STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

# REQUEST FOR PROPOSALS # 31865-00477 AMENDMENT # 2 FOR PROVISION OF FINANCIAL ADMINISTRATION AND SUPPORTS BROKERAGE FUNCTIONS FOR CONSUMER DIRECTION OF HOME AND COMMUNITY BASED SERVICES (HCBS)

**DATE: July 25, 2017**

**RFP # 31865-00477 IS AMENDED AS FOLLOWS:**

1. **This RFP Schedule of Events updates and confirms scheduled RFP dates.** Any event, time, or date containing revised or new text is highlighted.

| EVENT | TIME (central time zone) | DATE | CONFIRMED/ UPDATED |
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| 1. RFP Issued | | June 27, 2017 | **CONFIRMED** |
| 2. Disability Accommodation Request Deadline | 2:00 p.m. | June 30, 2017 | **CONFIRMED** |
| 3. Pre-response Conference | 2:00 p.m. | July 7, 2017 | **CONFIRMED** |
| 4. Notice of Intent to Respond Deadline | 2:00 p.m. | July 10, 2017 | **CONFIRMED** |
| 5. Written "Questions & Comments" Deadline | 2:00 p.m. | July 13, 2017 | **CONFIRMED** |
| 6. State Response to Written "Questions & Comments" | | July 25, 2017 | **CONFIRMED** |
| 7. Response Deadline | 12:00 p.m. | August 10, 2017 | **CONFIRMED** |
| 8. State Completion of Technical Response Evaluations | | August 18, 2017 | **CONFIRMED** |
| 9. State Opening & Scoring of Cost Proposals | 2:00 p.m. | August 21, 2017 | **CONFIRMED** |
| 10. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection | 2:00 p.m. | August 22, 2017 | **CONFIRMED** |
| 11. End of Open File Period | | August 29, 2017 | **CONFIRMED** |

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| 12. State sends contract to Contractor for signature | | August 29, 2017 | **CONFIRMED** |
| 13. Contractor Signature Deadline | | September 6, 2017 | **CONFIRMED** |
| 14. Contract Start Date | | October 1, 2017 | **CONFIRMED** |

**2. State responses to questions and comments in the table below amend and clarify this RFP.**

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

| | QUESTION / COMMENT | STATE RESPONSE |
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| 1 | Why has the state decided to combine the three programs into a single contract, as opposed to previously having two contracts? | Seeking one contractor to perform the financial administration and supports brokerage functions for consumer direction of home and community based services in all three Medicaid financed LTSS programs creates administrative efficiencies for the state. Additionally, having one contractor performing these functions in all three programs ensures consistency across programs and allows for seamless transition should individuals move from one program to another. |
| 2 | Please confirm that October 1, 2017 marks the start of the transition and implementation period and that the contractor must begin delivering financial administration and supports brokerage services statewide on January 1, 2018. | Confirmed. |
| 3 | Are the FLSA Home Care Rule-related requirements the same for all three programs covered by this RFP? | The FLSA Home Care Rule requirements established by the US Department of Labor apply to all three programs. All three programs must comply with these requirements. As a practical matter, the application of the Rule is unique to each program as each program has distinct benefits and requirements as outlined in the pro forma. Refer to *pro forma* Sections A.47 and A.48, which explain the distinctions in hours per work week between programs. |
| 4 | Are support brokerage services to be provided to all three programs covered by this RFP? | Yes, supports brokerage services are to be provided to all three programs as specified in *pro forma* Sections A.40 through A.44. Note that the scope of supports brokerage services differs by program. |
| 5 | What is the current distribution of participants by region or county? | CHOICES HCBS participants as of 6/30/17: East (4,309), Middle (4,128), West (3,944)<br>CHOICES HCBS participants in Consumer Direction as of 6/30/17: East (673), Middle (682), West (610)<br>ECF CHOICES participants as of 6/30/17: East (514), Middle (614), West (343)<br>ECF CHOICES participants in Consumer Direction as of 6/30/17: East (80), Middle (101), West (41)<br>SDWP participants in Self-Direction: East (198), Middle |

| | QUESTION / COMMENT | STATE RESPONSE |
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| | | (220), West (147) |
| 6 | What is the anticipated new enrollment distribution of participants by region or county? | TennCare is unable to accurately predict where new membership will be located. Enrollment into either CHOICES or ECF CHOICES is dependent upon an individual meeting the target population and other enrollment criteria, medical eligibility, and financial eligibility requirements for the program. Enrollment into CHOICES or ECF CHOICES is not controlled or capped by geographic area.<br><br>The SDWP is closed to new enrollment; however, Persons Supported already enrolled in the SDWP may elect to begin participation in Self-Direction. . |
| 7 | What is the format of the referral transmissions (e.g., single document per participant, Excel file for all participants, etc.) referenced in section A.12 of the sample contract? | For CHOICES and ECF CHOICES, as stated in *pro forma* Section A.12, this data is required to be exchanged in the manner determined by the Contractor and the MCO in the State required Business Agreement.<br><br>For DIDD the referral transmission is a single document (Word) per participant. |
| 8 | How is the contractor notified of changes to the Participant's assigned Care Coordinator, Support Coordinator, or DIDD Case Manager? | For CHOICES and ECF CHOICES, the MCO is expected to notify the contractor of changes to the Care Coordinator or Support Coordinator through the daily data exchange.<br><br>DIDD notifies the contractor of changes to the DIDD Case Manager through the ISP amendment process and email. |
| 9 | Who pays for the background and other checks referenced in A. 28 of the sample contract? | The contractor pays for the background and other checks referenced in *pro forma* Section A.28. |
| 10 | What is the method of payment for the background and other checks in A.28 (e.g., deduction from worker's first paycheck, deduction from participant's budget, or payment by the contractor)? | Please refer to State's response to question #9. This payment by the contractor shall not be passed on to the worker or the participant. |
| 11 | On what dates do the following occur: pay period ending, timesheet submission deadline, and payday? | The dates for pay periods, timesheet submission deadline and payday are established by the contractor and approved by TennCare as outlined in pro forma Section A.86. |
| 12 | After claims are submitted to the MCO, how quickly is the contractor paid? | Pursuant to the TennCare contractor risk agreement with the MCOs, MCOs are required to process and pay the contractor's clean electronic claims within 14 calendar days of receipt. |
| 13 | What is the current MCO's rules regarding frequency of submission? | Pursuant to the TennCare contractor risk agreement with the MCOs, MCOs are required to ensure prompt submission of information needed to make payment. Claims may be submitted as frequently as the contractor desires, provided that claims must be submitted within 120 calendar days from the date of rendering a covered service. More frequent and timely submission of claims is generally preferred and allows for prompt resolution of any issues as well as cash flow for payments to workers. |

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| 14 | Please elaborate on the type and submission of claims to DIDD, as referenced in A.89? Is this an 837 format, or is it another invoice submission format? | Billing by the Contractor on behalf of Self-Directed participants are submitted to DIDD via a DIDD website (PCP) and claims are compiled and sent to TennCare on an 837i file. |
| 15 | Based on the claims submission and payroll deadlines, will the contractor be required to advance funds for payroll prior to being reimbursed? If so, what is the approximate dollar amount to be advanced, and how long should the contractor expect for the funds to be outstanding? | As stated in State response to question #11, pay periods, timesheet submission deadline and payday are established by the contractor and approved by TennCare as outlined in *pro forma* Section A. 86. Therefore, the need for advancing funds is determined by the process established by the contractor. Note, however, that workers must be paid on the established and approved schedule, regardless of whether the contractor has submitted and received payment for claims. |
| 16 | When submitting claims, are participant-specific diagnosis codes required? If so, how are the codes provided to the contractor? | For CHOICES and ECF CHOICES, diagnosis codes are required on all claims to the MCOs and encounter records to TennCare in the 2300 HI Loop within the 5010 X12 format. The codes are provided to the Contractor via the PCSP and the authorization data exchanged between the contractor and the MCO.<br><br>For SDWP, participant specific diagnosis codes are required and are created from each claim submitted to TennCare according to the ICD-10 standard. |
| 17 | Does billing take place under the participant's Medicaid ID, or under the worker's Medicaid ID? | Both the member/participant and the worker's Medicaid ID are required on the claim. The "patient" on the claim is the participant and must be submitted on the claims to the MCO. The worker is the person rendering the service (i.e., the "rendering provider") and the entity billing the claim should be included on the claim as the "billing provider." |
| 18 | What is the average monthly dollar amount of the participant's ISP? | Based on the most recently filed 372 reports for the SDWP (calendar year 2015), the average monthly cost of waiver services is $1,567. Note that this includes all services provided under the SDWP, and not only those provided through self-direction. |
| 19 | Is the contractor required to offer workers' compensation or employee benefits? If so, what are the requirements, and are the costs paid from the participant's budget? | For the contractor's employees, the contractor is required to maintain insurance coverage as specified in D. 32 of the *pro forma* contract. For workers employed by program participants in the consumer direction of their home and community based services, the contractor is not required to offer workers' compensation or employee benefits as the worker is an employee of the participant, and not an employee of the contractor. |
| 20 | What is the current average inbound and outbound call volume by month for a 12-month consecutive period? | For CHOICES the current inbound call volume is 4,076 calls per month and 1,439 outbound calls per month.<br><br>For ECF CHOICES, the current inbound call volume is 137 calls per month and 5 out bound calls per month.<br><br>For SDWP, the current inbound call volume is 600 calls per month. |
| 21 | What is the current average talk time for call center agents? | CHOICES average talk time is 6 minutes, 46 seconds.<br><br>ECF CHOICES average talk time is 3 minutes, 19 |

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| | seconds.<br>SDWP average talk time is 6 minutes. |
| 22 What is the current average hold time for the call center? | CHOICES average hold time is 2 minutes, 8 seconds.<br>ECF CHOICES average hold time is 2 minutes, 6 seconds.<br>SDWP calls are answered by a live person during business hours. |
| 23 Will the state consider allowing direct deposit across the board for all payments on this program? | The state allows direct deposit for payments in all three programs covered by this contract. However, the state does not require members (in the case of Community Transportation) or workers to receive payment via direct deposit. As a practical matter, not all members maintain bank accounts. |
| 24 Number of Participants. Can the State provide/clarify the following information:<br>1) Number of Participants currently being served on each of the consumer-directed programs?<br>2) The distribution of Participants across the State by service region?<br>3) An estimate on the growth rate and number of new referrals for each program? | 1) Refer to State's response to question #5<br>2) Refer to State's response to question #5<br>3) Enrollment in Consumer Direction/Self Direction in each program (current and historical) was trended forward to establish the number of member months we anticipate during the 3-year period. In CHOICES, we anticipated 22 new members per month over the course of the 3-year contract. In ECF CHOICES, we anticipated 75 new members per month over the course of the 3-year contract. Note that these are estimates based on prior enrollment and anticipated new program enrollment. Note also that the availability of funding for program expansion could impact these numbers. Because enrollment into the SDWP is closed, the only new growth will come from existing program participants, which will continue to decline over time. Therefore, we anticipated only 4 new referrals per month in the SDWP. |
| 25 Transition. Can the State provide/clarify the following information:<br>1) Number of Attendants per program?<br>2) Will the Participant and Attendant information be coming from the current vendor, the State, or another entity?<br>3) Will there be a quality review of the information being given to the new Contractor? If so, will the State be involved?<br>4) Will the Attendant Transfer Information identify which Participants they serve, | 1) The CHOICES program paid 2,332 consumer directed workers and the ECF CHOICES program paid 214 consumer directed workers in July 2017. Please note this number does not include workers who are in the enrollment process or workers who are actively employed but did not work in July. The SDWP has 971 attendants.<br>2) Participant information will come from the current vendor and the MCOs. Attendant information will come from the current vendor.<br>3) Yes, there will be a quality review of the data coming from the current vendor and MCOs (including a reconciliation of participant data) and the State will be involved in the review of the data and assessing the readiness of the new contractor to receive and react to the data as outlined in *pro forma* Section A.94.. |

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| under which programs/waivers?<br><br>5) Will existing expenditure totals for the current budget be available during the transfer?<br><br>6) Will Case Manager Information and caseload data be available as transfer data?<br><br>7) What role, if any, will existing Supports Brokers play in the transfer process? | 4) Yes, the Attendant Transfer Information will identify which Participants they serve and under which programs/waivers.<br><br>5) This procurement has been specifically designed to align with the end of the calendar year, such that existing expenditure totals will close out at the end of the month (or for respite, year) with the current vendor and the new contractor will start with a new authorizations and budgets beginning January 1, 2018.<br><br>6) The DIDD Case Manager, CHOICES Care Coordinator and ECF CHOICES Support Coordinator information will be included as part of the transfer data from the current vendor. MCOs and DIDD will also provide this information (for their respective staff) which will be reconciled as part of the quality review (noted above). The caseloads for DIDD Case Managers and MCO Care/Support Coordinators does not impact the contractor and therefore will not be provided. Supports Broker caseload information may be requested as part of the transfer data to inform staffing needs.<br><br>7) Existing Supports Brokers will be utilized to educate participants about the upcoming transfer and facilitate a seamless transition to the new contractor. |
| 26 Role and responsibilities of the Support Broker:<br><br>1) Can the State explain why a Supports Broker role is used, rather than integrating the role across the FMS enrollment function and the MCO or DIDD Case Management functions?<br><br>2) Can the State clarify if the RFP requirements for the role of the Supports Broker make the Fiscal Agent a joint employer?<br><br>i. If there is a joint employer relationship, does the State accept the impact on overtime and travel time for employers and employees?<br><br>ii. Has the State built in safeguard requirements that avoid the potential impacts of a joint employer relationship?<br><br>iii. Have Participants/Employers and Employees been trained on overtime and travel time? If so, by whom?<br><br>iv. Is the State open to adjusting the role and responsibilities of the | 1) The role of the Supports Broker is separate and distinct from the role of the MCO or DIDD Case Management functions. As described in *pro forma* Sections A.40-A.44, the Supports Broker assists the participant and/or their representative in fulfilling their responsibilities as an employer. The increased demand for Supports Brokerage assistance in the enrollment process cycle of consumer/self- direction warrants a dedicated entity separate and distinct from the MCO or DIDD Case Manager. While both Supports Brokerage and Financial Administration functions are required within the Scope of Work outlined in the *pro forma* contract, the contractor has the discretion to operationalize the performance of these functions within their organization as distinct or integrated responsibilities, so long as all contractual obligations are met.<br><br>2) The State has conducted comprehensive analysis of the requirements for participation in consumer/self-direction generally and the State's contracts with entities responsible for the implementation of the program to evaluate the risk of a joint employer relationship. Using the economic realities test established by the IRS, the State has concluded that the risk of a joint employer relationship is low and that the requirements set forth in the State's contracts do not rise to the level of a joint employer relationship. Pursuant to TennCare rules, the member or their representative is the employer of record and maintains responsibility for all employment decisions (see Rule 1200-13-01-.05).<br><br>i) N/A The state maintains that the requirements of the contract do not put the contractor at risk of |

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| | Supports Broker to minimize the possibility of a joint employer relationship?<br><br>3) Is the Support Broker role outsourced by the current FMS(s)? | a joint employer relationship.<br><br>ii) See response in part 2) above.<br><br>iii) For CHOICES and ECF CHOICES, the MCO and current FEA share the responsibility for training participants/employers on overtime and travel time, if applicable. For SDWP training on overtime and travel time has been provided to participants and workers by the current Contractor.<br><br>iv) The State is open to further review and evaluation of the responsibilities of Supports Brokers to ensure minimal risk of a joint employer relationship.<br><br>3) The Support Broker role is not outsourced by the current FMS for any of the current programs. |
| 27 | Attendant Registry. Does the State have specific Attendant Registry requirements or capabilities the Vendor must meet? If so, can you provide additional information? | The State does not maintain or require the contractor to maintain an Attendant Registry. This is one of the safeguards the state has implemented to minimize potential risk of a joint employer relationship. |
| 28 | Electronic Visit Verification. Does the State have a plan for EVV implementation before the Cures Act begins in 2019? | The State is evaluating its options with respect to timely compliance with the Cures Act for consumer/self direction. As a federal law, the State (and our contractors) will be obligated to comply. Although compliance with **all** federal laws is a requirement of the *pro forma* (refer to Section D.25), new section A.99 has been added to better clarify EVV requirements. Refer to item # 8 of this amendment. |
| 29 | A.15.c. Back-Up Plans. Would it suffice to have the plans accessible through a secure digital document repository via an online interface to the appropriate entities, such as Care Coordinators and MCOs? | The State is willing to consider a secure digital document repository via an online interface accessible to the appropriate entities for the purposes of meeting the requirements outlined in *pro forma* Section A.15.c. upon successful demonstration that the interface meets all the requirements outlined in the *pro forma.* |
| 30 | A.71 - A.73. Reporting. Regarding the accessibility of reports to Care Coordinators, State Administrators and MCOs, would making the plans accessible through a secure digital document repository via an online interface to the appropriate entities suffice? | The reports outlined in *pro forma* Sections A.71-A.73 are reports due to the State (TennCare). The reports must be developed and submitted in the manner instructed by TennCare. Making the plans accessible through a secure digital document repository via an online interface to the appropriate entities would not meet the requirements outlined in *pro forma* Sections A.71-A.73. |
| 31 | A.74. Data Exchange references “agreed upon standards.” Is the State able to provide a copy of the standards referenced? | The “agreed upon standards” referenced in *pro forma* Section A.74 are specific to the contractor and each MCO and DIDD. The currently agreed upon standards are agreements entered into between the specific parties and do not have bearing on the standards for the new contractor. |
| 32 | A.86. K. Approved Timesheet Tasks. Payroll processing references approved timesheet tasks. Does the State have an existing list of approved tasks, and, if so, does this vary by | The specific tasks and functions to be performed by the worker are unique to each individual and are documented in the individual’s PCSP or ISP (see definitions). Additionally, the Service Agreement between the |

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| | program and authorization? | participant and the worker further details the roles and responsibilities of each party. Please refer to RFP Attachment 6.6, Attachment A, Definitions. For clarity, pro forma section A.86.k has been amended. Please refer to Item #7 of this amendment. |
| 33 | B. 17. Customer References. Can the State confirm that the references can be current or former State employees for States other than Tennessee?<br><br>Can the State clarify what it means by supplying references from "completed projects"? | Confirmed.<br><br>A completed project is a contract that successfully completed the initial term of the contract. |
| 34 | C.6. Reimbursement Payments. What is the "timeframe" for reimbursement payment and remittance advice/data to the Contractor from the State? | Unless disputed, the invoice remit is usually 30 days from receipt of invoice. |
| 35 | E.4. b. (2) Software references a "perpetual non-exclusive license"; can the state clarify the following:<br><br>1) Does this include a term after the conclusion of the contract?<br><br>2) When, and under what circumstances, would the Contractor provide to the State its "source code"?<br><br>3) How would the State keep confidential any "source-code" it received?<br><br>4) What are the liabilities of the State for unauthorized disclosures to third parties in light of RFP Section D.17?<br><br>5) Does the State claim ownership of enhancements made to the Contractor Owned Software relative to State's requirements developed and created prior to the effective date of the Contract, and before any payments are made by the State under the Contract? | Upon further review, this Section, E.4, is deleted in its entirety and remaining sections and references will be renumbered when contract is sent to winning respondent. |
| 36 | A. 11. C. Cost Sharing. How many Participants are on the Cost Sharing Plan? How does that currently work? | The information provided in *pro forma* Section A.11.c regarding cost sharing, or patient liability, is included for context and justification for why the word "free" cannot be used in written materials to describe services. The contractor is not responsible for any functions related to cost sharing. |
| 37 | If a Tennessee FMS provider is also providing Case Management or Supports Brokerage services in the State (on a waiver other than the one to which they provide FMS), does the State | The State does not consider providing Case Management or Supports Brokerage services on a waiver other than the one to which they provide FMS to be a conflict of interest. |

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| | consider that a conflict of interest? | |
| 38 | Attachment C. Damages. What is the total dollar amount in penalties for the current contract in the last Fiscal Year? | There were no LDs in the last FY. |
| 39 | What is the current fee ($/PMPM) paid the incumbent F/EA provider? | $105.00 pmpm (Financial Administration)<br>$155.00 pmpm (Supports Brokerage) |
| 40 | What is the average total payroll per pay period (bi-weekly, and monthly)? | For CHOICES, the average monthly payroll is approximately $3,307,000. The bi-weekly average is approximately $1,650,000.<br>For ECF CHOICES, the average monthly payroll is approximately $110,400. The bi-weekly payroll is approximately $55,200.<br>For SDWP, the average monthly payroll is approximately $1,085, 242. The bi-weekly payroll is approximately $542,620.00 |
| 41 | Does the state prefer a lengthy proposal which is inclusive of all terms/conditions (e.g. timelines, scope of work requirements, etc) in the sample contract, or less lengthy response that simply answers sections A, B, and C of the RFP?<br>As an example: Section A.92 of the sample contract talks about ownership and financial disclosure to be provided by the Contractor to the Department, however there are no questions in Section A, B, C of the RFP where the Contractor is asked to respond (or provide documentation related) to financial disclosure.<br>Does the Department wish to only see this information upon Award, or should this information be included in the Proposal nonetheless? | The Respondent is to follow the directions in the RFP and complete the response based on mandatory requirements in RFP Attachment 6.2, Section A, and Technical Requirements in Section B and Section C.<br>Everything in RFP Attachment 6.6, *pro forma* contract, is to be provided by the Contractor who is awarded this contract, not the respondents to the RFP. |
| 42 | The RFP has a clear delineation of duties between financial administration and support brokerage responsibilities. However, many of the support broker responsibilities are part of the normal financial administration on-boarding/proactive education/training process. Is the Department amenable to combining support broker and financial administration functions? | Please refer to State's response to question #26 part 1. |
| 43 | Can you please confirm the differences in billing/reimbursement systems (and billing process) for payroll, financial administration fees, etc between MCOs and Department programs. | Billing/reimbursement for all financial administration fees is outlined in *pro forma* Section A.91. Claims processes for CHOICES and ECF CHOICES are outlined in *pro forma* Sections A.87 and A. 88. For SDWP claims, the contractor submits billing for Self-Directed participants to DIDD via a DIDD website (PCP) and claims are compiled and sent to TennCare on an 837i file. |
| 44 | If the Supports Brokerage function is | Yes, even if the Supports Brokerage function is |

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| | subcontracted, does the FMS need to directly employ a Support Brokerage lead? | subcontracted, the FMS must employ a Support Brokerage lead to provide oversight and management of the subcontract. |
| 45 | Is the a precedent for the Contractor needing the change the from one authority model (employer authority, budget authority, modified budget authority) to another after the initial implementation? What circumstances has prompted that change, if there is a historical precedent. | Participant satisfaction, program performance, best practices, changes in federal regulations and other innovations could necessitate a change in the authority model after the initial implementation. Such changes would be proceeded by contract amendments, readiness reviews and testing between the state and the contractor prior to implementation. An example of this type of change occurred in 2015 when the services provided in the CHOICES program through consumer direction transitioned from a schedule-based authorization of services based on the members needs and preferences (e.g. personal care services on MWF from 8am-12pm) to a monthly authorization of units for the member to utilize throughout the month (e.g. 96 personal care 15-minute units for the month - 8 units a day x 3 days a week x 4 weeks a month). These changes were brought about as a result of feedback from program participants and the state's self-assessment of the FLSA and the potential risk of a joint employer relationship. |
| 46 | A.16 "The Contractor shall, upon request, assist the MCO or DIDD, as applicable, in identifying and addressing any additional risk associated with each Participant's decision to Consumer Direct or Self-Direct, as applicable, in the risk assessment and person-centered planning processes".<br>• To what extent is the Contractor actual involved with identifying risks? | The Contractor's involvement in identifying risks is limited to their knowledge and experience with the individual and their identified workers in their performance of the supports brokerage and financial administration functions outlined in the contract. For example, a potential worker's background check may reveal previous criminal conduct by the worker. The Contractor would be expected to assist the MCO or DIDD in identifying the risks associated with the member's decision to employ the worker. |
| 47 | "The Participant's Supports Broker shall be involved in risk assessment and risk planning activities, as appropriate" (A.16)<br>• Is there a formal risk evaluation or an assessment tool?<br>• To what extent is the Contractor liable decisions made based around the risk assessment/input into the larger assessment?<br>• What, specifically, is the risk that is being assessed? Risk to the participant? Risk to employees of the participant?<br>• Is the Contractor ever in a position where they ultimately make a decision on whether someone self-directs or not?<br>• Who handles any disagreements about the assessment's results (e.g.: participant/family doesn't agree that certain factors are risks) | *Pro forma* Section A.14 states that the contractor shall, **upon request**, assist the MCO or DIDD, as applicable, in identifying and addressing any additional risk associated with each Participant's decision to Consumer Direct or Self-Direct, as applicable, in the risk assessment and person-centered planning processes. Further, *pro forma* Section A.16 states, the Participant's Care Coordinator, Support Coordinator, or DIDD Case Manager is responsible for the development of the PCSP or ISP to include a separate plan to help ensure the Participant's health and safety which takes into account the Participant's decision to participate in Consumer Direction or Self-Direction, and which identifies any additional risks associated with the Participant's decision to direct his/her services, the potential consequences of such risk, as well as strategies to mitigate these risks. The contractor is not responsible for conducting the risk assessment or risk planning, but for assisting the MCO or DIDD upon request in identifying and addressing risks associated with Consumer or Self Direction.<br>• There is not a standardized risk evaluation or assessment tool. The MCOs and DIDD have their own tools for meeting the requirements of the risk |

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| | | assessment and risk planning.<br>• The risk assessment and risk planning are the responsibility of the MCO and DIDD. The contractor is required to participate as requested.<br>• Please refer to *pro forma* Sections A.14 and A.16 regarding risk.<br>• Please refer to *pro forma* Section A.72 which outlines the circumstances in which the contractor may make the recommendation to the MCO or DIDD that the participant is not an appropriate candidate for consumer direction. Ultimately, all denials of participation in consumer direction and involuntary withdrawals from participation in consumer direction are made by the State.<br>• The risk assessment and risk planning are the responsibility of the MCO and DIDD. Any disagreements are handled by the MCO or DIDD in the person-centered planning process. |
| 48 | A.17 "The Contractor shall notify the Participant's Care Coordinator, Support Coordinator, or DIDD Case Manager, as applicable, immediately if the Contractor becomes aware of changes in the Participant's needs and/or circumstances which warrant a reassessment of needs and/or risk, or changes to the PCSP or ISP, as applicable."<br>• What level of monitoring does this entail? | Should the contractor become aware of changes in the participant's needs or circumstances through the performance of its duties as outlined in the sample contract, the contractor is responsible for notifying the participant's Care Coordinator, Support Coordinator or DIDD Case Manager.<br>• The Monitoring and Oversight required of the Contractor is outlined in *pro forma* Sections A.45 through A.57. |
| 49 | A.37 Does the State/Program have training materials that it approves to educate people about the programs (eg: program handbooks) | Yes, the State has education materials and program handbooks that are developed in collaboration with the contractor to educate participants about the program. |
| 50 | Does the State have approved CPR/First Aid Training Programs, or is it up to the Support Broker to develop certify individuals? | The State currently accepts CPR/First Aid training from approved vendors like the American Red Cross or the American Heart Association. The contractor may elect to employ instructors who are certified as an instructor by an approved vendor; however the contractor may not develop their own CPR/First Aid training program. |
| 51 | To what extend beyond initial certification and/or hosting and making available said training available on going is the Support Broker/Contractor held responsible (outside of monitoring Workers completion of the training)? | The Contractor is responsible for ensuring the completion of initial training as outlined in *pro forma* Sections A.37 through A.39. |
| 52 | Does A.37(e), which mentions training on "medication" mean medication administration training? | No, the training identified in A.37.e does not include medication administration training. |
| 53 | How many individuals are currently enrolled in each program? | Please refer to State's response to question #5. |
| 54 | On average how many new enrollments does each program generate monthly? | Please refer to State's response to question #24, part 3. |

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| 55 | Who is the incumbent vendor(s)? | Public Partnerships, LLC |
| 56 | What is the current per member per month rate for financial administration, support brokerage, set-up for new participant, and set-up for new worker? | Financial Administration $105.00 pmpm<br>Support Brokerage $155.00 pmpm<br>Set up for New Consumer Direction Referral $175.00per member<br>Set up for New Consumer Directed Worker $55.00 per Worker |
| 57 | What is the current satisfaction rate of members served through all programs? | The current satisfaction rate of CHOICES members is assessed annually across 8 statements. The 2016 overall satisfaction rates for each statement are listed below:<br>• I would suggest the CHOICES consumer direction program to a friend or family member. 98%<br>• I think my life and health are better since beginning CHOICES consumer direction program. 94%Customer service staff is helpful and answers my questions correctly. 89%<br>• I am satisfied with the payroll and tax services I receive. 90%<br>• I can easily get in touch with my support broker when I need to. 84%<br>• I think the options for turning in time sheets work well for my employees. 93%<br>• I prefer to choose my own employees than receive care from an agency. 97%<br>• All in all, I like being in charge of directing my services. 96%<br>The ECF CHOICES program was implemented on July 1, 2016 and has not yet conducted a satisfaction survey.<br>The overall satisfaction rate for the SDWP for the prior year is 98%. |
| 58 | Has the State assessed, or provided notice of intent to assess liquidated damages to the current vendors at any time during the business relationship? | One (1) Assessment - February, 2015, $500.00 |
| 59 | Pg. 19, Technical Response and Evaluation Guide<br>Can the State confirm that it is acceptable for the bidder to reference an attachment at the end of their response to a given item number in sections B and C and attach the item at the end of the document (rather than in the body of the response), assuming that the bidder labels the attachment(s) with reference to the corresponding item number? | Confirmed |
| 60 | Pg. 20, B.11 and Pg. 23, C.1.a<br>These two sections seem to be asking a very | RFP Attachment 6.2, Section B.11 is evaluated based on one score of 30 points for the entire section, at the |

| | QUESTION / COMMENT | STATE RESPONSE |
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| | similar question. Can the State clarify the difference between the two questions or confirm that it expects similar responses? | discretion of the individual evaluator to determine weighting. Since the requirements of this section are so important to the selection of this vendor, we have added similar language to RFP Attachment 6.2, C.1. in order for it to be scored individually and scored with individual evaluation factors. |
| 61 | Pg. 21, Attachment 6.2, B.17<br><br>This section asks for references from completed projects. Can the State define completed projects a little more clearly (e.g. initial contract has expired, business relationship is fully terminated, projects within the scope of a current contract have been completed, etc.)? | Please refer to State's response to question #33. A completed project is a contract that successfully completed the initial term of the contract, or the contract has successfully ended entirely. |
| 62 | Pg. 38, Attachment 6.6, A.4: *"…Contractor…shall perform functions necessary to facilitate such participation should the person ultimately be enrolled in CHOICES…"*<br><br>What functions would need to be performed to facilitate this enrollment? | A.5.c. states that the Contractor's Supports Brokerage and Financial Administration functions are available only to Participants who qualify for receipt of Consumer Directed or Self-Directed services **except** as provided in *pro forma* Section A.4. The exception granted in A.4 ensures that the Contractor is capable of processing referrals for persons specified by TennCare who are not yet enrolled in CHOICES or ECF CHOICES, but who may qualify for CHOICES or ECF CHOICES only through receipt of Consumer-Directed services. The functions include the standard supports brokerage and financial administration requirements outlined in the sample contract. |
| 63 | Pg. 38, Attachment 6.6, A.5.a: *"Supports Brokerage functions … assist a Participant/Representative with … recruiting and training Workers."*<br><br>What duties are expected in connection with recruiting the workers? | If assistance is requested by the participant/ representative to recruit workers, examples of assistance from the supports broker may include assistance in writing a job description, assistance in identifying locations or publications to post the position, assistance in developing interview questions, assistance with interviewing, etc. |
| 64 | Pg. 38, Attachment 6.6, a.6, *"Operating system shall have the ability to implement the model of Consumer Direction currently employed in CHOICES, ECF CHOICES, and the SDWP"*<br><br>Which model, employer authority/budget authority/modified budget authority, do each of the individual programs currently operate? | The CHOICES program operates a modified budget authority model in which the member is authorized a monthly budget of service **units** based on the member's comprehensive needs assessment to use throughout the month. Members cannot exceed their monthly budget of service units and unused units do not carry over to the next month.<br><br>The ECF CHOICES program operates a modified budget authority model in which the member is authorized a monthly budget of service **dollars** based on the member's comprehensive needs assessment to use throughout the month. Members cannot exceed their monthly budget of service dollars and unexpended dollars do not carry over to the next month.<br><br>For both programs, respite is authorized on an annual (rather than monthly) basis.<br><br>SDWP operates a full budget authority model. |
| 65 | Pg. 38-9, Attachment 6.6, A.6: *"flexibility to transition from an employer authority model to a* | Please refer to State's response to question #64. |

| | QUESTION / COMMENT | STATE RESPONSE |
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| | *budget authority or modified budget authority model if necessary to meet programmatic change requirements within timeframes specified by the State."*<br><br>Can the State define modified budget authority? | |
| 66 | Pg. 42, Attachment 6.6, a.12, *"…the Contractor shall exchange program referral transmissions daily…"*<br><br>Do the MCO's/DIDD currently provide referrals in a daily data feed using a common file format (.csv, XML, Excel)? If not, how is the data transmitted? | For the CHOICES and ECF CHOICES programs the MCOs currently provide referrals in a daily data feed using a common file format.<br><br>For SDWP referrals are transmitted only when an enrollee chooses self-direction. The referral format is a Word document. |
| 67 | Pg. 43, Attachment 6.6, A.15.c, *"For the initial Back-up Plan, the Contractor shall confirm with these persons and/or organizations their willingness and availability to provide care when needed, document confirmation in the Participant's file and forward a copy of the documentation to the MCO or DIDD, as applicable."*<br><br>What level of documentation is required? Is a phone log confirmation enough or is a sign-off from the persons and/or organizations required? | A phone log or other form of documentation from the contractor to indicate that the contactor confirmed the person's and/or organization's willingness and availability to provide back-up support when needed is acceptable. |
| 68 | Pg. 43, Attachment 6.6, A.16., *"Once a referral has been made to the Contractor for Consumer Direction or Self-Direction, the Participant's Supports Broker shall be involved in risk assessment and risk planning activities, as appropriate."*<br><br>Does the state have a checklist or parameters around what elements a Supports Broker needs to review in regards to assessing the risk? | Please refer to State's response to question #47. |
| 69 | Pg 43, Attachment 6.6, A.18*: "If requested by the Participant/Representative, provide the required level of assistance needed to recruit, interview, and hire Workers, and; c. If requested by the Participant/Representative, provide the required level of assistance needed, in developing job descriptions…"*<br><br>Have any issues come up regarding the FLSA and determination of employer status of the existing Financial Administrator/Supports Broker in regards to providing this level of support? | Please refer to State's response to question #26. Pursuant to TennCare Rules the Participant/ Representative is the employer of record and maintains the responsibility for all hiring decisions. The assistance provided by the Supports Broker is upon request and is provided in a supportive and consultative manner. All employer responsibilities are retained by the employer of record. |
| 70 | Pg. 44, Attachment 6.6, A.18.e, *"Once potential Workers are identified, verify that a potential Worker meets all applicable qualifications, which includes but is not limited to, in relation to Members, confirming that the potential Worker is not a family member prohibited by TennCare* | The TennCare Rules can be found at http://share.tn.gov/sos/rules/1200/1200-13/1200-13-01.20161229.pdf |

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| | *Rules from providing services, and does not reside (or has not resided) with the Member as specified in TennCare Rules, and that any potential Worker for a Person Supported is not excluded based on laws and rules applicable to these programs;"*<br><br>Can the State provide specifics on the TennCare Rules surrounding the eligibility requirements for a worker to provide services including relationship to the Member? | |
| 71 | Pg. 44, Attachment 6.6, a.18.l.4, *"…The Contractor secures a Medicaid ID for each Worker…"*<br><br>What is the current process to obtain a Medicaid ID for each Worker? | The Medicaid ID process is completed through a daily standard file exchange between the contractor and TennCare. |
| 72 | Pg. 45, Attachment 6.6, A.19, *"Additionally, the Contractor shall maintain a system and process for receiving authorization changes from the MCO and shall update the Timekeeping System to reflect such changes within the timeframe necessary to ensure Members are receiving the appropriate services, timesheets can be verified, and Workers shall be paid for authorized services provided per the established payroll schedule."*<br><br>Is there currently an authorization data exchange that exists? If not, how are authorizations provided? | *Pro forma* Sections A.74-A.76 outline the expectations for data exchange and sharing between the contractor and the MCOs and DIDD. The authorization file is one of the relevant data files that the contractor shall have the capability to accept. For CHOICES and ECF CHOICES this file is exchanged daily in a standard file format. For SDWP there is an authorization data exchange process by which changes are sent to DIDD staff by a participant coordinator. Authorizations are entered into an internal DIDD application as they are approved. Once entered, they are made available for billing within 7-calendar days. Burst reports containing all authorized (per recipient) are transmitted to providers on the 7th calendar day of each month. |
| 73 | Pg. 45, Attachment 6.6, a.26, *"…Ongoing training shall be provided upon request of the Participant/Representative or if a Care Coordinator, Support Coordinator, or DIDD Case Manager, as applicable, determines that additional training is warranted…"*<br><br>On average for each Participant, how often each year will additional training be requested? | In CHOICES and ECF CHOICES supports brokers provide regular, ongoing assistance and fulfill ad hoc retraining requests for both participants and their workers as part of their day-to-day responsibilities. Currently the ad hoc training requests are not tracked in a manner that allows the state to provide the number or percentage of requests. In the SDWP approximately 33% of participants request or receive additional training. |
| 74 | Pg. 46, Attachment 6.6, A.26, *"Ongoing training shall be provided upon request of the Participant/Representative, or if a Care Coordinator, Support Coordinator, or DIDD Case Manager, as applicable, determines that additional training is warranted."*<br><br>How many subsequent or additional trainings can be requested or deemed as warranted? What percentage of existing members require additional training? | There is not a limit to the number or amount of training that can be requested. Please refer to State's response to question #73. |
| 75 | Pg. 47, Attachment 6.6, A.28.b, *"The following findings may place the Participant at risk and may disqualify a person from serving* | Note that this provision is a "may" and not a "shall", therefore these offenses are not exclusions but considerations. Pursuant to guidance issued by the |

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| | *as a Worker: (1) Conviction of an offense involving: physical, sexual, or emotional abuse; neglect; financial exploitation or misuse of funds; misappropriation of property; theft from any person; violence against any person; or manufacture, sale, possession or distribution of any drug;"*<br><br>Does the State have a specific list of statute numbers that would exclude a Worker from being employed by a member? | EEOC, the State does not apply blanket exclusions for any specific criminal offenses. Instead, the State requires an individualized review process as outlined in *pro forma* Section A. 29 for persons supported in the SDWP and *pro forma* Section A.30 for members in the CHOICES and ECF CHOICES programs. It is important to note, however, that appearance on any of the applicable registries is not eligible for review and is grounds for exclusion (registries include: the State abuse registry, the State and national sexual offender registries, and the Health and Human Services Office of Inspector General (HHS-OIG) List of Excluded Individuals and Entities (LEIE), the General Services Administration (GSA) System for Award Management (SAM), the Social Security Death Master File, and other exclusion and/or other professional board databases, as applicable.). (see TCA 68-11-1001 et seq, section 1128(B)(f) of the Social Security Act, and 42 CFR 455.436) |
| 76 | Pg. 48, Attachment 6.6, A.29, *"If a potential Worker for a Person Supported has a criminal background, and the Person Supported/Representative wishes to hire this potential Worker, the Contractor shall submit the criminal background information to DIDD for consideration of an exemption pursuant to DIDD policy."*<br><br>Does the State have a designated process including expected timeframes to submit requests for an exemption? | Yes, DIDD has an exemption policy that can be found on the DIDD website at https://www.dropbox.com/s/wrfvmcbq516ykvu/30.1.6%20-%20Exemption%20Process%20Policy.pdf?dl=0 |
| 77 | Pg. 48, Attachment 6.6, A.29*: "If a potential Worker for a Person Supported has a criminal background, and the Person Supported/Representative wishes to hire this potential Worker, the Contractor shall submit the criminal background information to DIDD for consideration of an exemption pursuant to DIDD policy."*<br><br>Are there certain background check results that cannot be waived such as the mandatory exclusions referenced in 42 USC 1320a-7(a) or is this a determination that the DIDD makes? | DIDD makes a determination per EEOC guidance. Please refer to State's response to question #75. |
| 78 | Pg. 49, Attachment 6.6, A.34.e*, "Notice about option for direct deposit and instructions for how to request direct deposit;"*<br><br>Will the State permit the Contractor to require direct deposit for payment of workers employed by the member? | Please refer to State's response to question #23. |
| 79 | Pg. 49, Attachment 6.6, A.37, *"The Contractor's Supports Brokers shall be responsible for providing or arranging for initial and ongoing training of all Workers…"*<br><br>To clarify, the only trainings that are renewed | Correct. |

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| | would be CPR and First Aid Certification and annual Medicaid fraud and abuse identification and reporting, correct? | |
| 80 | Pg. 49, Attachment 6.6, A.37: *"The Contractor's Supports Brokers shall be responsible for providing or arranging for initial and ongoing training of all Workers, except that Participants shall be responsible for training the Worker(s) regarding individualized service needs and preferences of the Participant…"*<br><br>How is the cost of training covered for the workers? Are the workers paid for time spent completing this training? | The cost of training should be factored into the contractor's cost proposal for supports brokerage and financial administration services.<br><br>Workers are not paid for time spent completing the training. |
| 81 | Pg. 50, Attachment 6.6, A.39, *"Additional training components may be provided by the Supports Broker to a Worker to address issues identified by the Care Coordinator, Support Coordinator, or DIDD Case Manager, as applicable, or by the Participant/Representative, or at the request of the Worker. Refresher training may be provided more frequently if determined necessary by the Contractor, Care Coordinator, Support Coordinator, or DIDD Case Manager, as applicable, or by the Participant/Representative or at the request of the Worker."*<br><br>How many refresher trainings can be requested or determined necessary? What percentage of existing members require additional training? | Please refer to State's responses to questions #73 and #74. |
| 82 | Pg. 51, Attachment 6.6, A.40.d, *"Participate in development of the Member's PCSP, including the risk assessment process as appropriate and if requested by the Care Coordinator or Support Coordinator or Member/Representative;"*<br><br>Is the Supports Broker intended to participate in the initial PCSP prior to a referral or ongoing PCSPs after a referral takes place? | Except in cases identified in *pro forma* Section A.4, the Supports Broker is expected to participate **as appropriate and if requested** after a referral is made to the contractor. |
| 83 | Pg. 51, Attachment 6.6, A.40.d*: "Participate in development of the Member's PCSP, including the risk assessment process as appropriate and if requested by the Care Coordinator or Support Coordinator or Member/Representative…"*<br><br>What degree of participation, besides the risk assessment, is generally expected for the Supports Broker in the development of the PCSP? | Please refer to State's response to question #47. |
| 84 | Pg. 52, Attachment 6.6, a.42.h, *"…Conduct semi-annual in-person visits; at least one (1) of which has to be in the home…"*<br><br>Is this required for CHOICES and ECF | *Pro forma* Sections A.42-A.44 apply to persons supported in the SDWP only. |

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| | CHOICES or just SDWP? | |
| 85 | Pg. 52, Attachment 6.6, A.42.n, *"Furnish program binder, which is reviewed at each home visit for daily notes, underutilization forms, and individual specific training;"*<br><br>Does the State have a prescribed format for program binders and daily notes?<br><br>Can the State identify the components included on "underutilization forms"? | The table of contents for the program binder prescribes the documents required in the personal record. Daily note formats may vary, but all require the standardized elements.<br><br>Components included on underutilization forms include: Participant Name, Service Type, Total Hours Authorized, Hours Utilized, Hours Remaining, Percentage of Budget Utilized. |
| 86 | Pg. 53, Attachment 6.6, a.44, *"…support broker caseloads for Persons Supported shall not exceed a 50:1 ratio…"*<br><br>This requirement seems to indicate that supports brokerage is a permanent service. Are there situations where broker services "fade out"? What is the current Support Broker to Persons Supported ratio from the incumbent(s)? | The sample contract requirement referenced is specific to the SDWP. The Supports Brokerage requirements are ongoing and do not "fade-out". The current Supports Broker ratio carried by the current Contractor is 50:1. |
| 87 | Pg. 53, Attachment 6.6, A.45.a*, "The service utilization and remaining hours or dollars, as applicable, shall reflect the status of the Participant's utilization at the point in time it is accessed by the Participant/Representative."*<br><br>Does the phrase "at the point in time it is accessed" in regards to remaining hours or dollars intend to include service utilization worked but not yet paid or only those services utilized *and* paid at the point in time the information is accessed? | In order to facilitate the effective management of the participant's budget, the timekeeping system shall have the capability to reflect the status of the participant's utilization including service utilization worked but not yet paid. |
| 88 | Pg. 54, Attachment 6.6, A.45.g*.: "As requested by the Care Coordinator, Support Coordinator, or DIDD Case Manager, as applicable, or the Participant/Representative, assist the Participant/Representative in monitoring and evaluating the performance of Workers…"*<br><br>Have there been any joint employment issues from assisting the Participant/Representative with supervising workers? Is the supports broker's role limited to ensuring the performance reviews are documented? | Please refer to State's responses to questions #26 and #69. Pursuant to TennCare Rules, the Participant/ Representative is the employer of record and maintains the responsibility for all employer related functions. The support provided by the Supports Broker is upon request and is provided in a supportive and consultative manner to assist the participant/representative in fulfilling their employer responsibilities. |
| 89 | Pg. 56, Attachment 6.6, a.56*, "…The policies and procedures manual should also address how the Contractor shall stay current with Federal and State tax, labor, Workers compensation insurance and program rules and regulations…"*<br><br>Are all Employers required to have workers' compensation insurance or only when required by law? | Participant/Representatives who are employers of consumer directed workers are only required to have workers' compensation when required by law. The cost of workers' compensation insurance is not covered by the program. |

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| 90 | Pg. 69, Attachment 6.6, A.86.k, *"Review, as necessary, detailed documentation of service delivery…"*<br><br>Is the FMS provider required to examine service notes that are supplemental to the timesheet and compare to the ISP as a rule? If so, is the FMS making value judgements on the quality and appropriateness of the services delivered vis-à-vis the ISP? | As the employer of record, the responsibility for reviewing and approving all time worked is that of the participant/representative. In instances where there are questions about the services provided, approved time needs to be revised, or concerns that the participant's needs are not being met, the contractor shall review the service notes/documentation to help ensure that services are being provided and that the participant's needs are being met. Any concerns about the participant's needs and or the delivery of services should be forwarded to the MCO Care/Support Coordinator or the DIDD Case Manager as outlined in *pro forma* Sections A.17 and A.53. |
| 91 | Pg.70-71, Attachment 6.6, A.90-91<br><br>Upon receipt of electronic claims, how long does it take the State to remit payment for reimbursement? How long to remit payment for the monthly administrative fee? | For CHOICES and ECF CHOICES, the MCOs are required to process and pay clean electronic claims within 14 calendar days of receipt.<br><br>For DIDD there is a 10 day turnaround when claims are submitted through PCP.<br><br>Unless disputed, the invoice remit is usually 30 days from receipt of invoice. |
| 92 | RFP Section 1.1.2<br><br>As of June 2017, how many people and members are supported in each program?<br><br>How many are currently enrolled in CD/SD of HCBS? What were the June 2017 SB & FA PMPM fee?<br><br>What was the June 2017 set up fee for new participants and new workers? | Please refer to State's response to question #5.<br><br>Please refer to State's response to question #56. |
| 93 | *Pro Forma* Contract Section A.13<br><br>What is the average number of referrals received on a weekly basis? | Please refer to State's response to question #24. |
| 94 | *Pro Forma* Contract Section A.18.M<br><br>Is a member involuntarily disenrolled after 60 days? Are supports brokers responsible for weekly calls after 60 day period? | Pursuant to TennCare's contractor risk agreement with the MCOs, if a member exceeds 60 days to initiate consumer directed services, the MCO shall notify the member that eligible CHOICES HCBS or eligible ECF CHOICES HCBS must be initiated by contract providers unless these HCBS are not needed on an ongoing basis in order to safely meet the member's needs in the community, in which case, the MCO shall submit documentation to TENNCARE to begin the process of disenrollment from CHOICES or ECF CHOICES. Even if services are initiated by contract providers, if consumer directed services are not initiated within ninety (90) days of FEA referral, the MCO shall assess whether consumer direction is appropriate for the member at this time or whether the member should be disenrolled from consumer direction. Disenrollment from consumer direction does not preclude the member from initiating consumer directed services at a later point.<br><br>Supports Broker calls should continue until the member's |

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| | | CD services are initiated or a request to involuntarily disenroll is approved by TennCare. |
| 95 | *Pro Forma* Contract Section A.37<br><br>Is the Contractor responsible for any specific technology, systems access or equipment in order to conduct worker trainings? | The State does not prescribe any specific technology, systems or equipment to conduct worker trainings. |
| 96 | *Pro Forma* Contract Section A.40.<br><br>Are ECF & CHOICES SBs responsible for voice to voice contact and semi-annual home visits like DIDD SBs? | No, there are no contact requirements for CHOICES or ECF CHOICES members. |
| 97 | *Pro Forma* Contract Section A.41.<br><br>What is the staffing ratio for CHOICES/ECF Supports Brokers? | The State has not prescribed a Supports Broker staffing ratio for CHOICES or ECF CHOICES programs. The Contractor must have sufficient staff to fulfill contractual obligations in a timely manner. |
| 98 | *Pro Forma* Contract Section A.44.<br><br>Are caseload ratios determined by the total number of all persons supported or by the number of participants enrolled in CD of HCBS? | Supports Brokerage caseloads are based on the number of participants enrolled in CD of HCBS. |
| 99 | *Pro Forma* Contract Section A.46<br><br>Please clarify the acceptable locations for DIDD in person visits as A.42 (H) states at least one must be in the home however A.46 states face to face visit in the person's place of residence | Pro Forma Section A.46 of the pro forma shall be amended to be consistent with A.42.h, that only 1 semi-annual visit by the Supports Broker must be in the person's residence. The other visit can be elsewhere.<br><br>Refer to Item #3 of this amendment. |
| 100 | *Pro Forma* Contract Section A.61.<br><br>Who is responsible for conducting investigations for critical events and determining substantiation? | For CHOICES, critical incidents must be reported to the member's MCO (refer to *pro forma* Section A.58). The MCO is responsible for conducting the investigation and making a determination.<br><br>For ECF CHOICES, reportable events must be reported to DIDD or the MCO depending on the tier classification of the event (refer to *pro forma* Section A.59). The MCO or DIDD is responsible for conducting the investigation and making a determination.<br><br>For SDWP, reportable incidents must be reported to DIDD (refer to *pro forma* Sections A.65-A.70). DIDD is responsible for conducting the investigation and making a determination. |
| 101 | *Pro Forma* Contract Section A.71.4<br><br>As of June 2017, how many participants are currently new enrollment, ongoing support, and transition assistance? | This is a new requirement. The State is working with the current contractor to begin reporting participant information in this manner. Current supports brokerage caseloads are not classified by status of new enrollment, ongoing support, and transition assistance; thus this data is not currently available. |
| 102 | *Pro Forma* Contract Section C.3.<br><br>Can PMPM be billed during a month when a participant enrolled in CD of HCBS experiences a hospitalization or staff turnover during part of the month? | PMPM can be billed in a month when a participant is enrolled in CD and has an active on-going authorization for CD services. |

<table>
<tr><th>QUESTION / COMMENT</th><th>STATE RESPONSE</th></tr>
<tr><td>103 Pro Forma Contract Section B.1. p.82<br><br>The contract effective date ends in three years as 12/31/2020 however the PMPM funds services until 12/31/2022 in c.3.3. Which date is correct?</td><td>They both are correct. The rates in C.3.b.(2) are for the original contract time period through 12/31/2020. The rates in C.3.b.(3) are for the extension period, should the State use optional term extension years (Refer to pro forma Section B.2)</td></tr>
<tr><td>104 RFP Section 2.1<br><br>The Contractor Signature Deadline is September 6, 2017 and the Contract Start Date is October 1, 2017. Is it expected that the selected contractor transition all existing participants by October 1, 2017? Or is there a transition period for the new contractor? If so, what is the start date for the contractor to begin providing FMS services?</td><td>The transition period is October 1, 2017 – December 31, 2017, with start date to begin FMS services January 1, 2018 (when current contract ends).</td></tr>
<tr><td>105 What is the number of existing participants in the CHOICES program?</td><td>Please refer to State’s response to question #5.</td></tr>
<tr><td>106 What is the number of existing participants in the ECF CHOICES program?</td><td>Please refer to State’s response to question #5.</td></tr>
<tr><td>107 What is the number of existing participants in the SDWP program?</td><td>Please refer to State’s response to question #5.</td></tr>
<tr><td>108 What is anticipated growth in each program?</td><td>Please refer to State’s response to question #24.</td></tr>
<tr><td>109 What is the current fee structure and amount for each program?</td><td>Please refer to State’s response to question #56.</td></tr>
<tr><td>110 What is the average participant budget size for each program?</td><td>CHOICES and ECF CHOICES budgets are specific to each authorized consumer direction service type. For example, a CHOICES member could have a personal care budget and an attendant care budget for each month. The table below provides each service type and the average monthly budget:
<table>
<tr><th>Service Type</th><th>Program</th><th>Average Monthly Budget</th></tr>
<tr><td>Attendant Care</td><td>CHOICES</td><td>$1,896.45</td></tr>
<tr><td>Personal Care</td><td>CHOICES</td><td>$1,248.00</td></tr>
<tr><td>Companion Care</td><td>CHOICES</td><td>$3,305.37</td></tr>
<tr><td>Personal Assistance</td><td>ECF CHOICES</td><td>$1,934</td></tr>
<tr><td>Supportive Home Care</td><td>ECF CHOICES</td><td>$1,144</td></tr>
<tr><td>Community Transportation</td><td>ECF CHOICES</td><td>$178</td></tr>
</table></td></tr>
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| | QUESTION / COMMENT | STATE RESPONSE |
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| | | SDWP average participant budget is $28,000 per year. |
| 111 | RFP Attachment 6.2. Section B.17.<br>Please define the words "accounts" and "completed projects" in regards to reference requirements. | These words are interchangeable. We want references from vendors that have both current accounts, but the fact that they are completed would make them a project. These should be from contracts that are similar in size and project to the required scope of work in this RFP 31865-00477. |
| 112 | RFP Attachment 6.2, Section C.5.b.<br>Please provide examples of after-hours assistance. | After hours assistance refers to assistance provided outside typical business hours of operation (e.g. M-F 8:00 am to 5:00 pm). |
| 113 | Cost Proposal<br>The cost proposal and scoring guide has an evaluation factor of 175,000 for 1/1/2018 to 12/31/2020, and an evaluation factor of 120,000 from 1/1/2021 to 12/31/2022. What is the rationale for the reduction in the evaluation factor over the two time periods? | These are per month factors, so the evaluation component for the original three (3) year term is based on 36 months, and term extension two (2) year period based on 24 months. This has no impact on your individual unit bid, just for calculation purposes to determine maximum liability of winning respondent. |
| 114 | Cost Proposal<br>What is the current cost of background checks and fingerprints? | The average cost of background checks $33. Factors such as the number of counties with in the state or additional states searched can impact the cost. |
| 115 | Cost Proposal<br>What is the average amount of time between background check, fingerprinting, and clearance? | The average timeframe for a background check is 3 days. Again, factors such as the number or counties within the state or additional states searched can impact the timeframe. |
| 116 | Cost Proposal<br>Is the worker set up fee intended to include the cost of CPR and first aid certification? | The worker set up fee does not include the cost of CPR and first aid training. The cost of these courses is the responsibility of the individual worker. |
| 117 | *Pro Forma* Contract Sections A.18.l.4 and A.28.f.<br>Workers are required to be assigned a Medicaid provider ID #. MA ID #s are required when submitting claims to TennCare. Are they required for ECF CHOICES and SDWP? | Medicaid ID #s are required for all workers in all programs. |
| 118 | *Pro Forma* Contract Section A.42.r.<br>Historically, what languages have been required to be translated? | Spanish and American Sign Language have been requested. |
| 119 | *Pro Forma* Contract Section A.42.r.<br>What percent of participants require translation services? | The volume of participants that require translation serves is minimal. Currently no SDWP participants require translation. In the CHOICES and ECF CHOICES programs, the current contractor has had approximately 60 calls in the last six months that required translation. |
| 120 | *Pro Forma* Contract Section A.82.d.<br>Who produces the TennCare-approved | The contractor is responsible for developing the training and orientation materials for Supports Brokers. TennCare |

| | QUESTION / COMMENT | STATE RESPONSE |
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| | orientation and training program for Supports Brokers? | will review/approve the training materials as a part of the readiness review process. |
| 121 | *Pro Forma* Contract Section A.87<br><br>What is timely filing across MCOs? | Please refer to State's response to question #12. |
| 122 | *Pro Forma* Contract Section A.87<br><br>For the purpose of electronic claims submission, is the 837i a requirement, or is the 837p format acceptable? | The Contractor is required to submit claims in the 837i format, as required by TennCare. |
| 123 | How are the DIDD authorizations formatted (i.e. weekly, monthly, or yearly)?<br><br>Do unused authorizations roll forward to the next week/month/year? | Authorizations are initially based on yearly Plan of Care (ISP) amounts, but may be impacted by service amendments to the Plan of Care during the year.<br><br>Unused annual budget amounts do not roll forward. |
| 124 | Section A. 86.f. states that the vendor must *"develop a process for identifying and resolving, with a frequency specified by TennCare, to ensure accurate payment to the worker in the scheduled time period, errors or omissions in timesheets, including instances when a Worker fails to submit a timesheet;".* As part of consumer direction, it is the employer's responsibility to ensure that Worker timesheets are submitted accurately and on time. Is it TennCare's intent to move this employer responsibility to the FEA? | The employer maintains the responsibility to ensure that worker timesheets are submitted accurately and on time. However, as part of the financial administration and supports brokerage functions provided by the contractor, the state expects the contractor to support the employer in fulfilling these responsibilities by having systems and processes in place to alert employers to errors or omissions in the process. For example, a faxed timesheet that was submitted prior to the deadline but errored out of the automated process should be reviewed by the contractor in time for the employer to be notified of the error and a correction made so that the worker can be paid timely. Another example might include processes for alerting employers who have outstanding time to approve or who have an active on-going authorization for services and no approved time for the pay period. |
| 125 | At the pre-response conference, a statement was made about the EVV requirements in the 21st Century Cures Act and contractor compliance with federal and state regulations. Implementing an EVV system that meets the EVV requirements will require expertise and technology not specified in the RFP. Is it TennCare' s intention to expand the scope of work to EVV after contract implementation? | Please refer to State's response to question #28. Compliance with federal law is not an expanded scope of responsibility (refer to *pro forma* Section D.25).<br><br>Please refer to Item # 8 of this amendment. |
| 126 | Section A.5.d. *states "All staff (employed or subcontracted) providing Supports Brokerage functions, including the Account Manager, a SDWP Project Lead, a CHOICES Project Lead, an ECF CHOICES Project Lead, and Support Brokerage Lead, shall be physically located within the State of Tennessee..".* Would TennCare consider an exception process? For example, a support broker may live just across the state line in a bordering state. | The state would be willing to consider an exception process, provided that specified staff are *in Tennessee* for purposes of performing contracted functions. |
| 127 | The current customer service option for CHOICES and ECF, which has high satisfaction | *Pro forma* Section A.77 requires that the Contractor's toll free telephone line is staffed adequately to respond to |

| | QUESTION / COMMENT | STATE RESPONSE |
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| | ratings, allows customers to elect a self-service option through automation 24 hours a day seven days a week. The RFP requirement requires a live representative. This means that members and workers would no longer be able to obtain information after hours and those who voluntarily select self-service during the day (currently 40% of all calls) would no longer have those options. Is it TennCare's intent to exclude this from the customer experience? | Participant/Representative questions during normal business hours, defined as 8 a.m. to 5 p.m. in the time zone applicable to the Grand Region being served by the MCO or DIDD, as applicable, Monday through Friday, except State of Tennessee holidays. The language prohibiting automation has been removed and updated to include performance standards.<br>Please refer to Item #4 and Item # 6 of this amendment. |
| 128 | PPL currently receives about 4,400 customer service calls a month for the CHOICES and ECF programs. We have received up to 200 calls in a 15-minute increment. The RFP requires a live representative. For a vendor to meet that requirement without increasing costs (by hiring staff) dramatically, the vendor must decrease customer service experience. Is TennCare aware of the increased labor costs associated with accommodating staffing levels to meet a requirement that calls are answered by a live rep, including during slow and peak periods? | Please refer to State's response to question #127. |
| 129 | Section A.5.d. states, *"Customer service staff shall be solely dedicated to the CHOICES, ECF CHOICES, and SDWP programs."* We have multilingual staff who assist callers with Spanish, Arabic, Cambodian, Cantonese, Korean, Laotian, Mandarin, Russian, Somali, Tagalog, Ukrainian, and Vietnamese and we supplement other languages through the assistance of a language line. A requirement of dedicated staff would preclude a vendor from using these resources. Is this the intent? | The requirement to have a customer service staff dedicated solely to the CHOICES, EFC CHOICES and SDWP programs does not preclude the contractor from utilizing multilingual staff outside the dedicated team to assist with translation. Additionally, *pro forma* Section A.77.f requires that the Contractor have the capacity to access translation services when needed. |
| 130 | Section A.71.d.6. states *"Tennessee Tax Liabilities Report by month and cumulative for the quarter".* Tennessee SUI filings and payments are made in the aggregate per quarter and are not broken out by months. Did TennCare mean that the report would be cumulative for the quarter? | Yes. Please refer to Item #5 of this amendment. |

**3. RFP Attachment 6.6, Section A.46 is deleted in its entirety and replaced with the following:**
(any sentence or paragraph containing revised or new text is highlighted)

A.46. For Persons Supported, the Contractor shall conduct semi-annual face-to-face visits, one of which must be in the Person Supported's place of residence, and shall conduct at least monthly phone contacts. These visits and contacts shall supplement and not supplant the minimum DIDD Case Manager contacts. The Contractor shall document the dates of each visit, the purpose and outcome in the Person Supported's files and the Contractor shall use these visits to monitor the quality of service delivery including, at a minimum: Identifying any service delivery issues regarding services being Self-Directed; and Determining the adequacy and appropriateness of documentation of service delivery.

**4. RFP Attachment 6.6, Section A.71.d.4. is deleted in its entirety and replaced with the following:**
(any sentence or paragraph containing revised or new text is highlighted)

4. *Customer Service Report* that provides, by program, month, and cumulative for the quarter, the following information:

a. Number of calls received;
b. Percentage of abandoned calls;
c. Average time to answer calls:
d. Percentage of calls answered within thirty (30) seconds;
e. Average length of time on hold;
f. Average length of time on each call;
g. Number of voice messages received;
h. Number and percent of voice messages returned within one (1) business day;
i. Number of dropped calls; and
j. List of reasons for each call and number of calls per reason, which shall be categorized by program (i.e., CHOICES, ECF CHOICES, or SDWP, and if CHOICES or ECF CHOICES, by MCO).

**5. RFP Attachment 6.6, Section A.71.d.6. is deleted in its entirety and replaced with the following:**
(any sentence or paragraph containing revised or new text is highlighted)

6. *Tennessee Tax Liabilities Report* [**section deleted**] cumulative for the quarter that provides the following information, at a minimum:

a. Name and identification number of each Participant having a tax liability to the State of Tennessee Department of Labor; and

b. Accounting for any payments made by the Contractor on behalf of these Participants during the reporting period, including the amount(s) owed, the amount(s) paid, the due date for said payment(s), and the actual date of said payment(s).

**6. RFP Attachment 6.6, Section A.77.a. is deleted in its entirety and replaced with the following:**
(any sentence or paragraph containing revised or new text is highlighted)

a. Ensure that the toll free telephone line is staffed adequately to respond to Participant/Representative questions during normal business hours, defined as 8 a.m. to 5 p.m. in the time zone applicable to the Grand Region being served by the MCO or DIDD, as applicable, Monday through Friday, except State of Tennessee holidays. All staff answering calls during normal business hours shall be familiar with the Contractor's services and program materials, and with each program for which Consumer-Directed or Self-Directed services, as applicable, are provided, including the requirements and processes thereto. The Contractor may also provide an automated system, which, if offered, shall be optional to the caller during and after normal business hours (a person can choose to speak with a live operator). The Contractor shall adequately staff the customer service line to ensure that the following performance standards are met: less than five percent (5%) call abandonment rate; eighty-five percent (85%) of calls are answered by a live voice within thirty (30) seconds (or the prevailing benchmark established by National Committee for Quality Assurance), unless the caller opts for an automated system; and average wait time for assistance (excluding callers selecting the automated system that may be offered by the Contractor) does not exceed ten (10) minutes. At times outside of normal business hours, the Contractor shall have an answering service available, which shall obtain and record the best time and number to contact the caller. Calls received by the answering service shall be returned within one (1) business day from the time the message is recorded;

**7. RFP Attachment 6.6., Section A.86.k is deleted in its entirety and replaced with the following:**
(any sentence or paragraph containing revised or new text is highlighted)

k. Review, as necessary, detailed documentation of service delivery including, but not limited to, the specific tasks and functions performed for the Participant to help ensure that services are being provided and that the Participant's needs are being met;

**8. Contract Section A.99 and heading below are added as new language:**
(any sentence or paragraph containing revised or new text is highlighted)

**Compliance with the 21st Century Cures Act: Electronic Visit Verification**

A.99. No later than January 1, 2019, the Contractor shall have in place a fully operational, HIPAA-compliant and secure Electronic Visit Verification (EVV) system to be used for services provided through Consumer or Self-Direction that meets the requirements specified below. TennCare may require the Contractor to implement a system the State has selected or designed, one (1) or more systems selected or designed by the three (3) Managed Care Organizations contracted with TennCare, or select or develop its own system.

a) At a minimum, the EVV system shall verify:

1. The type of service performed;
2. The Participant receiving the service;
3. The date of the service;
4. The location of service delivery;
5. The Worker providing the service; and
6. The time the service begins and ends.

b) The EVV system implemented by the Contractor must have flexibility and adaptability related to internet access and the use of mobile devices, and shall accommodate the system's use in rural areas where internet service may be limited.

c) The EVV system implemented by the Contractor shall not have rigid scheduling rules and shall allow for ease of schedule changes based on the Participant's needs and preferences.

d) The EVV system implemented by the Contractor shall not restrict the locations in which Participants may receive services.

e) The EVV system implemented by the Contractor shall provide a variety of accessible means for Participants to review and approve service hours, using both innovative and standard technologies.

f) The EVV system implemented by the Contractor shall provide functionality for the retroactive adjustment of shift start or end times, when appropriate, and facilitate efficient communication and resolution of problems.

g) The EVV system used by the Contractor shall not constrain Participants' selection of Workers, or impede the manner in which services are delivered through Consumer or Self- Direction.

h) The Contractor shall develop and provide training for Workers who will use the EVV system which incorporates best practices identified by the U.S. Department of Health and Human Services as provided to the Contractor by TennCare.

i) In designing and/or implementing the EVV system, the Contractor shall establish processes to ensure input from Participants, family caregivers, Workers, and other stakeholders. The Contractor shall also participate in stakeholder engagement activities related to EVV implementation and ongoing operation as requested by TennCare.

j) No later than March 1, 2018, the Contractor shall provide an operational plan to TennCare concerning the implementation of an EVV system for services provided under this Contract. Such a plan shall contain milestones in preparation of a January 1, 2019 implementation date, and the plan shall be subject to prior approval and amendment by TennCare.

k) The Contractor shall participate in operational planning and readiness activities as required by TennCare to commence no later than October 1, 2018 to demonstrate the Contractor's readiness to implement the EVV system by January 1, 2019, including providing training materials and presentations for Workers relating to the Contractor's EVV system to TennCare for prior approval.

**9. RFP Attachment 6.6, Attachment C is amended by adding A.18 below:**
(any sentence or paragraph containing revised or new text is highlighted)

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| 18. | Failure to develop and submit to TennCare an operational plan for EVV implementation by March 1, 2018, and failure to implement EVV requirements as specified in this Contract by January 1, 2019. | | Failure to develop and submit to TennCare an operational plan by March 1, 2018 shall result in damages of $500 per business day thereafter until such a plan is developed and submitted to TennCare. Failure to implement EVV requirements as specified in this Contract by January 1, 2019 is subject to $1,000 for each business day thereafter until EVV requirements are met. |

**10. RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.