

Questions & Answers

Rate Setting

OPASS# 15-14207

Question Number	Question	Response	RFP Location
1.	Please provide background on the current payment process. Based on the Legislation, it reads as if providers are given advance payments for services intended to be delivered in the upcoming quarter. As part of this initiative, will the State transition to a true fee-for-service system whereby providers are paid after claims for services rendered are submitted to the State?	The reading of Maryland HEALTH-GENERAL Code Ann. § 7-306 is correct. Providers are given advance payments for the upcoming quarter. As noted in § 7-306.2, if the state completes the 7 identified activities it may adopt regulations to implement a new payment system that is anticipated to be a true fee-for-service system whereby providers are paid after claims for services rendered are submitted to the state.	N/A
2.	Are the provider's historical costs submitted under a standard cost report template developed by DDA? Can a sample cost report be provided?	Yes, the FY13 and FY14 cost report template and instructions have been provided	
3.	Is the provider-submitted cost data provided specifically for each type of service rendered (e.g., costs reported separately for day habilitation, personal supports, community living service, etc.), or is the provider-submitted cost data representative of all services rendered by the provider organization?	Yes. Please see the cost report template which is standardized and has historically captured information for Residential, Day, Supported Employment, and Community Supported Living Arrangements (CSLA).	
4.	How many providers submit cost reports? Is there a central place for submission/uploading of cost reports? Are there initial validation checks performed on the cost reports to determine completeness?	For FY13, 142 providers submitted cost reports. While cost reports have historically been submitted in hardcopy they were submitted electronically for the first time in FY13. The DDA undertakes a review to ensure information provided is complete and providers are required to have independent auditors attest to the data in the cost report.	
5.	Although the RFP suggests this is a market-based and provider agency cost reports-based rate setting effort, is it possible that the rates will have to be set by a market based approach because of inadequate and inconsistent reporting across provider organizations?	Yes, it is possible that a market based approach will be required.	
6.	Is DDA requesting a review of the current rate regions as part of this	Yes. The current rate regions have been in place since the prospective payment system, the precursor to the current Fee	

	scope? How long have the current rate regions been in place and when was the last time an analysis was performed to determine the rate regions were still applicable?	Payment System (FPS), was established. It is unknown when an analysis was last performed to determine if the rate regions were still applicable.	
7.	Does DDA intend to continue using client and provider rate components in the future?	The rate structure should be recommended as part of this study.	
8.	Can DDA share the matrix used to determine level of need based on the IIRS, as well as the process for determining rate adjustments based on the IIRS? How are rate adjustments, based on need, implemented today?	Current rates by matrix score can be found at: http://dda.dhmfh.maryland.gov/SitePages/rates.aspx Additional information on the IIRS and how it is used can be found at: http://dda.dhmfh.maryland.gov/SitePages/Developments/2014/Individual%20Indicator%20Rating%20Scale%208-22-2014.pdf In addition to the rates determined by an individual's IIRS matrix score, additional add-on funding is provided to fully meet the needs an individual through the request for service change and service funding plan process.	
9.	Has DDA discussed an assessment tool that might replace the IIRS?	Yes, the DDA has piloted the SIS and is moving forward with implementation of the SIS assessment	
10.	This RFP indicates one year to perform a variety of tasks that could take three to five years (or more) to implement and adjust, due in part to ongoing feedback from CMS on final rules compliance and processes, as well as problem solving related to developing a sound fiscal billing and payment system, which may result in a significant changes to current processes.	The base period of performance will be extended to 18 months through an amendment	
11.	Does DDA have a budget range anticipated for this scope of work as outlined for one year?	No budget information has been publically disclosed.	
12.	Please describe the person-centered planning process and DDA's thoughts about how uniform the process is across the state?	Training on Person Centered Planning has been delivered across the state by Michael Smalls. It is the expectation that Person Center Planning techniques are used across the state by resource coordinators in the development of annual individual plans.	
13.	Please describe the person-centered planning process.	See Question #12	
14.	Mandatory Contractual Terms, states, "Any exceptions to this RFP or the Contract shall be clearly identified in the Executive Summary of the	No	Page 17, Section 1.24

	Technical Proposal. A Proposal that takes exception to these terms may be rejected (see RFP Section 4.4.2.4).” Is the State amenable to negotiating terms and conditions?		
15.	Is it DDA’s intent to move away from provider-specific cost-based rates to uniform rates?	Yes	Page 26, Section 3.2 Contractor Requirements, 3.2.1.3
16.	Please explain further DDA’s request that “rates are uniform for services that are essentially the same regardless of provider type, provider setting, or practitioner credentials.” Often, these factors do result in variance in rates.	The DDA’s intent is to develop state-wide rates versus provider specific rates.	Page 26, Section 3.2 Contractor Requirements, 3.2.1.3
17.	Please discuss the data available to readily analyze unmet need and growth in demand in the event the proposed rate is greater than the current rate.	Unmet need may be identified through provider work group discussions, the review of Request for Service Change documentation, and utilization of add-on funding should form the basis for this analysis.	Page 26, Section 3.2 Contractor Requirements, 3.2.1.5
18.	Has the State developed a transition plan for HCBS final rule compliance? If yes, is it available for review	No, a transition plan has not been published. Maryland is currently reviewing HCBS final rule requirements against current practices.	Page 26, Section 3.2 Contractor Requirements, 3.2.1.8
19.	Can the Communication Plan be written as part of the Project Plan or should they be separate?	The communication plan should be separate.	Page 27, Section 3.2 Contractor Requirements, 3.2.2.1.1
20.	This section discusses the vendor conducting an analysis of the gaps and efficiencies regarding the current needs assessment process (3.2.2.2.1 and 3.2.2.2.2) but does not clearly tie this work to the rate setting work identified in 3.2.2.2.3 – 3.2.2.2.8. Is the intent that these activities are interrelated? Please clarify.	They are not interrelated. Sections 3.2.2.2.3 – 3.2.2.2.8 should be promoted. See the amended RFP.	Page 27, Section 3.2 Contractor Requirements, 3.2.2.2
21.	To what extent is the Contractor expected to build into the report requested in 3.2.2.2.1 tasks associated with implementing a new tool, including but not limited to tasks (including validation and outreach),	Please see the Amendment related to this task.	Page 27, Section 3.2 Contractor Requirements, 3.2.2.2.1

	time frames, cost and required resources?		
22.	For the residential pilot, is the intent to model the potential impact of a new assessment process? What assessment data are available today?	Please see the Amendment related to this task. The DDA has already piloted the SIS for over 1,000 individuals	Page 27, Section 3.2 Contractor Requirements, 3.2.2.2.3
23.	In the event a recommendation is made for a new assessment tool, is it expected that the change in assessment tool would be reflected in the rates developed for the five-year implementation horizon? This may be a challenge to the extent the tool selected by DDA, if any, is unknown at this time.	Please see the Amendment related to this task.	Page 27, Section 3.2 Contractor Requirements, 3.2.2.2.4
24.	Is the Contractor allowed to include travel expenses associated with the town hall sessions in the proposal?	Not separately. See section I in Attachment F. All Financial Proposal prices entered below are to be fully loaded prices that include all costs/expenses associated with the provision of services as required by the RFP. The Financial Proposal price shall include, but is not limited to, all: labor, profit/overhead, general operating, administrative, and all other expenses and costs necessary to perform the work set forth in the solicitation. No other amounts will be paid to the Contractor. If labor rates are requested, those amounts shall be fully-loaded rates; no overtime amounts will be paid	Page 28, Section 3.2 Contractor Requirements, 3.2.2.2.5
25.	How many workgroups are envisioned by DDA? Is the Contractor able to consolidate workgroups by combining services? What role does DDA envision as part of the workgroup meetings?	The DDA envisions a workgroup for each in-scope service detailed in Attachment P to support provider participation.	Page 28, Section 3.2 Contractor Requirements, 3.2.2.2.6
26.	Please confirm provider-specific utilization and cost data by service are readily available to the Contractor for purposes of performing the fiscal analysis.	Utilization and cost data is available in the form of service attendance, payment information, and cost data (cost reports) for review.	Page 28, Section 3.2 Contractor Requirements, 3.2.2.2.7
27.	Is the rate implementation plan intended to be part of the State's transition plan regarding compliance with the HCBS final rule? If so, what role will the Contractor play in providing guidance to and in updating and modifying the transition plan, as appropriate, to comport with the rate implementation plan?	The contractor is required to consider in the rate setting implementation plan, the HCBS implementation timeline to the extent it is developed and made publicly available and to discuss recommendations and implications associated with compliance with the HCBS Final Rule.	Page 28, Section 3.2 Contractor Requirements, 3.2.2.2.8

28.	This is imbedded in 3.2.2.2.8 but seems it should be its own section, 3.2.2.2.9. Please confirm.	See amendment	Page 28, Section 3.2 Contractor Requirements, 3.2.2.9
29.	Should this reference 3.2.2.2.1 and 3.2.2.2.2 as opposed to 3.2.2.2?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 2
30.	Should this reference 3.2.2.2.3 as opposed to 3.2.2.3?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 3
31.	Should this reference 3.2.2.2.4 as opposed to 3.2.2.4?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 4
32.	Should this reference 3.2.2.2.5 as opposed to 3.2.2.5?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 5
33.	Should this reference 3.2.2.2.6 as opposed to 3.2.2.6?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 6
34.	Should this reference 3.2.2.2.7 as opposed to 3.2.2.7?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 7
35.	Should this reference 3.2.2.2.8 as opposed to 3.2.2.8?	See amendment	Page 74, Attachment F - Financial Proposal Form, Item 8
36.	1.1.2 regarding Chapter 648: Is our understanding correct that upon the adoption of the regulations prescribed by section 2 of chapter 648 (Acts of 2014) that only section 7-306.2 will be in force and the provisions of sections 7-306.1	Correct, upon adoption of the reimbursement payment methodology in regulation as described in section 7-306.2, sections 7-306.1 and 7-306.3 will be repealed	

	and 7-306.3 will have been repealed?		
37.	<p>1.1.3 regarding 12 month base period (for completion of the study)</p> <p>a. If the study required by 7-306.2 is required to be completed by 9/30/17, why does the RFP require it to be completed in the base year? See also 1.4.4 and 3.2.2 A</p> <p>b. The 12 month base period is a very aggressive timeline for rate setting; will the DDA consider extending the timeline?</p> <p>c. Does the DDA assume there will be a public comment period for the proposed rates?</p> <p>i. If so, what is the length of the period?</p> <p>ii. Is the public comment period included within the base year?</p>	<p>a. The base period is being extended to 18 months per the amendment. However, it is the DDA's intent to complete the rate setting study prior to 9/30/17.</p> <p>b. See a.</p> <p>c. DDA assumes the town hall sessions will support public information sharing but the contractor's timeline is not dependent upon adoption of the rates or any public comment period required for the adoption of new regulations.</p>	
38.	<p>1.4.2 regarding the 'startup period' Please confirm that there are no expectations of meetings with the State or other deliverables due during the startup period.</p>	<p>There are no expectations of State interaction during the contract startup period.</p>	
39.	<p>1.4.3 regarding go live date Indicated to be 1/15/2015 but on page 50 at 3.1 of the contract the date is indicated as 3/1/15. Please confirm start date is in fact scheduled for 3/1/15 and will cover the one year period ending 2/28/16.</p>	<p>The State's intent is to move as rapidly as possible through the procurement process. Thus, 1/15/2015 remains the target yet it is possible that dates may shift due to approval timelines. Prior to contract start, the Maryland Board of Public Works will need to approve the contract award.</p>	
40.	<p>3.2.1.1 regarding DDA services</p> <p>a. In terms of service descriptions, are there more specific requirements for services than those appearing in the Guide to Services (April 2014), Appendix C of the Waiver, or COMAR Title 10 Subtitle 22?</p> <p>b. For example, are service descriptions contained in the contracts with providers?</p>	<p>a. No</p> <p>b. No</p>	
41.	<p>3.2.1.2 regarding the nature of the rate setting analysis</p>	<p>a. Existing market rates are those rates paid by state agencies for similar services and if no other relevant</p>	

	<p>a. "existing market rates" – Should the Contractor assume that "existing market rates" are those paid by other in-state agencies, or should other market rates be considered?</p> <p>b. "provider agency cost reports" – Are the cost reports to be dispositive or informative in terms of the rate setting analysis?</p>	<p>rates are available, market rates should be reviewed and leveraged to serve as a basis for proposed rates.</p> <p>b. informative</p>	
42.	<p>3.2.1.3 regarding "the Contractor shall develop a schedule of uniform fixed rates..."</p> <p>Is it more accurate to state "the Contractor shall <i>assist the DDA</i> to develop a schedule of uniform fixed rates..."? That is, the policy decisions relating to developing a particular rate are to be made by the DDA?</p>	<p>The Contractor should develop a recommended schedule of uniform fixed rates. Application and implementation of the rates is under DDA's authority.</p>	
43.	<p>3.2.1.5 – please explain the provision which reads: For each rate proposed by the Contractor, if the proposed rate is greater than the current rate utilized by DDA or DHMH, then an analysis of the current unmet need and growth in demand will also be required. The analysis must adhere to all "Relevant Regulations Regarding DDA Rates" as referenced in Attachment Q.</p>	<p>The requirement is to calculate a potential fiscal impact associated changes to the rates based upon assumptions derived from interactions with providers and observations of the system. Please see Question 17 for additional information.</p>	
44.	<p>3.2.2.1 regarding a "pilot" rate setting effort focused on residential rates If the concept of the pilot is to test the rate setting methodology from inception through completion, does the DDA realize that the pilot process will probably consume a significant amount of the 12 month period allotted for the work, and may compromise the integrity of the rate setting for the balance of the services?</p> <p>Will DDA consider dropping the pilot requirement?</p>	<p>Please see the amendment related to this task.</p>	
45.	<p>3.2.2.1 regarding timelines Will the 12 month time of performance be extended if the DDA</p>	<p>See response to question 37</p>	

	<p>does not make decisions within the timeframe allotted in the timeline?</p> <p>Similarly, will the 12 month time of performance be extended if the DDA does not provide requested data files within the timeframe allotted in the timeline?</p>	<p>The requirements associated with the defined timeline should be identified in the Contractor's proposed technical work plan.</p>	
<p>46.</p>	<p>3.2.2.1 regarding data requirements</p> <p>Please describe if each of the following are electronic data files and if they will be made available to Contractor. If yes they will be available, please specify for what periods:</p> <ul style="list-style-type: none"> a. Claims files- We are assuming this is the quarterly prepayments. b. Authorization files- Are these different from the claims files, or there is no such thing? c. Caseload file- e.g. demographic information, provider affiliation, assessment score, etc. d. Provider files- e.g., demographic information, including email address if a survey or other correspondence is required by the Contractor e. Cost reports- How many providers must fill one out? How many are exempt? What is the most recent period where most cost reports are available? f. Wage surveys- Referring to the surveys administered by the State, what is the most current period available? g. Earned data or other types of attendance reports h. For day services that have anticipated hours of attendance/services per day, are actual hours of attendance collected and reported? 	<ul style="list-style-type: none"> a. Electronic data files detailing the quarterly payments made to providers and claims remittance are available. b. The state does not have authorization files c. Demographic information about individuals receiving DDA services is electronically available. d. Provider demographic and contact information is available electronically e. In 2014, 142 providers were required to submit cost reports. This represented approximately 94% of the providers of rate-based (FPS/CSLA) services. Cost reports are currently available for FY2013 in a mix of MS excel and pdf files. FY2014 cost reports will be available by the middle of 2015. f. FY2012 wage surveys are available in hard copy. Wage surveys were not conducted in FY2013. FY2014 wage surveys will be available by the middle of 2015. g. Earned data and other types of attendance reports are available electronically for the FPS services. h. No. i. Absence information is collected for the rate-based services (FPS/CSLA) and available electronically. It would be available by client, service, and provider. j. IIRS scores are available for all individuals currently receiving rate-based services (FPS/CSLA). Detailed information on the calculation of IIRS are not readily available. 	

	<ul style="list-style-type: none"> i. Is any absence information collected by client? by service? by provider? j. Individual Indicator Rating Scale (IIRS) files containing scores etc. on all IIRS that are in effect? 		
47.	<p>3.2.2.2.1 regarding the review of the IIRS</p> <ul style="list-style-type: none"> a. Are there “user manuals” for the IIRS? If so, can they be made available? b. Have past examinations of the IIRS been performed? If so, can they be made available? c. Is this report to focus on the validity of the IIRS, the rate adjustments associated with the various levels obtained from the IIRS, or both? 	<ul style="list-style-type: none"> a. An external contractor conducts the IIRS and there is information available through the provider. Please see the answer to question 8 for additional information on the IIRS. b. No c. No. The intent of this review is to give the contract additional insight into the current rate structure and to present recommendations in a report that reviews the deficiencies of the existing assessment tool and assesses different options for selection of a new assessment tool. 	
48.	<p>3.2.2.2.2 regarding options to replace the IIRS</p> <ul style="list-style-type: none"> a. From the Bidders Conference, the DDA responded that the SIS appeared to be the instrument that it was most interested in. If so, then what is the DDA seeking in this deliverable if that has already been determined? b. Please explain “clearly map the results of the rating scale to service needs”? c. If research is still sought, with respect to other states – how many states are contemplated for the “lessons learned”? 	<ul style="list-style-type: none"> a. See response to question 9. The DDA is still seeking the Contractor’s input on assessment tools and how to use them in relationship to the rate structure. b. Currently, the IIRS is a primary input to determining the individual’s rate (excluding add-ons). If a similar bridge between the level of need assessment (in the future, the SIS) and rates, is required by the rate structure recommended by the Contractor, that bridging methodology should be recommended by the Contractor. Specifically, the Contractor should recommend how to connect an individual’s SIS assessment to the rate associated with their services if that connection is required by the recommended rate structure. c. Further research on selection of the assessment tool is not required 	
49.	<p>3.2.2.2.3 regarding pilot rate setting process</p> <ul style="list-style-type: none"> a. Will DDA make available the history of the rates? b. Please explain the “cost analysis” that is contemplated? c. What is the time period that the DDA contemplates the pilot rate setting to be completed in? 	<p>Please see the amendment related to this task.</p> <ul style="list-style-type: none"> a. Please see section 3.1.4 - Rate Background. Additional history may be provided through discussions with providers and DDA personnel. b. The analysis conducted to understand the costs of providing services that was conducted as part of development of the recommended rate c. This is dependent upon the Contractor’s technical work plan 	
50.	<p>3.2.2.2.4 regarding the development of proposed rates</p> <p>Please explain “based on a cost analysis of provider agency</p>	<p>How costs are integrated into the development of recommended rates is dependent upon the Contractor’s technical work plan and approach. Provider costs should be a factor in this process.</p>	

	<p>accounts”? That is, are the rates to be set based on providers’ cost (average, x percentile, median, etc.) or to be based on a unit cost of the service that the DDA wishes to purchase? Restated, are the rates always dictated by what the providers state their costs are?</p>		
51.	<p>3.2.2.4 regarding the development of proposed rates</p> <p>Please explain “The Contractor must assume at least 20% of DDA’s provider community will participate in that sample.”</p> <p>a. What are the specific categories of service domains that will be required from which the 20% minimum is derived from?</p> <p>b. Will the 20% be self-selected or selected by DDA?</p> <p>With respect to the services identified in Attachment P</p> <p>a. Are the units of services indicated on the Attachment already decided? That is, could supported employment which is currently a “day” unit of payment actually wind up with units of either an hour or 15 minutes?</p> <p>b. Some of the services included in Attachment P are in fact bundled services – e.g. both residential and day habilitation include OT, PT, SP, social services, nursing, community explorations, etc. Could separate rates (and consequently separate individual authorizations be made) be established for these “bundled” services and pulled out of the residential and day hab service? 2. If separate rates are not established and the</p>	<p>How costs are integrated into the development of recommended rates is dependent upon the Contractor’s technical work plan and approach.</p> <p>a. All services identified in the scope (see Attachment P)</p> <p>b. Selected by DDA with input from the contractor, provider associations and stakeholders</p> <p>With respect to the services identified in Attachment P</p> <p>a. Attachment P includes the in-scope services and the current billing units. In order to better align with service definitions, it may be appropriate to change the unit of service. Changes to the units should be recommended by the Contractor.</p> <p>b. Some unbundling of services may need to occur in order to align with the service definitions contained in the waiver. No utilization information is available on bundled services.</p> <p>c. The five year implementation horizon refers to the potential timeline over which rate adjustments may be implemented considering financial implications and changes to the proposed rate structure (unbundling, changes in units).</p> <p>d. Yes, DDA will make historic information available on rate history, and to the extent possible, what is known about the historical rate setting methodology. Additionally, the contractor may gain insight into the historical rate setting methodology through discussions with DDA providers. There are not existing agreed upon definitions for:</p> <ul style="list-style-type: none"> • Effectiveness • Equitability • Fairness • Efficiency • Adequately reimburse • Assure appropriate service delivery <p>The contractor’s recommendation will be sought to develop metrics and definitions around these terms.</p>	

	<p>bundled services are not unbundled, does DDA have utilization information on the bundled services? If yes, is the utilization information available on the client level?</p> <p>c. Please explain the “five year implementation horizon”. If this is a phase-in of the rates, what is the rationale for five years (which seems quite lengthy)?</p> <p>d. With respect to review the historic and current rates</p> <p>I. Will DDA make available the history of the rates?</p> <p>II. What information does DDA have with respect to the rate setting methodology? Is all methodology contained in COMAR? If not contained in COMAR, will DDA make the methodology information available?</p> <p>III. Does DDA have metrics or definitions for assessing the following terms, and if so, will those metrics or definitions be disclosed prior to submitting proposals?</p> <ul style="list-style-type: none"> • Effectiveness • Equitability • Fairness • Efficiency • Adequately reimburse • Assure appropriate service delivery <p>In lieu of metrics or definitions, is the DDA seeking the opinion/judgment of the contractor in this assessment?</p>		
52.	<p>3.2.2.2.5 regarding Town Halls</p> <p>a. Please confirm that this requirement is for 8 Town Halls in</p>	<p>a. 8 Town Halls total, state-wide (not by region) are required. However, they should be distributed in appropriate alignment with the DDA’s four regions.</p>	

	<p>total spread over the four regions and not 8 Town Halls in each of the four regions.</p> <p>b. Are any Town Halls are to be associated with the Pilot Rate Setting Process? If yes, how many?</p> <p>c. What is the targeted audience for the Town Halls (providers, families?) and what is the expected attendance at each?</p> <p>d. Will DDA publicize the Town Halls?</p> <p>e. Will DDA arrange for the facilities for the Town Halls?</p> <p>a. Will this include audio/visual equipment?</p> <p>b. Are handouts expected to be available?</p> <p>c. At what stages of the project are Town Halls expected to be held?</p> <p>i. Kick Off?</p> <p>ii. After rates have been developed?</p> <p>iii. Other?</p>	<p>b. Please see the amendment related to this task.</p> <p>c. Target audience is providers, participants, their families, advocates and other stakeholders</p> <p>d. Yes</p> <p>e. Yes DDA will support logistics</p> <p>a. Yes, if needed</p> <p>b. Not necessarily</p> <p>c. To be included in the Contractor’s technical work plan based on best practice and past experience</p>	
53.	<p>3.2.2.2.6 regarding provider working groups – by service type Similar to Question #50, please specifically state the service types for which working groups are expected.</p> <p>a. How many providers are in each service type?</p> <p>b. Is DDA to select the providers or is the Contractor? If providers are selected but choose to not participate, what is the process? If the Contractor is to select the providers, will email address be made available?</p> <p>c. Does DDA have a specific number of meetings in mind for each group?</p> <p>d. Will DDA provide facilities for the meetings? Will all meetings be held in Baltimore?</p>	<p>a. 20% of total providers for that service – totals by service are provided as an attachment included in the contract amendment.</p> <p>b. Selected by DDA with input from the contractor, provider associations and stakeholders including the DD Council</p> <p>c. No, the Contractor should include a plan in their proposal</p> <p>d. Yes, they will be held in accessible locations but not necessarily in Baltimore</p>	
54.	2.2.2.7 regarding fiscal impact analysis	i. Yes	

	<p>The current DDA system varies rates paid to providers based (at least in part) on an assessment of individual’s support needs as measured by the IIRS.</p> <ul style="list-style-type: none"> i. Is the DDA planning on replacing the IIRS as per the study requested in 3.2.2.2.2 (sic)? ii. If so, it will be necessary to have at least a stratified sample of the results of the new assessment tool for estimating new payment rates. iii. Will such information be available for estimating fiscal impacts? iv. Some of the services contained in Attachment P indicate a change in units from monthly to hourly. This will make the veracity of any fiscal impact development challenging. Does DDA appreciate that there may be many caveats to any fiscal model developed? v. Similarly, the waiver renewal anticipates an 18 month conversion from the “old waivers” to the renewed waiver. Since the waiver was renewed in March 2014, current utilization of new services will have to rely on estimates based on limited experience. Does DDA appreciate that the veracity of the fiscal impact will be dependent upon the veracity of the assumed utilization of the new services? 	<ul style="list-style-type: none"> ii. From the prior SIS pilot, a sample of assessments is available iii. Yes, they will iv. Yes v. Yes 	
55.	<p>3.2.2.9 regarding annual rate refreshment</p> <ul style="list-style-type: none"> a. This task refers to provider cost reports and wage surveys. Are these reports to be continued under the new rate system? 	<ul style="list-style-type: none"> a. Yes, if recommended by the Contractor as part of the processes for maintaining rates and adopted. b. Yes, If required by the newly developed process 	

	<p>b. Is DDA committed to using cost reports as the basis for refreshing the rates each year? In many states, a full rebase is not completed each year but rather an inflationary update and a full rebase may occur every three or four years.</p>		
56.	<p>3.2.2.3 regarding execution support</p> <p>Reference is made to 3.2.2.10.1 through 3.2.2.10.5 (a similar reference is made on Attachment F), but there are no such references. Please clarify.</p>	See amendment	
57.	<p>3.2.2.7 regarding aligning rates with the selected assessment scale</p> <p>Recognizing that it may take many years before all of the assessments are completed under a new assessment tool, what is the DDA expecting here?</p>	The goal is to review the generic assessment approach versus performing a review of all assessments. The contractor should make recommendations for further aligning the new rate structure with assessment results as a result of this review.	
58.	<p>3.3.3 regarding criminal background checks</p> <p>Are the referenced background checks required for this contract? Will DDA consider eliminating this requirement?</p>	Yes, background checks are required	
59.	<p>3.4.4 regarding employee theft insurance</p> <p>Is this insurance (with minimum limits of \$1,000,000) required for this contract? Will DDA consider removing (or substantially reducing the limit) this requirement?</p>	Yes, the insurance minimums are required	
60.	<p>3.6.2 regarding invoice submission schedule</p> <p>This provision sets out that invoices for the base period are deliverable based. Please confirm that the DDA will allow for interim invoicing based on work completed with a not to exceed amount under each deliverable based budget.</p> <p>Is there a retainage level? There is a reference to 3.6.1 (c) but no retainage level is specified.</p>	<p>The invoicing approach will tie with the Contractor's proposed technical work plan and deliverables set forth herein. Interim invoicing will be supported if it ties with the accepted Technical Approach.</p> <p>Remove any reference to 3.6.2 (c) and retainage.</p>	

61.	4.4.2.6 b. regarding the Work Plan Is the Work Plan requirement of this section the same as that required in 3.2.2.1? If not, what is the difference between the two requirements?	It is the same requirement	
62.	4.4.2.9 regarding references Please confirm that actual letters of reference are not required, just the information specified in this section.	The information in the section is required but not the actual letters	
63.	Attachment F – Financial Proposal Form a. Please note that the references shown here do not tie to the Scope of Work section. For example, 3.2.2.3 Pilot Rate Setting Study is 3.2.2.2.3 in Contractor Requirements. Please clarify exactly which sections of the Contractor Requirements the DDA wants a specific price on. b. Are the units (hours) listed on the form under B Option Period 1 and C Option Period 2 controlling or are they merely a hypothetical in order to facilitate comparisons between offers?	a. Please see the amendment b. They are hypothetical for the purposes of evaluating cost proposals	
64.	1. Attachment P – Current DDA Services a. What are the current rates – and where can they be found – for the following services: i. Personal supports ii. Respite iii. Support Brokerage iv. Behavioral Supports v. Community Learning Services	a. Please see below: i – This is a new service and at this time rates have not been defined. ii – Respite rates are negotiated for each provider and are not standard across the state. iii – Support brokerage is an activity under self-direction and individuals have the ability to set payment rates for support brokerage activities. iv. Please see Appendix J of the DDA’s waiver application. This has the current contracted rates for behavioral support services. v. This is a new service and at this time rates have not been defined.	

	<ul style="list-style-type: none"> vi. Employment Discovery and Customization vii. Family and Individual Support Services viii. Shared Living ix. Targeted Case Management <p>b. Which services listed in the Attachment that are in scope have and/or will have rates varied by the support needs (including behavioral and medical) of the individual receiving services?</p>	<p>vi. This is a new service and at this time rates have not been defined.</p> <p>vii. This is contract-based service and rates are negotiated for each individual receiving service.</p> <p>viii. This is contract-based service and rates are negotiated for each individual receiving service.</p> <p>viii. This is contract-based service and rates are negotiated for each individual receiving service.</p> <p>ix. \$16.59 per unit for all types of targeted case management. \$450 for the initial eligibility and comprehensive assessment.</p> <p>b. All except, behavioral supports and targeted case management.</p>	
65.	How much has DDA budgeted for this project?	See answer to question 11	
66.	In the Bidders Conference, it was stated that the Technical and Financial Proposals will have equal weight in scoring. Please confirm that this in fact true.	Yes, the Technical factors will receive equal weight as financial factors.	5.5.3 Award Determination
67.	<p>Section 3.2.1.2 of the RFP indicates that there are existing provider cost reports available.</p> <p>Please provide additional information regarding:</p> <ul style="list-style-type: none"> a. the frequency of the cost report submissions by the providers b. the year of the reports that are most recently available c. The format in which the cost reports can be provided to the awarded Contractor (e.g., excel, PDF, other) 	Please see responses to questions 4 and 46	
68.	In Section 3.2.1.4, the RFP states, "DDA requires the Contractor to provide guidance on reimbursement strategies	DDA seeks the Contractor's recommendations related to quality and achievement of individual plan goals.	

	<p>for incentivizing outcomes as part of the rate structure.” Can DDA provide more information regarding what types of outcomes it would like to incentivize?</p>		
69.	<p>How many provider agencies provide services to Maryland’s DD population ?</p>	<p>Please see attachment included in contract amendment.</p>	
70.	<p>Please clarify what information the State would like see from bidders in response to 4.4.2.6.a and 4.4.2.6.b and how/if that information differs. Both (a) and (b) appear to require the bidder to respond to each Scope of Work section (Section 3.2 of RFP) individually. Please clarify.</p>	<p>Both sections highlight the requirement to submit a Technical Work Plan. 4.4.2.6.a includes the requirement to state any exceptions. 4.4.2.6.b instructs bidders on the inclusion of a draft Project Plan and Communications Plan.</p>	
71.	<p>Do you have a budget cap on this RFP?</p>	<p>See answer to question #11.</p>	
72.	<p>The RFP indicates that the Contractor will be conducting eight town hall meetings. Will this occur in four sites (i.e., two per site)? If not, please clarify.</p>	<p>8 Town Halls are required and they should be distributed in appropriate alignment with the DDA’s four regions. The DDA will work with the contractor to decide if the two sessions in each region can be held at the same location or if it would be helpful to hold them in multiple locations to ensure easier access to these meetings.</p>	
73.	<p>Is DDA looking for the Contractor to develop a new methodology for existing rates or update the current methodology with new data?</p>	<p>The DDA expects the vendor to examine the existing methodology for rates and make recommendations for the future rate structure as part of this study. This may result in an update to the current methodology or the recommendation of an entirely new methodology for the existing rates.</p>	