA to educate CM's and SC's as to changes outlined in this bid that are not currently in place or being practiced in the current service delivery system? (Examples: pre-qualifying all service providers for prohibited offenses prior to start or delaying vendor performance of a service until checks are performed by VF/EA and not the SC.

No, per the RFA, the Selected Offeror will be responsible to provide orientation and training regarding the role and responsibility of the VF/EA FMS organization.

176. Are vendor and small licensed provider payments made only to participants who are receiving FMS services for which the administrative fee is already provided? And if not, how is the fee for non-FMS participants determined?

Yes.

177. Currently financial reports are issued to participants (or Representative, when applicable) who receive services that allow **both** employer and budget authority as in Services My Way and under ODP program requirements **and not** with employer-authority programs. Is this unchanged at this time?

Yes.

178. Please clarify that all consumers require a monthly budget report statement. Does this only apply for consumers in the Services My Way model?

Yes, all consumers require a monthly budget report.

179. If the IRS guidelines for paying in the aggregate are requiring more frequent payments than quarterly is this permissible?

Yes.

180. Will a receipt be required for the submission of an approved payment for goods and services? If yes, can a client be reimbursed or define what would constitute a receipt?

Yes, an invoice is required for the submission of an approved payment for goods and services. A client cannot be reimbursed.

181. For the Audit Clause B if providing a yellow book audit is it also required to submit an Attestation Report?

Audit Clause B is not applicable, as these are not "Subrecipient" services per OMB Circular A-133, Subpart B, Section 210. These are "vendor" type services. Also, the DPW will be requiring an annual SSAE-16, SOC1, Type 2 examination report on the IT system used for these services. Please note that these examinations can be costly when performed on large/complex IT systems. Given the vendor relationship and the SSAE-16 requirement, Audit Clause C will be used on this contract.

182. With regards to Audit Clause B For-Profit Organizations if a yellow book audit is the required method for auditing in the section Submission of Audit Report to the Commonwealth Section A are sections 1B, 1E and number 3 and 6 required?

Not applicable – see question #181.

183. Will there be a definitive and exclusive list of all costs that may be expensed against W1792?

DPW does not currently have an approved list.

184. Under the RFA, how will wage rates be determined for W1792 services?

The Selected Offeror should plan to follow each program's specific guidelines.

185. Will the state continue to use regional W1792 rates?

Yes, OLTL will continue to use regional W1792 rates.

186. Will there be a uniform rate and DCW wage methodology consistent across all waivers and programs?

The Selected Offeror should plan to follow each program's specific guidelines.

187. Page 48, IV-4., F., 5. g. To what does the "Participant Bill of Rights" refer? Is this the same as the "Disability Bill of Rights" as published on the OLTL website?

"Participant Bill of Rights" refers to the participant rights and responsibilities program document used by ODP and OLTL.

188. Page 48, IV-4., F., 5. h. What is the "VF/EA FMS Employer Handbook"?

See Appendix N of the RFA.

189. Page 49, IV-4., F., n.: What is the process required for reviewing work place safety issues? Does this require a home visit? What is the role of the FMS in this activity?

See Appendix N of the RFA.

190. Page 49, IV-4., F., 7: Who conducts this training? Please provide clarification.

The VF/EA FMS conducts the training.

191. Page 49, IV-4., F., 7: Regarding additional training for common law employers: please provide clarification regarding the training responsibilities of the FMS vs. the SC/CM training.

The VF/EA FMS is responsible to train to all information contained in the VF/EA FMS Employer Handbook.

192. Page 50, IV-4., G., k. Semi-completed Form 8821. Please provide clarification, as this form is no longer required by the IRS.

Although the form is no longer required by the IRS, the IRS has indicated that states could continue to require it if the form was determined to be beneficial. DPW still requires Vendor F/EA FMS organizations providing services in Pennsylvania to execute an IRS Form 8821 with each program participant.

193. Pages 45, 51, 53, 57-59: The RFA states that various documents must be maintained in each common law employer's file/each qualified direct care worker's file. Is it sufficient to provide proof of documentation instead of putting documentation in each consumer/DCW's file? The documentation requirements of maintaining all documents in an individual file for each employer/DCW are cost drivers. Has the Department considered requiring that the FMS must make records or scanned documents available on demand for the individual consumer and DCW?

Offerors should describe their planned approach for maintaining employer/DCW files. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

194. Page 55, IV-4, J. Processing and Distributing Qualified DCW Payroll and Related Taxes and Insurances. While we have a process to bill consumers for excess hours, we do not see a guideline in the FMS as to the expectation to pay, consequences if payment is not received, impact of payment on MA eligibility, extra cost to the FMS to segregate hours, produce IRS schedule H. Please clarify if it is acceptable for the FMS to establish individual contracts with consumers which specify the details necessary for consumers to pay for "unauthorized hours."

No.

195. Page 58, IV-4., J., 51 and 52, Are electronic forms of payment acceptable in lieu of paper checks?

Offerors should describe their planned approach for issuing payments. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

196. Page 58, IV-4., J., 53. In the event of reissuance of payment to a DCW as a result of no fault of the FMS, has the Department considered covering the cost of bank fees related to that bank transaction?

No.

197. Pages 68-71, IV-7. Reports and Project Control. This section in the RFA includes extensive reporting requirements not currently required by the Department. Given the Department's concern about cost containment, has the Department considered any ways in which it will streamline requirements with the Offerors in order to minimize reporting and reduce costs burdens?

Offerors should describe their planned approach for developing and submitting reports, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

198. Pages 69-71, IV-7, b. Monthly Reports: These are extensive additional reporting requirements. The most costly are preparing and distributing monthly utilization reports to all the employers and the SC/CM entities. It would be more cost effective for the Department to make the data available on demand to external entities. Has the Department considered giving the FMS provider access to one shared data system to reduce cost and improve efficiency?

Offerors should describe their planned approach for developing and submitting reports, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

199. Page 70, IV-7, b., vi. Is it required to process payroll semi-monthly or is bi-weekly acceptable? If semi-monthly is required, are authorizations going to be authorized semi-monthly as well?

The Offeror should indicate in their response to the RFA how they will implement a pay cycle.

200. Page 70, IV-7., b., vi. k. Monthly Reports: Please clarify what is meant by "pay type" of each DCW?

"Pay type" refers to method of payment to each DCW, i.e. direct deposit, paper check.

201. Page 71, IV-7., b., xvi. Please clarify the need to report outstanding payments or reimbursements to all stakeholders?

All stakeholders should be notified of outstanding payments or reimbursements because all stakeholders play a role in finding a solution to the problem.

202. Page 71, IV-7., b., xii. Requires that the VF/EA provide reports that include DCWs who have worked 16 hours or more in a single shift. Is it the Department's position that a worker can work as many hours during a shift as their employer wishes? Is payment for sleeping during their shift permitted?

VF/EAs are expected to follow federal and state labor laws. The PA Department of Labor and Industry law does not allow a worker to work more than 16 hours in a single shift.

203. As referenced in section IV-4 J 10. a, is the FMS required to front the payroll when an employer would be responsible for a portion of the payment because of over usage to their plan? Is yes, what are the ramifications if the employer does not follow through with payment to the FMS?

Yes. The ramifications may include termination from the self-directed model of service.

204. How will FMS receive service orders/authorizations to start and or updates services? Will the process be consistent from county/agency to county/agency?

HCSIS generates an automatic alert, notifying the FMS organization that an initial authorization or an updated authorization has been made to an ISP. The Area Agency on Aging generates an initial service order or an updated service order notifying the FMS organization a change has been made to an ISP.

205. Regarding credentialing direct care workers. CMS requires that workers whom the consumer wishes to employ must be screened against the LEIE exclusion list. This requirement does not appear in the RFA. Please clarify the status of this requirement in PA.

The List of Excluded Individuals/Entities (LEIE) requirement appears in the RFA. The Offeror must comply with MA Bulletin 99-11-05 titled "Provider Screening of Employees and Contractors for Exclusion from Participation and Federal Health Care Programs and the Effect of Exclusion on Participation."

206. Part IV page 23. Work Statement Summary. Are the ODP consumers included in lot 2/central region only, or spread throughout all lots/regions?

The ODP consumers are included in Lot 2/Central Region only.

207. Pg 23. Section IV. Work Statement, Objectives. A. Do current QMET standards apply to the contract and all service models within the contract? And

if so will the QMET standards be updated and/or revised based on previous revisions to include IRS regulations?

The Quality Management Efficiency teams will continue to monitor the FMS standards.

208. Currently FMS organizations must follow QMET standards. The RFA does not mention QMET. Will those standards no longer apply?

The Quality Management Efficiency teams will continue to monitor the FMS standards.

209. Page 23, IV-1., A., 4, Work Statement. Please clarify what entity will verify vendors and small unlicensed providers as eligible for payment. Will HCBS and ODP rules be followed, as well as those of OHCDs requirements?

Yes, the Selected Offeror should plan to follow each program's specific guidelines.

210. Pg. 24. Part IV Work Statement A, 7. Is the FMS restricted to monthly billing or may the FMS bill more frequently; specifically, for direct care worker wages and other goods and services through invoicing?

The language in Part IV-1 A-7 addresses the monthly administrative fee. Refer to Part IV-1 A-6 which addresses submitting claims for direct care worker wages and other goods and services; this may be billed more frequently than monthly.

211. The RFA speaks about monthly billing. Can the FMS bill more frequently? This may be beneficial given the volume of 1792 payments.

The language in Part IV-1 A-7 addresses the monthly administrative fee. Refer to Part IV-1 A-6 which addresses submitting claims for direct care worker wages and other goods and services; this may be billed more frequently than monthly.

212. Page 25, B. Specific Objectives. 2. What constitutes a "Certified Medicaid provider"?

This refers to an enrolled Medicaid Provider.

213. Page 26, IV-1., B. Specific Objectives 20. What are the call log specifications? Please clarify.

Offerors must make their own determinations about the specifications for the call log. Offerors must demonstrate in their

application how they are going to meet the requirement for a call log.

214. Page 32, IV-3 In-state Office Requirement "...any worksites cannot be co-located with any existing provider:" Does this mean that an FMS cannot occupy the same building as a service provider? In other words, to preclude a conflict, would the FMS need to be in a small enough facility to preclude an entity from also renting space who was a provider?

Co-located means sharing the same office space.

215. Page 32, IV-3, Regional Presence 5: Are "in-person" meetings required to conduct enrollment?

Enrollment and ongoing visits are not mandated to be face-to-face.

216. Page 32, IV-3., 5: Regional Presence: This section says that "the Selected Offeror(s) must establish regional teams which can provide expertise on local tax issues and other related topics." What does "other related topics" include?

Other related topics include topics related to the provision of VF/EA FMS and related services and questions/concerns proposed by common law employers.

217. Page 32, IV-3., 5. Regional Presence: The first sentence says "The selected Offeror(s) must establish presence in each region." Please clarify. Does this mean in each lot/region where an award is made? Does "presence" allow for telecommuting staff or is a brick and mortar office required in each parcel?

The Offeror must have the capability to conduct meetings in the region or regions for which they are selected. Offerors must make their own determinations about how they will establish a regional presence.

218. Page 43, IV-4., A., 19. Please clarify what can be charged to the restricted bank accounts. It has been discussed that a variety of costs were under consideration including but not limited to the costs of immunization of workers, consumer training, advertisement for workers, criminal records checks, Workers Compensation policy premiums, etc.

DPW does not currently have an approved list.

219. Will the selected VF/FEA FMS be responsible to provide information, assistance with documentation, and explanations for completing and

understanding documents and information to the consumers? (for instance, skills training, employer/employee issues and assistance)

The selected VF/EA will be responsible to provide information, assistance with documentation, and explanations for completing and understanding documents and information to the participant specific to their role as a common law employer.

220. Does the RFA allow for consumers to be dealing with a call center, or will they have a consistent representative to speak to regarding their payroll concerns? Is there a requirement for face to face encounters with the VF/FEA FMS?

Offerors should describe their planned approach for communicating with participants. Enrollment and ongoing visits are not mandated to be face-to-face.

221. Will the selected offeror be required to maintain the current hourly wages paid to the participants' employees?

Yes.

222. What is the current daily and monthly customer service call volume by region and by program?

This information is not readily available.

223. Under a consolidated FEA program, what is the projected call volume?

This information is not readily available.

224. Will the selected VF/FEA FMS have required documentation in HCSIS or will this be up to the service coordinators?

The Selected Offeror will have read only access in HCSIS and SAMS after the contract start date. It is the responsibility of the service coordinator to enter the required documentation into HCSIS.

225. Will the selected VF/FEA FMS be required to submit a plan for transition of consumers and if it is unlikely to be accomplished in the short time frame outlined in the RFA, will there be extensions granted?

The selected VF/EA will be required to submit a plan for transition that meets the requirements of the RFA.

226. Page 44 IV-4 B5 refers to a dedicated bank account to fund payments to DCW's and others. How will the account be funded? e.g. Will a portion of the individual's budget be deposited prior to disbursement of payment by the UF/EA FMS Provider?

The selected Offeror is required to finance payroll and accounts payable in the dedicated bank account. No, a portion of the individual's budget will not be deposited prior to billing for reimbursement.

227. What is the average annual individual budget per participant in FY 2012 for each program?

This information is currently not available.

228. What are the current claims submission deadlines?

180 days from the date of service

229. How promptly are successfully adjudicated claims reimbursed (i.e., payment schedule)?

Refer to Medical Assistance Bulletin 99-11-07 for information regarding payment of claims.

230. Is the VF/EA FMS required to finance payroll and accounts payable pending reimbursement?

Yes.

231. If so, what is the average monthly service claim total dollar amount adjudicated compared to the total dollar amount paid to the current VF/EAs?

This information is currently not available.

232. Where on the cost worksheet should the Offeror include the cost of capital financing of service claims?

All costs associated with the proposal must be included in the RFA Pricing Worksheets. Offerors may add itemized cost lines in the Summary Cost Verification worksheet. These costs should be itemized in the category selected by the Offeror.

233. What is the success rate of first-time claims submission among current FMS organizations?

There is a high success rate.

234. Is the VF/EA required to obtain a criminal background check for all direct care workers transitioning from existing FMS organizations or will the Commonwealth authorize and direct these organizations to transfer the records of DCWs, including criminal background check results, to the VF/EA?

The Commonwealth will authorize and direct these organizations to transfer the records of DCWs, including criminal background check results, to the VF/EA.

235. If the VF/EA is required to obtain a criminal background check for all direct care workers transitioning from existing FMS organizations prior to providing waiver services, how does the Commonwealth intend to prevent gaps and delays in services to transferring participants?

Please see the response to Question 234.

236. Is the VF/EA permitted to require the DCW to pay the application fee charged by the Pennsylvania State Police, or is the VF/EA expected to pay the application fee?

The VF/EA expected to pay the application fee.

237. What is the average number of criminal background checks conducted annually per common law employer?

This information is currently not available.

238. Is the Offeror required to submit the procedures manual along with the bid as part of the implementation plan or is it acceptable for the selected Offeror to submit the procedures manual during the readiness review?

Only the Selected Offeror is required to submit the Procedures Manual and this will occur during the Readiness Review.

239. Do the Individual Service Plans and Spending Plans comprise a complete and accurate service authorization against which the VF/EA is expected to process timesheets and invoices for payment?

Yes

240. If not, what is the current process of communicating service authorizations for each program to participating FMS organizations, and what additional steps if any, must be taken by the VF/EA to obtain and verify service authorizations?

N/A

241. What is the current process for FMS organizations to access Individual Service Plans from HCSIS?

FMS organizations are granted read only access to HCSIS.

242. What is the current process for FMS organizations to access Individual Service Plans from SAMS?

The Area Agency on Aging sends a service order to the FMS organization.

243. What is the current process for CM/SC entities to transmit spending plans to FMS organizations?

CM/SC entities transmit spending plans by email and fax.

244. Please describe the process by which participant referrals will be communicated to the VF/EA.

A referral letter will be sent from the CM/SC to the VF/EA.

245. How will the VF/EA access participant demographic and eligibility information via PROMISe, HCSIS and SAMS? Must the VF/EA query these databases or will the VF/EA be able to receive electronic files via electronic data file transfers to a secure website?

The VF/EA will obtain eligibility information electronically by using the Electronic Eligibility Verification System (EVS). The participant demographic information will be provided in the referral letter from the CM/SC.

246. Does Part IV-Section IV-4-A apply to all goods and services or only to services provided by DCWs?

This applies to services provided to DCWs.

247. Is the VF/EA responsible for billing the common law employer directly for all services in excess of the plan/budget, or is the V/FEA expected to deny some services that exceed the plan/budget?

The VF/EA is responsible for billing the common law employer directly for all services in excess of the plan/budget.

248. What is the current process for FMS organizations to know which services should be denied and which services are authorized to bill directly to the common law employer and what is the role of the CM/SC in this process?

If a claim is denied by PROMISE due to insufficient units or dollars, the VF/EA would follow the process in Section IV-4(J)(10).

249. What is the current process for FMS organizations to bill common law employers for services not in accordance with the individual's approved ISP or when any established service limit is exceeded and what is the role of the CM/SC in this process?

If a claim is denied by PROMISE due to insufficient units or dollars, the VF/EA would follow the process in Section IV-4(J)(10).

250. Are the DCWs required to report time-in and time-out on the timesheet for each program or is total hours per day adequate?

Time-in and time-out must be reported.

251. Is the VF/EA required to collect and maintain additional documentation of activities (i.e., tasks accomplished or duties performed) in support of the timesheet for each program or is the timesheet the only service documentation required to be maintained by the VF/EA?

The VF/EA is also required to collect and maintain copies of the Monthly Progress Notes for each common-law employer.

252. If the VF/EA is expected to collect and maintain activity documentation, what is the current process for DCWs to submit additional required documentation to FMS organizations for each program?

Common-law employers submit documentation monthly.

253. Is the VF/EA required to make such additional documentation available for audit?

Yes.

254. What is the current process for FMS organizations to contact and inform CM/SC entities of overages?

The current process among the multiple FMS organizations is not consistent. OLTL and ODP will work with the Selected Offeror to develop an efficient process.

255. What is the current process for the CM/SC to revise plans/budgets if the CM/SC determines if a change in the common law employer's medical or social situation has occurred?

Through HCSIS or SAMS.

256. What is the current process for the CM/SC to communicate revised plans/budgets to FMS organizations?

HCSIS generates an automatic alert, notifying the FMS organization that a revision to an ISP has been made. The Area Agency on Aging generates an updated service order for the FMS organization.

257. What is the current process for FMS organizations to collect payment from common law employers?

The FMS organization will invoice the common-law employer.

258. What is the estimated total annual dollar amount of the services billed to the common law employers?

The information is not readily available to DPW.

259. What is the current collection rate among FMS organizations for services billed to common law employers?

The information is not readily available to DPW.

260. What is the estimated number of common law employers who pay for the total cost of those hours in excess of those approved in the service plan/budget and what is the current frequency of requests for collection from common law employers?

The information is not readily available to DPW.

261. What role will the Commonwealth take to ensure payment?

It is the common-law employer's responsibility to ensure payment.

262. What actions will the Commonwealth authorize the VF/EA to take in the event that the VF/EA is not able to collect from the common law employer (i.e., in the event of refusal, death or disenrollment)?

These actions have yet to be determined but will be discussed with the selected offeror(s) at a later date.

263. What is the current process for CM/SC entities to incorporate the cost of workers' compensation insurance into participants' individual service plans, spending plans and wage calculations?

It is the VF/EA responsibility to provide the cost of workers' compensation insurance to the CM/SC entities.

264. What is the current cost of workers' compensation insurance per common law employer (i.e., percent of payroll, expense constant, additional fees, etc.)?

The cost varies by worker.

265. What role, if any, is the VF/EA required to play in payment and reporting of employee benefits?

The VF/EA is required to report and process all mandatory benefits provided to the DCWs in OLTL and ODP programs. The common law employer determines what other benefits they will offer their direct care worker. For ODP programs, the VF/EA will process and distribute benefit payments for those common law employers that allow for benefit allowance payments to be given directly to their DCWs so that the DCWs can choose to purchase their own benefits. For OLTL programs, the VF/EA will be required to report and process all benefits the common law employer offers their DCW.

Questions Regarding Clarification of Dates

266. Is there a target decision date for the RFA award announcement?

DPW anticipates selecting an Offeror(s) by late spring 2012.

267. On what date will prospective Offerors be notified that they have been selected for a Readiness Review?

Only the Selected Offeror (s) will go through the Readiness Review. The Selected Offeror will be notified of its selection and the anticipated schedule for Readiness Review following the evaluation process. The department does not know when the evaluation process will be completed. The Readiness Review is tentatively expected to begin in early July 2012

268. Will a written approval be issued by a date certain? What is that date?

DPW anticipates selecting an Offeror(s) by late spring 2012.

269. On page 38 under Section IV-3, #21, the last paragraph in this section states: *Once the Readiness Review is completed and the findings presented to the selected Offeror(s) by OLTL/PDA/ODP, the Selected Offeror(s) will prepare a corrective action plan ("CAP") and address all outstanding issues identified during the Readiness Review prior to providing VF/EA FMS effective July 1, 2012.* Please clarify if this statement means that the Selected Offeror(s) must have a corrective action plan by July 1, 2012 or if the Selected Offeror(s) will begin providing VF/EA Services on July 1, 2012

This should read "...the Readiness Review prior to providing VF/EA FMS effective September 1, 2012." A flyer will be issued to correct this date.

270. When is the anticipated award date or anticipated timeframe for extended negotiations?

DPW anticipates selecting an Offeror(s) by late spring 2012. Negotiations would begin at that time.

271. When will successful Offerors be notified of the contract award?

DPW anticipates selecting an Offeror(s) by late spring 2012.

272. What is the ramp up schedule for the September – December transfer period? For example, what percentage of consumers will be transferred at the beginning of the period and the subsequent months? Should offerors expect that the stated RFA lot numbers will be enrolled by January 2013?

DPW considers the transition period for existing participants to be 9/1/2012 through 12/31/2012. The Offeror must describe their approach for transitioning consumers during this time period. At a minimum, the transition plan must include a detailed plan for moving all waiver and state funded program participants currently using VF/EA FMS from the current VF/EA FMS organization to the Selected Offeror(s) to be implemented beginning September 1, 2012.

273. Do key personnel (page 14) need to be in place at time of bid or upon selection?

Key personnel must be in place by the contract start date.

274. Must all requirements in Section IV-3 be in place at the time of response to RFA or by contract start?

All requirements in Section IV-3 must be in place by the contract start date. Offeror(s) should describe in their application how they plan to meet the requirements.

275. Should the date of transition be January 1, 2013, consistent with the language in Part II-Proposal Requirements, Section II-3. Work Plan and Project Management (Page 11) or does this section refer to another group of participants to be transitioned September 1, 2012?

DPW considers the transition period for existing participants to be 9/1/2012 through 12/31/2012. The Offeror must describe their approach for transitioning consumers during this time period. At a minimum, the transition plan must include a detailed plan for moving all waiver and state funded program participants currently using VF/EA FMS from the current VF/EA FMS organization to the Selected Offeror(s) to be implemented beginning September 1, 2012.

276. If new enrollees will begin September 1, 2012, and the VF/EA will be paid a one-time \$277 start-up fee for all new consumers, and the VF/EA may charge the administrative fee for new consumers beginning on 1/1/2013, is the VF/EA expected to serve new enrollees/consumers for up to four months for the one-time fee of \$277?

The Selected Offeror may begin billing the \$277 start-up fee for new consumers on September 1, 2012. The \$277 is a one-time fee and covers the start-up costs for new consumers. The Selected Offeror will bill the per member-per month administrative fee for the second and subsequent months.

277. If not, when may the VF/EA begin billing the administrative fee for new enrollees/consumers?

The Selected Offeror will bill the per member-per month administrative fee for the second and subsequent months.

278. If the VF/EA is expected to serve the entire PDS program (including transfers) beginning 1/1/2013, and the Commonwealth will pay a one-time \$45 transition fee for each consumer transferring during the transition period (9/1/2012-12/31/2012), when may the VF/EA begin billing the administrative fee for transferring enrollees/consumers?

January 1, 2013

279. What is the anticipated date of the Readiness Review?

Early July 2012

280. What is the expected contract start date?

September 1, 2012

281. Is the corrective action plan ("CAP") expected to be completed prior to or subsequent to the contract start date?

Prior to the contract start date

282. What services is the VF/EA expected to provide beginning July 1, 2012 if new enrollees are expected to begin September 1, 2012?

September 1, 2012 is the expected start date for new enrollees.

283. Is September 1, 2012 the expected date of first VF/EA services to new enrollees, or the expected date of first HCBS waiver/program services to new enrollees?

September 1 is the expected date of first VF/EA services to new enrollees.

Questions Requesting Additional Data

284. Can OLTL provide the number of consumers by zip code, county and waiver program?

The Department does not possess that information in an easily accessible format. The following information was provided in the RFA:

LOT 1 WESTERN REGION – OLTL and PDA programs

(approximately 7,126 consumers)

LOT 2 CENTRAL REGION OLTL, PDA, AND STATEWIDE ODP programs (approximately 3,802 consumers for OLTL and PDA programs, and approximately 850 consumers for ODP programs)

LOT 3 EASTERN REGION- OLTL and PDA programs

(approximately 10,106 consumers)

285. Can ODP quantify, in any manner, the relative VOLUME of activity, e.g. 'transactions' that would assist an Offerer in quantifying the HR solution for this RFA?

The Department does not possess that information in an easily accessible format. Currently there are approximately 850 common-law employers and 1,640 employees in the applicable ODP programs.

286. Is historical data available on the recipient populations, i.e. hours of service utilized, associated costs, numbers of DCWs, vendors and small unlicensed providers registered, etc.?

This information is not easily accessible by the Department.

287. IV-2 In order to prepare for the bid, this vendor would like to review the cost factors for this service within Appendix J of the waivers, unlike OLTL waivers, the ODP Consolidated waiver does not appear to include the cost neutrality figures for the FMS/AWC, where are they available?

These figures are neither available nor required. Cost neutrality is related to services paid by waiver service dollars not administrative dollars. ODP FMS per member per month fee is paid with administrative dollars. As a result, FMS administrative dollars are

not included on the cost neutrality charts/sections in Appendix J.

288. What is the cost of FMS/AWC services?

The cost of Agency with Choice Services does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

289. IV-2 The cost in Appendix J of the COMMCARE waiver appear to include Consumer Directed- PAS services, What is the cost of a unit of FMS only Service?

\$85

290. Can you provide a three year worksheet showing the actual number of FMS Administrative Fees paid per month by region?

<i>Central Region (OLTL)</i>	<i>FY 10-11 \$3,246,234.00</i>
	<i>FY 11-12 \$1,900,373.00</i>
<i>ODP Statewide</i>	<i>FY 10-11 \$2,463,642.18</i>
	<i>FY 11-12 \$1,218,490.07</i>
<i>Eastern Region (OLTL)</i>	<i>FY 10-11 \$9,268,683.00</i>
	<i>FY 11-12 \$4,986,138.00</i>
<i>Western Region (OLTL)</i>	<i>FY 10-11 \$6,032,578.00</i>
	<i>FY 11-12 \$3,236,224.00</i>

Fiscal Year 2011-2012 data only includes July through December.

291. How many of the estimated lot will have budget authority? Of those who do not have budgets, what are the typical numbers for: enrollments, disenrollments, changes to service plan per year, and average number of workers started per consumer per year after enrollment?

There are approximately 50 participants in OLTL programs and 850 for ODP programs with budget authority. For participants without budget authority, enrollments for January 2011 through December 2011 were as follows:

Central Region 1034 (OLTL)
59 (ODP Statewide)
Eastern Region 3193
Western Region 1128

The additional data requested is not easily accessible by the Department.

292. Of those consumers with budget authority (Services my Way, ODP consumer) what is the expected number of enrollments, disenrollments, changes to service plan per year, and number of workers started per consumer per year?

It is impossible to accurately predict the growth of these programs. Therefore, solely for the purpose of developing cost data, Offerors should assume that the number of consumers will remain the same for each contract year.

293. How many service order renewal authorizations per consumer per year does the Commonwealth anticipate the FMS to process? Monthly, quarterly, yearly?

The Selected Offeror will not be responsible to renew service orders; this is the responsibility of service coordinators and care managers. The assumption is that all participants will continue to receive FMS in their annual service plan renewals.

294. How many new participants were enrolled and disenrolled by month and year in FY 2010 and FY 2011 by FMS, program and region? How many participants are expected to be enrolled in FY 2012 by program and region?

For participants without budget authority, enrollments for January 2011 through December 2011 were as follows:

*Central Region 1034(OLTL)
59 (ODP Statewide)
Eastern Region 3193
Western Region 1128*

Data on disenrollment is not easily accessible by the Department.

It is impossible to accurately predict the growth of these programs. Therefore, solely for the purpose of developing cost data, offerors should assume that the number of consumers will remain the same for each contract year.

295. How many DCWs were employed in FY 2010 and FY 2011 and how many are expected to be employed in FY 2012 by program and region?

This information is not easily accessible by the Department.

296. How many vendors and small unlicensed providers were paid in FY 2010 and FY 2011 and how many are expected to be paid in FY 2012 by program and region?

This information is not easily accessible by the Department.

General Questions – Various Topics

297. What input from stakeholders (including consumers, families, providers, DPW staff) did the Department seek and receive prior to preparing this RFA? If no input was requested, why was no input requested from consumers, families or providers?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

298. Has OLTL adequately studied the impact and effect of such a radical change on consumers?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

299. If 1 or more current providers choose not to submit a proposal in response to the RFA and discontinue providing FMS services after the required 30-day notification period, what assurances will the state give consumers that there will be another agency that will provide services until the transition period to the chosen successful bidder begins?

This is question does not have a direct impact on an Offeror's ability to develop an application for this RFA.

300. How does this RFA preserve consumer direction and control?

The Department seeks to ensure that FMS is provided consistently across all home and community-based service waivers and state funded programs. This project will ensure that all Federal, State, and local taxes are managed consistently and reduce the employer-related burden to individuals and representatives/surrogates receiving participant-directed services. In addition, this project will ensure that participants have the ability to fully utilize funds for Medicaid Waiver Services.

301. Has this plan been shared with state legislators?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

302. I am writing with a question regarding the RFP that was just released for a FMS provider. I work for an organization that provides the Agency With Choice service in 2 counties within PA. Does this RFP include the Agency With Choice Service? If it does mean that the Agency With Choice Service is included in the RFP, then my understanding is that for us to continue to provide this service, we will have to submit a proposal to provide the service in either one, two, three regions or as an provider for all three?

Agency with Choice is not covered under the scope of this RFA. Agency with Choice will continue as a model of service for the Office of Developmental Programs.

303. Does the RFA on VF/EA FMS affects AWC (Agency with Choice) providers under ODP or just Acumen?

Agency with Choice is not covered under the scope of this RFA. Agency with Choice will continue as a model of service for the Office of Developmental Programs.

304. This agency currently provides FMS to approximately 75 consumers. If we do not submit an application to become one of the regional FMS providers, we will not be responsible for the W7341 FMS fee. However, will we still be able to perform W1792 services?

No, you will not be able to perform W1792 services. Please refer to Section IV-4 of the RFA. The selected vendor or vendors will process Medicaid claims to include the per-member per-month Administrative Fee and Medicaid Waiver services (including payments for qualified DCWs, Vendors, small unlicensed providers, and independent contractors).

305. We received word of this RFP informally and wanted to verify whether or not our organization was eligible to respond. We currently provide financial management and fiscal intermediary services across a range of health, human, and education services and populations and can demonstrate prior FMS experience as specified in the application, but the RFP was not issued to us by DPW so that is the basis of our inquiry.

The Department of Public Welfare Procurement Office provides notice to potential offerors by posting solicitations on the DGS eMarketplace where it can be viewed by the public . Any entity that meets the requirements set forth in the RFA including, but not limited to, the requirements of Section IV-3, is encouraged to submit a proposal.

306. Since the Commonwealth's release of the RFA for Fiscal/Employer Agent services, I have been approached by prospective offerors who seek assistance in responding to the RFA using my expertise in Fiscal/Employer Agent services.

My firm has reviewed the RFA and we are unclear about whether we are able to provide technical assistance to more than one offeror. Our standard contract includes a confidentiality and non-disclosure agreement and, in providing technical expertise to prospective offerors, we would never share one offeror's information with another. Neither is my organization submitting an application in response to the RFA. Rather, we would support multiple offerors with their technical inquiries as requested.

Is my organization permitted to provide technical expertise to multiple offerors? Or, put another way, would an offeror be disqualified by seeking technical expertise from a firm that is also providing technical expertise to other offerors?

There is nothing in the RFA that prohibits an offeror from receiving technical assistance from a firm that is also providing technical assistance to other offerors. However, the RFA states that an offeror who shares information contained in its proposal with other Commonwealth personnel and/or competing Offeror personnel may be disqualified. Further, by submitting a proposal, offerors make various acknowledgments and representations that its proposal was arrived at independently. Please see Section I-24 for reference.

307. Does the state recognize that, in the Central Region, the blending of rates between ODP and OLTL, will mathematically reduce the ODP rate and increase the OLTL PPM creating an 'artificial' blended rate?

DPW recognizes that there are differences between the OLTL and ODP services which may affect pricing.

308. Does the state have any intention of awarding this RFA to one provider per region, and also offering a statewide provider to offer choice to all participants?

As is specified in the RFA, there will be one selected vendor for each of the 3 lots.

309. Are any changes to rates (including the rate for W1792) going to be prospective (precede final negotiations on the RFA contract to the successful bidder or bidders)?

Final negotiations on the RFA will be limited to the per-member, per-month rate. Rates for Medicaid Services (including payments for qualified Direct Care Workers, Vendors, small unlicensed providers, and independent contractors) should have no impact on the final negotiations for the successful bidder or bidders.

310. Will consumer-directed rates for OLTL services include wage and/or benefit ranges (similar to ODP)?

The current consumer-directed rates for OLTL services include both wage and benefits costs.

311. The lag time between invoicing for payroll and other service providers and the receipt of un-protested claims reimbursement is significant. Is the VF/EA required to pre-fund participant-directed goods and services for the period of time which disbursement is paid out for services through the time of payment reimbursement?

Yes.

312. Is there consideration for upfront dollars to fund services paid out in advance?

No.

313. Will the Commonwealth utilize cash advances or the gross adjustment process to establish working capital for the payment of the direct services due to the nature of the reimbursement system?

No.

314. Will an organization be permitted to pledge the direct services accounts receivable to secure an adequate line of credit? Previously, this practice was not permitted due to the nature of the consumer directed funding.

The participant-directed funds deposited into the bank account may not be used by the VF/EA FMS Organization or by any other agent or third party to satisfy, temporarily or otherwise, any VF/EA FMS organization's liability or for any other purpose.

315. What will be the notice period the Commonwealth will use if it changes rates or reduces or expands the scope of the program after a successful offeror is chosen?

As stated in the RFA, the Commonwealth will notify the VF/EA FMS Selected Offeror(s) in writing of any expansion or contraction of the

nature and scope of the Agreement and its affect on the VF/EA FMS organization's operations and/or payment at least 60 days prior to implementation. This does not apply to routine fluctuations in the numbers of individuals receiving FMS for the programs included in the RFA.

316. Will participants in the OLTL programs have access to a support broker to assist them?

No, this is not currently a service available in OLTL's waivers and programs.

317. Will participants in the ODP programs have access to a support broker to assist them?

Yes.

318. Will participants in the PDA programs have access to a support broker to assist them?

No, this is not currently a service available in PDA's waivers and programs.

319. Are the FMS provided through this RFA for the Medicaid waivers considered administrative for federal matching funds purposes?

Yes.

320. What is the anticipated federal match for the FMS provided by the selected offerer?

The anticipated federal match is 50/50.

321. Will participation in Services My Way be voluntary?

Yes.

322. Will participants be required to adjust the wages of their workers to accommodate increases in their worker's compensation or unemployment compensation costs?

No.

323. Can the offerer pool the revenue from direct service billings of all participants to pay the disproportionately high worker's compensation or unemployment compensation costs of some participants?

No.

324. Will the offerer be able to limit the number of DCWs a participant uses?

No.

325. How will rates be set for DCW wages?

The Selected Offeror should plan to follow each program's specific guidelines.

326. Will the selected offerer be expected to continue to pay the DCW wages the consumer established under the current FMS?

Yes.

327. Is interest expense an allowable cost in the FMS proposed PPPM administrative fee?

Yes.

328. Will consumers maintain control of the wages they pay their DCW?

Yes.

329. Will benefits other than the mandatory be provided to the DCWs in OLTL and PDA programs?

All mandatory benefits must be provided to the DCWs in OLTL and PDA programs. The common law employer determines what other benefits they will offer their direct care worker.

330. Will the benefits payment now available in the ODP programs continue to be available to DCWs?

Yes.

331. What employee benefits, if any, are available to DCWs in each program?

All mandatory benefits must be provided to the DCWs in OLTL and ODP programs. The common law employer determines what other benefits they will offer their direct care worker.

332. What is the current process for authorization and payment of employee benefits?

This is a component of the service plan development process between the participant and the SC/CM.

333. Will the ODP programs use an Organized Health Care Delivery System (OHCDS)?

No.

334. If an OHCDS will function in ODP, what services could it provide?

N/A

335. Will the offerer be required to fund the provision of a home modification for an ODP participant prior to reimbursement through Medicaid billing?

DPW does not have a requirement that the VF/EA fund a home modification.

336. Will the Selected Offeror(s) of this RFA assume the individuals currently being served under Acumen?

Yes.

337. What is the current administrative fee being received by the incumbent(s) for VF/EA FMS services? If they are currently being paid using a different methodology, please provide this information and rates.

The average administrative fee is \$90.73. Through this RFA, DPW intends to achieve cost savings and efficiencies through regionalization of the VF/EA FMS Services.

338. Will the new vendor receive historical data from the incumbent for those consumers currently receiving VF/EA FMS services prior to the contract being transitioned?

Yes.

339. Who is currently acting as Fiscal/Employer Agent for individuals receiving participant directed services under Home and Community-Based Services waivers?

AccessAbilities, Inc	Christian Financial Management Corp.	Jewish Employment & Vocational Svcs	TRCIL Services
Advocacy Alliance	Community Care	Keystone Fiscal	Tri-County

Payroll Agent	Connections Inc- Household Employer Agent	Agents LLC	Financial Management Svcs LLC
CE Payroll Services	Community Resources for Independence	Liberty Resources Inc	TRIPIL Svcs Payroll Agent
Allied Svs Fiscal- Employer Agent	County Homemakers Fiscal Mgmt Svcs	Maximum Care Support Services LLP	Home & Community Svcs Inc. Financial Mgmt Svcs
ARCIL - Attendant Care Program	Cumberland County Aging & Community Svcs	Moriarty Consultants FMS Inc	UCP of the Capital Area Payroll Svc
Beck 'N Call Inc Payroll Svc	DON Services Fiscal Agent	Northeast Pennsylvania Center for Independent Living	UCP South Central PA
CILCP Payroll Svcs	Helpmates Payroll Svcs Inc	PASSI as Fiscal Agent	Community Living and Support Svcs Inc
CILNCP Payroll Waiver Svcs	Homemaker Services of the Metropolitan Area Inc	PFAS Inc	AIPD Payroll Svcs United Disabilities Svcs
Accumen	Vita Care FHA INC	VFI Payroll Agent	

340. Who is the current VF/EA FMS Organization?

Please see the response to the previous question.

341. Will new provider have to pay same hourly wages as prior provider?

Yes.

342. Will there be a uniform consent / consumer approval process?

The Selected Offeror should plan to follow each program's specific guidelines.

343. How will consumers retain control of the wages and other benefits paid to their attendants?

This is a policy/program question that does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

344. What is the process for establishing hourly wages and other benefits for DCW's?

The Selected Offeror should plan to follow each program's specific guidelines.

345. Will there be a built in process for reduction in hourly wages?

DPW does not understand the question. Please see answers above regarding hourly wage requirements.

346. Is there a limit on consumers who elect a combination model?

This is a policy/program question that does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

347. Can the offeror limit the number of attendants / direct care workers per consumer to manage attendant intake expenses?

No.

348. Will there be consumer incentives to move towards budget authority / Services My Way?

DPW does not understand the question.

349. How will agencies transferring consumers out be reimbursed for costs of termination expenses?

This is a policy/program question that does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

350. Will the state participate in the cost of start up, including capacity expansion, staff training, etc...? and will it be amortized over life of contract?

DPW will not participate in the cost of start up.

351. Is the state foregoing fed match rate to 50/50 as an administrative service?

No.

352. IV-2 OBRA Waiver – How will OLTL limit consumer choice and the rights of organizations to become qualified providers and meet the requirements

when the waiver states that participants have the right to choose any qualified provider, and that they cannot receive service coordination and service plan services from the same provider. The OLTL Service Provider Choice Form serves to document each individual's choice.”?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

353. IV-2 The ODP Waivers offer an Agency With Choice option that allows for consumer choice, is there any consideration of this option for OLTL Waivers in order to provide more consumer choice?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

354. II-8 This section allows the Commonwealth to change at will the requirements of the contract. Is it the Commonwealth's intent to adjust an increase PMPM payments to vendors for requirements or “any requested changes to the standard contract terms and conditions.”? And at what point is the contract finalized and changes complete?

*The referenced RFP section allows offerors to “identify which, if any, of the terms and conditions (contained in **Appendices A and B**) it would like to negotiate and what additional terms and conditions the Offeror would like to add to the standard Grant terms and conditions.” This section also permits the Commonwealth to reject the offeror's proposed objection and additions. Such a rejection would require the offeror to perform the grant services pursuant to the terms and conditions as they currently exist in the RFA.*

The agreement is finalized when all necessary Commonwealth approvals are obtained.

355. III-2 Since the Commonwealth reserves the right, in its sole discretion, to (1) waive any other technical or immaterial nonconformity in an offer's proposal, (2) allow the Offeror to Cure the nonconformity, or (3) consider the nonconformity in the scoring of the proposal; What is the process for disclosing any nonconformity that may be allowed by the Commonwealth?

The Commonwealth has not established “allowed” nonconformity. Waiving of the nonconformity is decided on a case by case basis as determined to be in the best interests of the Commonwealth.

356. If a bidder's only nonconformance is a perceived conflict of interest, but the technical proposal is sound and has the lowest cost, Is it possible to accept that proposal?

If an Offeror is not currently conflict free, they must demonstrate in their application how they are going to meet the experience requirements in the RFA and are going to be conflict-free.

357. III-4 How will nonconforming bids be evaluated consistently with other bids that have met more completely the requirements of the bid?

Proposals which contain nonconformities which have been waived will be evaluated based on the evaluation criteria established for the proposals.

358. How would an offeror have the ability to participate in multiple bids while complying with restriction in 1-24b?

An offeror would have the opportunity to submit proposals for any and/or all regions independent of each bid. All proposals for each region will be evaluated separately by region. Please refer to RFA Section I-4.

359. To provide effective FMS services for Asians with language barriers, the chosen fiscal agency must be culturally and linguistically competent. PASSi has been a welcome solution for older Asian consumers and attendants who have limited English proficiency. It is almost impossible for these Asian consumers to understand phoned-in translators. PASSi employs 4 multi/bilingual community coordinators (Korean, Mandarin, Cantonese, Vietnamese and Cambodian) that work on-site. In order to ensure the quality service for everyone in the system. Are you willing to search an agency which also has capable of handling the linguistically appropriate service for clients?

Please refer to Section IV-4-D in the RFA.

360. The consolidation of FMS providers will require more than 30 agencies to give away large portions of their business, without any compensation. The majority of PASSi's current FMS consumers have been direct result of outreach effort of our 4 community coordinators. They are active participants of their ethnic communities who also speak their languages. Countless hours were spent on community outreach efforts with the purpose of educating isolated communities about the availability of PAS and FMS services. In addition, we have spent large portions of our advertising and marketing budget on PAS and FMS ads in ethnic newspapers. It is safe to say that most of our FMS consumers would not have enrolled in the programs if it were not for this agency's efforts. It would be unjust for DPW to forcibly take away a line of

business that was built from the ground up. Are you will to compensate for our loss of business? How and in what form?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

361. It would be unreasonable to expect 1 fiscal agent to provide services to thousands of consumers in a competent and personalized manner. In the Eastern Region alone, there are currently more than 10,000 consumers that require FMS. While 1 fiscal agent may have the capacity to perform its threshold responsibilities under the regulations, it is likely that the quality of service will steeply decline. Are you willing to take this obvious risk?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

362. Can you provide a reference to review or a more detailed explanation for the term neutral "Bank"?

Federal Medicaid law prohibits an individual or representative from receiving Medicaid funds directly. Only Medicaid providers may receive Medicaid funds directly. Due to this requirement, the Selected Offeror(s) must perform payment-related employer responsibilities on behalf of individuals or representatives who exercise employer or budget authority.

Please refer to Section IV-4-B in the RFA.

363. How will the elimination of consumer choice be addressed when the number of providers goes from 37 to 3 or 2 or 1?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

364. Why is DPW just now realizing the cost of transferring a consumer with a \$45 fee in the RFA?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

365. At what point will DPW develop a rate methodology that can be approved by CMS for W1792? (And all the other services as well.)

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

366. Will the commonwealth provide one single point of contact for the oversight to the contract?

DPW intends to have a single point of contact.

367. Standard Grant terms and Conditions for Services - #4 Environmental Provisions. Will imaged/scanned documents be acceptable to contract monitors?

Yes

368. Standard Grant terms and Conditions for Services - #19 Grant controversies. How does this process relate to the current hearing and appeals process used for Medicaid rates?

Section 19 refers only to disputes between the selected offeror(s) and the Commonwealth related to the services required by the agreement.

369. Standard Grant terms and Conditions for Services - #29 Change orders. How will the vendor be funded for changes which exceed the cost covered in the work as awarded?

The vendor and the Commonwealth will address any proposed changes that require the vendor to incur additional expense.

370. Are SMW services capped at 1/12 of the annual amount per month or may they go over/under a monthly expectation as long as they don't exceed the annual budget?

Services My Way expenditures are flexible meaning they may fluctuate over/under monthly as long as the expenditures do not exceed the total annual budget.

371. Will software be provided by the Commonwealth to conduct SMW and related budget authority model services?

No, Offerors should describe their planned approach for conducting budget authority services, including plans for any specific software. Offerors should take into consideration the performance, efficiencies, and effectiveness of the approach.

372. What is the approval process of subcontracting work should the Offeror find it necessary for cost/quality after the bid is awarded?

Offerors must make their own determinations about how they will use subcontractors. The subcontractors would be required to meet the same requirements as the selected Offeror. If a vendor seeks to add a subcontractor or subcontractors after selection, DPW must approve each approved subcontractor.

373. What is the obligation of transitioning providers to assist the selected Offeror in securing required FMS forms (EIN, SS 4, etc.) in a timely manner?

The current VF/EA must ensure that all necessary DCW records are transferred to the Selected Offeror(s).

374. What is the FMS responsibility when a consumer with a service order for that date is determined ineligible for that date? For example is the FMS agency required to continue to pay direct care worker's wages during an appeal? Is the FMS required to continue wage payment if the referring agency indicates that the consumer the EVS information is incorrect and a fix is pending?

Yes, services should continue to be provided if the participant files an appeal within 10 days of the appeal notice. Yes, the VF/EA is required to pay DCW hourly wages in compliance with federal, state, and PA Department of Labor and Industry wage and hour rules for domestic service workers in accordance with OLTL and ODP policies.

375. What is the FMS responsibility if a claim for service is denied and the worker has already been paid?

The Selected Offeror must describe their approach for working with the common law employer and service coordinator in order to resolve the issue. The Selected Offeror must also describe their approach for billing the common law employer directly for services provided not in accordance with the individual's approved ISP or when any established service limit is exceeded.

376. The RFA requires the FMS to pay direct care workers for hours used above the authorized service plan. If the FMS were to process payroll for excess hours, the organization would need to run a separate process because the IRS code does not provide for FMS activity for non government transactions. And consequently the organization is not permitted under the IRS to file taxes in the aggregate. The consumer would also receive a schedule H, which would need to be filed with their income taxes. In addition, if the consumer did not pay the bill for the extra hours, the program provides no consequence other than legally suing the consumer. It is unlikely that a

consumer would have funds to cover the additional hours out of pocket. Please provide further clarification of the expectations.

While there may be instances where an agent is paid privately and exclusively with an individual's funds to provide FMS, this process does not violate IRS rules since 1) this guidance only applies to agencies operating as Government or Vendor F/EAs under our waivers and programs; 2) the participant-employer is responsible for properly filing employer taxes; 3) the F/EA is acting on behalf of the participant-employer; and 4) the F/EA should be able to delineate the total cost collected directly from the participant versus the total cost reimbursed by Medicaid. For more information please refer to IRS REG-137036-08-1; IRS Notice 95-18; and IRS Notice 2003-70.

377. To assist the FMS in controlling costs has the Commonwealth considered reverting back to accepting state income tax filing and payment in the aggregate as it is a cost driver to require individual filing of each a consumer?

The Commonwealth currently accepts and prefers state income tax filing and payment in the aggregate.

378. To assist the FMS in controlling cost has the program considered discontinuing the requirement for the FMS to withhold and pay local taxes. Local tax payments are not required for domestic workers.

All employers with work sites within the taxing jurisdiction are required by law to deduct the earned income and Local Services taxes from their employees at that site if the tax is listed in the Earned Income Tax Register or Local Services Tax Register of the Department of Community and Economic Development.

379. Would the Commonwealth consider allowing electronic payments for UC tax rather than requiring paper check as this is an additional cost driver?

Pennsylvania Department of Labor and Industry requires that VF/EAs file and deposit UC taxes for common law employers electronically.

380. We appreciate that timelines are clear in the RFA. What are the timelines required for SC/CM agencies to notify FMS of changes to a consumer's services?

The SC/CM is required to notify the VF/EA of changes to a participant's services within two business days of receiving

authorization. When applicable, this notification will be communicated through the HCSIS alert system.

381. Since the current 37 agencies will no longer be providing these services, what assistance will be available for those employees who are suddenly unemployed due to this RFA? Will there be job opportunities available in the new plan for these displaced workers?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA. The selected offeror(s) will be responsible for all hiring decisions.

382. Have any of the participants/consumers been contacted or surveyed by the DPW or OLTL regarding the RFA?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

383. Waiver participants are given an individualized service plan with options and choices of service providers. How will a single FEA allow for the participants' choices and right to choose a provider/FEA based on quality and satisfaction with services?

This question does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

384. What options do participants have for filing grievances against the RFA? Will there be a hotline number or a contact at OLTL or DPW?

If participants have concerns about any change with their services, they should contact their SC/CM. If issues cannot be resolved by the SC/CM, they may contact the Long Term Living Participant HelpLine at 1-800-757-5042 or the ODP customer service line at 1-888-565-9435.

385. Will participants be able to choose one of the remaining FEAs (if more than one is selected for the Commonwealth) if they are not satisfied with the provider covering their area?

No.

386. Who is responsible for notifying the FEA if a participant's MA or waiver eligibility ends? Or is the FEA selected responsible for verifying all eligibilities of the participants before processing payroll?

The Selected Offeror is responsible for verifying eligibility before processing payroll. If a participant is not eligible, the Selected Offeror must describe their approach for working with the common law employer and service coordinator in order to resolve the issue. The VF/EA is required to pay DCW hourly wages in compliance with federal, state, and PA Department of Labor and Industry wage and hour rules for domestic service workers in accordance with OLTL and ODP policies.

387. Will a SAS 70 (SSAE #16) audit be required to be performed on the agency's FMS computerized systems?

Yes – see question #181.

388. The RFA switches back and forth between “Offeror” and “Selected Offeror”, e.g. page 13 “Offeror” switches to “Selected Offeror”; back to “Offeror” on page 16; back to Selected Offeror on page 25. Is it correct to interpret that requirements of the “offeror” must be met at application while requirements of the “selected offeror” must be met at project implementation (9/12)?

Yes, however Offerors must describe in their application how they intend to meet all of the requirements in the RFA.

389. Care management does not appear to be a service that is being procured under this RFA. How will care management be provided and what are the expectations for coordination with the fiscal management agency?

Care Management will not change with the implementation of this RFA.

390. For ODP Base programs mentioned in section IV-4 A7 & A8 will there be a requirement to have separate county contracts to issue those funds and receive payments?

Yes, but not every county will need a county contract as this situation is rare. In FY 2010-2011 there were 5 county contracts needed in order to process Base claims.

391. For ODP BASE programs will it require separate contracts with the AE's for issuing payment?

See response to the previous Question.

392. This is the largest, most complex RFA for consolidating FMS services we have ever seen. What motivated the state to do this? How will the state judge its success?

This question that does not have a direct impact on a prospective Offeror's ability to develop an application for this RFA.

393. Would it be possible to get a list of attendees at today's conference? This could be very helpful for partnering, resulting in stronger proposals for the commonwealth.

Yes, a scanned copy of the sign in sheets from the January pre-proposal conference is included as part of this flyer, along with a copy of the PowerPoint presentation.

394. (This question was posed at the pre-proposal conference) Not all questions submitted by e-mail were answered today as stated in the presentation. Will answers be provided to these questions?

All questions will be answered and posted to the DGS website. Questions that were submitted late last evening (January 24) have not been reviewed and a response was not provided.

395. Will DPW provide a list of current fiscal/employer agents?

Please see the response to Question 337.

396. Will the state advance payroll or would provider have to wait for reimbursement?

No, the Commonwealth will not advance payroll.

397. Will the commonwealth be offering advance payment to the contractor as a pre-pay account? If yes, what is the frequency of the deposits? What are the internal controls to ensure receipt of funds prior to disbursement?

No, the Commonwealth will not be offering advance payment to the contractor.

398. Will the commonwealth be offering advance payment to the contractor? (Pre-Pay) If yes, what are the deposit frequency?

No, the Commonwealth will not be offering advance payment to the contractor.

399. Are there considerations for advance payment to fund consumer services?

No, the Commonwealth will not be offering advance payment to the contractor.

400. How will provider be reimbursed for cost of money and interest expenses?

The Selected Offeror will cover these costs through the per member, per month fee administrative fee.

401. How will the Commonwealth ensure consistency across regions, counties, waivers and state-funded programs?

Through this RFA process, the Commonwealth seeks to ensure consistency across regions, counties, waivers and state-funded programs. DPW will monitor the performance of each selected vendor to ensure compliance with the agreement terms.

402. For the purposes of this RFA, is the VF/EA considered a “provider” subject to the requirements of Bulletin #6000-04-01?

The VF/EA is not required to enter incidents into the HCSIS system for ODP. However as an entity that receives federal and state HCBS funds, they have the obligation to notify the supports coordination organization or Administrative Entity of any possible incidents that may require entry into the HCSIS Incident Management system.

403. If so, has the Commonwealth considered the impact on the PPPM rates for vendor F/EA services, and where in the cost proposal should the VF/EA include the costs of employing certified incident investigators?

N/A. See response to previous Question.

404. OLTL Bulletin #54-541-10-03 (Page 2) refers to FMS requirements for provider certification and registration as an FMS “*Provider Type 54 and Specialty 541*”. Is the VF/EA required to be pre-certified and certified, or is passing the readiness review sufficient?

The VF/EA must pass the readiness review.

405. OLTL Bulletin #54-541-10-03 (Page 2) refers to FMS requirements for provider certification and registration as an FMS “*Provider Type 54 and Specialty 541*”. Is the FV/EA required to register as a Provider Type 54 and Specialty 541?

Yes.

406. What, if any, is the volume of transfers expected during the transition period?

The Offeror must provide details in their application of how they will transition the entire population of consumers during the transition period.

LOT 1 WESTERN REGION – OLTL and PDA programs (approximately 7,126 consumers)

LOT 2 CENTRAL REGION OLTL, PDA, AND STATEWIDE ODP programs (approximately 3,802 consumers for OLTL and PDA programs, and approximately 850 consumers for ODP programs)

LOT 3 EASTERN REGION- OLTL and PDA programs (approximately 10,106 consumers)

407. Are administrative fees direct billed to Medicaid?

Yes.

408. What is the success rate of first time administrative claim submission among current FMS organizations?

There is a high success rate.

409. Will administrative fees be paid to the VF/EA only if there is a paid service claim on record on behalf of a consumer for the claim period?

The VF/EA will only bill the administrative (per member per month) fee if there is a paid service claim on record on behalf of the participant for the claim period. Offerors should take this into consideration when determining the per member per month rate.

410. Appendix H-Proposal Cover Sheet, lists the “Contractor Partnership Program Submittal” as a requirement. Is the contractor’s plan for recruiting and hiring recipients currently receiving cash assistance required to be submitted within 10 days of notice or required to be submitted with the proposal?

A Contractor Partnership Program Submittal is not required for the RFA.

411. Would it be acceptable to report the number of recipients currently receiving cash assistance intended to be hired as DCWs under this contract?

Refer to response to previous Question.

412. Appendix H-Proposal Cover Sheet, lists the “Mentor Protégé Program” submittal as a requirement. Is this a reference to the program operated by the United States General Services Administration (GSA) or a reference to the program operated by the U.S. Small Business Administration (SBA)?

A Mentor Protégé Program Submittal is not required for this RFA.

413. What Mentor Protégé Program submittals, if any, are required to be submitted with the VF/EA's proposal?

A Mentor Protégé Program Submittal is not required for this RFA

414. In what forms will electronic data be made available for participant and provider demographics?

DPW is unable to determine the meaning of this question.

RFA 22-11

Sections II-5 and IV-3 are amended as follows, with amended text underlined:

Section II-5 (1)(c)(i) is amended to:

i. VF/EA FMS Program Manager. The Selected Offeror(s)'s VF/EA FMS Program Manager will serve as the primary contact person for the OLTL/PDA/ODP regarding the RFA. The VF/EA FMS Program Manager must have a Bachelors degree and have knowledge of the VF/EA FMS operations and have two (2) years experience overseeing budgets and managing staff and the provision of VF/EA FMS. Experience working in the human services industry is preferred. A resume must be submitted to verify the Program Manager's knowledge and experience in the required areas. In addition, a current job description must be provided. The VF/EA FMS Program Manager must be available to the Commonwealth via telephone or email during the Commonwealth's regular business hours and must be located within Pennsylvania. The VF/EA FMS Program Manager's responsibilities must include, but are not limited to:

Section IV-3 (1)(d) is amended to:

d. Performance and Payment Bonds. The Agreement will require the Selected Offeror(s) to deliver to the Commonwealth executed performance and payment bonds, each in the sum of three months of estimated annual Agreement amount, with the Commonwealth as the obligee. The surety will be a surety company or companies listed in the Federal Registry of Surety Companies and approved by the State Corporation Commission to transact business in the Commonwealth of Pennsylvania. No payment will be due and payable to the Selected Offeror(s), even if the Agreement has been performed in whole or in part, until the bonds have been delivered and approved by the DPW. The payment bond will be used to cover VF/EA FMS and related services such as delinquent payments to qualified DCWs, vendors and small unlicensed providers, and federal state and local tax and worker's compensation insurance premium payments up to the maximum of the value of the full value of the bond in the event that the Selected Offeror(s) is unable to properly, promptly and efficiently perform the Agreement and/or the Agreement is terminated by default or bankruptcy.

Section IV-3 (8) is amended to:

8. Financial Viability. Refer to Section IV-3(1)(d)

Section IV-3(21), last paragraph is amended to:

The Selected Offeror(s) will be expected to provide sufficient staff to facilitate the Readiness Review process. More specifically, the Selected Offeror(s) must have sufficient corporate staff devoted to the Readiness Review process. Selected Offeror(s) staff will be expected to play an active role in the Readiness Review and demonstrate progress in an ongoing manner. Once the Readiness Review is completed and the findings presented to the Selected Offeror(s) by OLTL/PDA/ODP, the Selected Offeror(s) will prepare a corrective action plan ("CAP") and address all outstanding issues identified during the Readiness Review prior to providing VF/EA

FMS effective September 1, 2012. During the implementation of the CAP, the Selected Offeror(s) will have regular status meetings with the OLTL/PDA/ODP Readiness Review Team. These meetings could occur either face-to-face or via conference call. The VF/EA FMS Organization Readiness Review is not a paid task.