MDH Introductions:

The Office of Long term Services and Supports is responsible for the Home and Community-Based Options 1915(c) waiver, the 1915(k) Community First Choice program, two 1915(b)(4) authorities, the State Plan Personal Care program, and the Increased Community Services program run under the 1115 authority. This includes developing policy, drafting formalized documents for submission to CMS, developing and maintaining appropriate state regulations, drafting policy guides and transmittals, ensuring compliance with regulations and policies, preventing and identifying fraud, developing and conducting provider training, as well as running the daily operations for the programs in collaboration with stakeholders.

Department Contacts:
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Overview

This is a solicitation for providers of case management and supports planning services. It is not a grant or a contract. Selected providers will sign the Medicaid provider agreement and be designated as a limited pool of providers of the aforementioned services upon award of the solicitation.

The current SPA providers are the 19 local Area Agencies on Aging; 2 statewide providers, The Coordinating Center (TCC), Medical Management and Rehabilitation Services (MMARS), and Service Coordination Inc. (SCI).

The initial agreement period is April 1st of 2021 through December 31st of 2021.
There are three (3) option years available that may be implemented at the discretion of the Department.

Deadline for Receipt of Proposals: Incomplete proposals and proposals received after 5 pm on February 1, 2021 will not be evaluated and will be returned to the Offeror. Proposals received after the deadline will not be considered.

The regions and other pertinent information is listed on page 2 of the solicitation. One proposal can be submitted to cover multiple regions. For example, a provider may submit a single proposal that covers 2 or more regions.

If the provider proposes, offering services in multiple regions but there are substantive difference in how the services are provided in each region, that separate proposals are recommended.

However, a provider cannot submit multiple proposals for a single region. For example, if only applying for Baltimore City, only one proposal would be accepted for that region.

Please note, as stated in Section 4.3.2.B that proposals that indicate that a provider “will comply” or “agrees” to each criteria in the solicitation is not adequate. Proposals must include a description of the

provider's method and to describe how each requirement will be met. One narrative can cover several requirements, which should be clearly noted, but a statement of agreement by itself will not be considered sufficient. For example, one narrative can describe how all requirements of 3.5.5, A-F will be accomplished by the provider, however, listing Section 4.1.2 "Agreed" is not sufficient.

Section 4.3.2.B also indicates "Any exception to a requirement, term or condition may result in having the proposal classified as not reasonably susceptible of being selected for award or the Offeror deemed not responsible." This means that any exception that a provider is taking to any requirement outlined in the solicitation should be clearly stated in the Offeror's proposal.
Any exception that a provider is taking to any requirement of the solicitation should be clearly stated in the proposal

The provider application will only be completed by offerors who are selected for award. Background checks of proposed staff may be completed after award but must be completed prior to serving any constituents as required in Section 3.2.5: Conduct a background check through Maryland Criminal Justice Information Systems (CJIS) for all supports planning and other direct service staff to ensure that they do not have a history of behavior that could potentially harm applicants/participants or convictions relating to the abuse, neglect and/or exploitation of vulnerable populations;

Purpose and Background

Background and programmatic information can be found in Section 1.2 Background on pages 6-13 of the solicitation.

Providers identified through this solicitation will provide supports planning to applicants and participants of the CO waiver program, ICS, CPAS, and CFC.

Providers will coordinate community services and supports from various programs and payment sources to aid applicants and participants in developing a comprehensive plan for community living. The providers shall assist individuals referred by the Department in developing comprehensive plans of service that include both State and local community resources, coordinating the transition from an institution to the community, and maintaining community supports throughout the individual's participation in services.

There is a resource guide for supports planners available that details all of the policy guidance and training materials for supports planners on the Department's website.
https://mmcp.dhmh.maryland.gov/longtermcare/pages/Community-First-Choice.aspx

The current rate for these services is posted on the Department's website:
https://mmcp.health.maryland.gov/MCOupdates/Pages/Home.aspx; however, the rate for these services is subject to change during the term of this Agreement.

Please read these materials prior to developing and submitting a proposal. The information on the website will clarify the responsibilities and expectations for supports planning agencies.
Materials available include regulations, supports planner training materials, program forms and fact sheets, and policy manuals. All supports planners are required to be familiar with the content of these materials prior to beginning work with participants.

We are not providing a demonstration of the LTSSMaryland tracking system today, however, there are several recorded webinars on using the system that will provide detailed instruction and screen walk through of selected sections of the current system. These webinars are available at http://www.ltsstraining.org/. Most of interest to potential providers is the webinar on Waivers or Supports Planning Selection and processes. Additional training will be offered to selected providers as part of the required Departmental training prior to serving participants.

Explanations/Differences from Previous Solicitations

- Provider Qualifications
- Training Section
- Capacity
- Explanation of Supports Planning vs Case Management
- Billing
- Incorporated previously issued policy on Reportable Events
- Incorporated previously issued policy on billing,
- Incorporated previously issued policy ISAS
- Updates to QA/QI Plans

Section 2. Provider Qualifications

2.1. Minimum Qualifications

This solicitation includes updated language in regards to the minimum qualifications providers must meet. Providers should include in their response to this Solicitation a concise description of how these requirements are met by the organization or agency and provide all relevant materials or documents samples that demonstrate the required experience and capabilities.

New Section: 2.1.2. Knowledge of resources available for individuals with complex medical and/or behavioral health needs older adults and/or adults, children and youth with disabilities. These resources may include private, public, non-profit, local, regional and national entities.
New Section 2.1.6. Linguistic competency, including, at a minimum, standard operating procedures that demonstrate compliance with the Department's Limited English Proficiency (LEP) Policy and a scope of work from an interpretation and translation services vendor.

2.2. Highly Desirable Qualifications

This solicitation includes updated language in regards to the highly desirable qualifications providers must meet. Providers should include in their response to this Solicitation a concise description of how these requirements are met by the organization or agency. Providers must provide all relevant materials or documents samples that demonstrate the required experience and capabilities.
The following qualifications are considered highly desirable. If applicable, providers should describe in their response to this Solicitation how these qualifications are met by the organization. Updates include providers experience and competency in communicating with individuals culturally, racially, ethnically and religiously diverse populations. Updates also include communicating with individuals in alternate formats to meet the needs of individuals with complex medical and/or behavioral health needs, older adults and/or adults, children and youth with disabilities in community-based settings.

New Section 2.2.3. Competence in communicating with individuals in alternate formats; for example, written materials in large print, digital communication, infographics and/or the use of assistive technology, including TeleTypewriter (TTY)/Telecommunications Relay Services (TRS) and qualified sign language interpreters.
New Section 2.2.6. Competence in working with culturally, racially, ethnically and religiously diverse populations.
New Section 2.2.7. Competence in working with low-income populations, including individuals experiencing homelessness.

Training
This solicitation requires that
"3.2.12. Ensure that all supports planners attend the Department's training for new supports planners within 90 days of hire or at the first available training session offered by the Department if no training is offered within those 90 days. This training must be completed prior to the supports planner rendering services;

A. Ensure all applicable staff attend all scheduled meetings and/or training convened by the Department. Training is typically less than one (1) session per month, but may increase in frequency during programmatic changes and/or updates to LTSSMaryland.

This requirement is designed to improve quality and consistency across providers and the system. The Department is still working on options for reimbursing providers for this training time. At this time, there is no established payment or rate for attending Department training.
Additionally Section 3.2.9 requires the offeror to "Develop and submit to the Department for approval, a training plan that includes a process for evaluating the competency of staff and efficacy of the training"

Supports Planner Ratio
This solicitation allows the maximum ratio to one supports planner to 55 applicants or participants. This does not require or encourage agencies to use this ratio for all staff. Well-trained staff with established relationships with participants or experience in transitions may be able to successfully support the higher number of people. New supports planners with little experience are not expected to sustain the maximum allowable number of individuals. Proposals should include the agency's plan for distributing assignments. For example, new supports planners may need to maintain the minimum ratio for the first 6 months.

Agency Capacity
This solicitation does not ask providers to set their own capacity limits. Supports planning provider capacity has been an ongoing limiting factor in the programs. We have not been able to serve as many people off of the registry as planned because of the limits on the current provider network. This solicitation requires that agencies accept all referrals, so that all individuals who are entitled to services can access them in a timely manner and without unnecessary delays.
This requirement applies to providers identified through this solicitation. It does not currently apply to Area Agencies on Aging.
Any exception to this requirement should be clearly labeled and stated in the proposal in response to requirements 4.3.2.

The Department will work with agency to get back into compliance with the required ratios. Each agency should have a plan for expansion and managing growth so that any instances of non-compliance with the support planner ratio are temporary and managed with an expansion and quality plan.

Explanation of Supports Planning vs Case Management

Case management is the historical term for Supports Planning. What has previously been called case management is being called Supports Planning as the focus has changed to focus more on supporting the participant in making their own decisions and less about managing services for them. Supports planning includes all of the activities formerly included in waiver case management, but adds a person-centered planning process and a focus on supporting the participant in self-directing their services.

All activities performed by the provider are supports planning, except for the coordination of the waiver financial eligibility process. All participants in all programs should receive the same type of support, only the waiver applicants will also receive support in the waiver eligibility process. The major difference between the service is related to billing and the match rate for the State, but these technicalities are invisible to the participant or applicant.

Billing

This is a provider solicitation, not a procurement or grant, so there is no financial proposal. The only reimbursement for services is through fee-for-service billing. There are no start-up payments or additional funding beyond the basic service rate.

The supports planning services rate is set in regulation and is currently $17.75 per 15-minute unit which equates to $71 per hour.

All billing is to be completed exclusively through the LTSS*Maryland* tracking system.

Newly selected providers will not be able to begin billing on day 1. All supports planners must complete training prior to being assigned participants to serve. Supports planning providers must have their training plan approved by the Department and must participate in Department-led training prior to initiating any services.

This guidance/section is not new, but incorporates existing billing policies into the solicitation.

Billing guidance includes limitations for supports planners. No more than 7/8ths of the workday may be billed as there are non-billable activities in any given workday (lunch, breaks, travel time, etc.).

Conflicts of Interest

Maryland's participation in the Balancing Incentive Program requires that we implement and maintain a conflict-free case management system.

Conflicts of interest are addressed in the solicitation in the following areas.

- The definition of conflict of interest is in the proposal in 1.1 G on page 4.
    - *Any real or perceived incompatibility between an agency or agency employee's private interests and the duties of this Solicitation.*
- Minimum Qualifications in Section 2.1.4 on page 12.
- Section 3.1.2 on page .

- Section 3.9 Conflict Free Case Management on page 24.

Potential providers who are also providers of other long-term services and supports, regardless of payer, must disclose this potential conflict of interest in their proposals. As supports planning agencies assist applicants and participants in choosing from any willing provider, there is potential conflict for a supports planning provider who also offers other services. Any relationship with other provider agencies must also be disclosed. For example, if the spouse of the Director of the supports planning agency owns, operates, or is on the Board of another provider agency, the relationship must be disclosed and any conflict must be remediated.

One possible way to remediate conflict of interest would be to propose to stop providing the other services or to dissolve business relationships that create conflict if awarded as a supports planning provider through this solicitation.

If the conflict cannot be clearly resolved, a remediation and monitoring strategy are required to be submitted with the proposal. Remediation plans should include ongoing monitoring of the conflict and responsible parties.

For example, if there is a relationship with another provider agency, a plan might include data analysis of the use of the other provider to determine if there is disproportionate use of that provider across the agency's plans of service. Frequency of monitoring, responsible parties, administrative separations, escalation of the remediation plan if issues are discovered, and other details of the remediation strategy should be included. For example, if the data shows that there is disproportionate use of the related agency's services, the supports planning agency should have a plan beyond monitoring to resolve that documented conflict.

Reportable Event

This policy is not new but incorporates existing policies and practices into the solicitation.
As required by CMS, State Medicaid Agency must monitor and ensure participant health and welfare by:

- Developing and implementing an incident management system
- Identifying and addressing abuse, neglect, exploitation and unexplained death

The providers are required to implement the Department's RE Policy for reporting incidents and/or participant complaints. Providers must utilize LTSS*Maryland* to complete and submit RE, as well as monitor the participant's health and welfare by reviewing all RE submitted by nurse monitors and the Department.
This section outlines the reporting, timeline and training requirements of the provider upon discovery of an incident/complaint.

As also required by the Department's RE policy, the provider will be responsible in alerting all appropripriate parties relevant to his or her scope of work (i.e Nurse Monitors)

Quality Improvement (QI) and Quality Assurance (QA)

Providers are required to develop and implement a QI/QA plan, approved by the Department as outlined in Section 3.8.1.

The plan must show compliance with all responsibilities and their associated timeframes contained in this Solicitation, as well as standards of achievement for each responsibility.

Providers must develop a method in their plan that outlines applicant and participant experiences with the supports planning services provided to be able to provide quality services to constituents.

As part of the QI/QA plan how data collected through evaluation activities delineated in the plan will be used to achieve full compliance with all requirements of this Solicitation and continuously improve the quality of supports planning services provided;

The Department now requires that the QI/QA plan be reviewed at least annually to evaluate its effectiveness in achieving the requirements noted . This is a change from the previous reporting process, which required providers to review plans bi-annually.

Closing remarks:

Section 4.3. Highlights the Components of a Complete Proposal Offerors should use the most cost effective and efficient means of preparing their proposal. The Department will not, under any circumstance, reimburse or pay for work done to prepare or complete the submission of a proposal.

For each region, the committee will evaluate each Offeror's technical proposal based on the criteria set forth above. As part of this evaluation, the committee may hold discussions with Offerors. Discussions may be conducted via teleconference or may take the form of questions to be answered by the Offeror via email. Following the completion of the evaluation of all Offerors' technical proposals, the committee will rank each qualified Offeror's proposal. One or more Offerors from each region may be selected to provide services under the terms of this Agreement.

The Department will not review proposals prior to the deadline for submission. A letter of interest is not required. If there is any concern about meeting the minimum qualifications, agencies should send the resume and exceptions request to the Department for review. We will accept proposals electronically and via mail as outlined in the solicitation.

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