

<b>State of Arkansas Department of Human Services</b> <b>710-22-0018 Self-Directed Financial Management and Counseling Services</b> <b>Attachment B</b> <b>Written Questions</b>				
<b>Instructions</b> This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines. <b>Instructions:</b> Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.				
Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
Example	Page 7, section 1.15, C	J. Vendors may submit multiple bid	May vendors submit more than one bid?	yes See section 1.15, J
1	Page 2, Section 1.3	Contract start date	Would the state consider moving the start date to 1/1/23 to align with quarterly tax reporting?	May stay open for discussion during award period.
2	Page 2, Section 1.3	Contract Start Date (Subject to State Approval)	Is the contract effective date of 12/1/2022 the transition timeline to move participants from the previous Contractor to the new one?	Yes
3	Page 7, Section 2.2	Participant total over a course of time under the current contract	Does the state have an interest in increasing the number of participants in this program?	Yes, the state does have an interest in increasing the number of participants in the program.
4	Page 19, Section 2.5.5.F.2	Counseling support for caregiver/employee recruiting	What is the turnover rate of caregivers/employees?	DHS does not currently track this information
5	Page 22, Section 2.5.9.B.5	Assistance with employee background checks	Who pays for the caregiver/employee background check?	The caregiver will pay for the background check; however, the contractor will be responsible for ensuring they are completed.
6	Page 33, Section 2.5.15, A3	The Contractor shall provide materials for various audiences and purposes. DHS reserves the right to request specific materials and information.	Can the state provide more specificity about what sorts of various audiences and purposes this request might include?	Expectations of an increase in the promotion of the program anticipate growth in the population served. The potential for future services to be added to the self-direction model also provides hope for population growth in years to come, including other DHS waiver and HCBS programs.
7	Page 49, Section 4.1.F.2	Payment and Invoice Provisions	What is the PMPM paid to the incumbent vendor?	Not Applicable
8	Page 49, Section 4.1.F.2	Payment and Invoice Provisions	When did the PMPM rate last change for this program/vendor?	Not Applicable
9	Page 49, Section 4.1.F.2	Payment and Invoice Provisions	What was the PMPM rate previous to the rate now?	Not Applicable
10	Page 7, section 1.9, B	The original Technical Proposal Packet and all copies should be arranged in the following order: <ul style="list-style-type: none"> <li>• Proposal Signature Page.</li> <li>• All Agreement and Compliance Pages.</li> <li>• Signed Addenda, if applicable.</li> <li>• E.O. 98-04 – Contract Grant and Disclosure Form.</li> <li>• Equal Opportunity Policy.</li> <li>• Proposed Subcontractors Form.</li> <li>• Other documents and/or information as may be expressly required in this Bid Solicitation.</li> </ul> Label documents and/or information so as to reference the Bid Solicitation's item number. • Technical Proposal response to the Information for Evaluation section of the Technical Proposal Packet.	The order of the contents for the Technical Proposal Packet submission is reflected differently in Section 1.8 (A2) that the order shown in Section 1.9. Can the State confirm which order the original Technical Proposal Packet and all copies should be arranged?	It is recommended that prospective contractors arrange the technical proposal packet according to Section 1.9 Organization of Response Documents.

11	Page 6, section 1.8, 2. (a, b. c., d., e., f.), 3. (a.b.c.) and 1.26, B	ACCORDINGLY, THE CONTRACTOR EXPRESSLY REPRESENTS AND WARRANTS to the State of Arkansas through the procurement process by submission of a Voluntary Product Accessibility Template (VPAT) for 36 C.F.R. § 1194.21, as it existed on January 1, 2013 (software applications and operating ICSs) and 36 C.F.R. § 1194.22, that the technology provided to the State for purchase is capable, either by virtue of features included within the technology, or because it is readily adaptable by use with other technology, of:	Section 1.8 and 1.26 Voluntary Product Accessibility Template (VPAT): Can the State confirm that this is not a mandatory submission item for this bid? We interpret this scope of work to be services related and not a procurement "for software."	<i>Since the Vendor will need to provide an accessible web-based solution, the Solution would need to meet accessibility standards as required under Ark. Code Ann. 25-26-201 et seq. (See Appendices 7A and 7B of the Arkansas Procurement Laws and Rules).</i>
12	Page 54, section 5, 3. Bid Submission:	Original Proposal Packets must be submitted to the Office of Procurement on or before the date and time specified for bid opening. The Proposal Packet must contain all documents, information, and attachments as specifically and expressly required in the Bid Solicitation. The bid must be typed or printed in ink. The signature must be in ink. Unsigned bids shall be disqualified. The person signing the bid should show title or authority to bind his firm in a contract. Multiple proposals must be placed in separate packages and should be completely and properly identified. Late bids shall not be considered under any circumstances.	Is a digital image of an ink signature acceptable or does the State require a wet ink signature?	<i>Signature may be manual (ink), electronic, or digital.</i>
13	Page 15, section 2.3 (B)	Prospective Contractor and/or subcontractor must have at least two (2) years of experience within the last five (5) years providing the Fiscal Employer Agent model of financial management and counseling services to a population of over three thousand (3,000) Beneficiaries. Performed duties are set forth in Revenue Procedure 70-6 IRS Notice 2003-70 and identified as a designated agent under section 3504 (Acts to be Performed by Agents). With bid submission for verification purposes, Contractor and/or subcontractor shall provide evidence of experience including, at minimum, a detailed narrative describing experience, letter(s) of recommendation, and two (2) references with contact information.	If the prospective Contractor meets the minimum qualifications noted in 2.3(B), must a proposed Subcontractor also meet those minimum qualifications independently?	<i>Subcontractors should meet all minimum qualifications listed for the sections they will be providing services for.</i>
14	Page 15, section 2.3 (B)	Prospective Contractor and/or subcontractor must have at least two (2) years of experience within the last five (5) years providing the Fiscal Employer Agent model of financial management and counseling services to a population of over three thousand (3,000) Beneficiaries. Performed duties are set forth in Revenue Procedure 70-6 IRS Notice 2003-70 and identified as a designated agent under section 3504 (Acts to be Performed by Agents). With bid submission for verification purposes, Contractor and/or subcontractor shall provide evidence of experience including, at minimum, a detailed narrative describing experience, letter(s) of recommendation, and two (2) references with contact information.	Is the minimum qualification criteria outlined in Section 2.3(B) met even if it has occurred in just one state or with one program?	<i>All bids will be reviewed to determine if the minimum qualifications are met. The Bidder is responsible for submitting enough information to allow DHS to verify that the Bidder meets or exceeds the minimum qualifications of this Solicitation. (Please See Section 2.3 and Addendum 1).</i>

15	Page 37 - 38, section 2.5.18 (B), Electronic Visits Verification	Considering the nature of the Self-Direction program, the employer of the personal care aid is the beneficiary, who has no ability to hire an EVV vendor to meet CMS requirements for EVV. As the fiscal intermediary, the Contractor must present a solution utilizing a third-party vendor that integrates with the states EVV solution and is fully CMS EVV compliant, meets all CMS KPI reporting.	Can the State clarify that a third party vendor is not required if the Contractor maintains its own EVV solution that is capable of integrating with Authenticare?	<p><i>If the prospective Contractor's Solution is compliant with all the third-party requirements in the attestation, a third-party vendor is not required. Under these circumstances, the prospective Contractor's Solution is considered the aggregator/third-party vendor.</i></p> <p><i>Contractor must onboard, certify and meet same requirements for other aggregators, but can leverage their own software solution to do so.</i></p>
16	Page 2, section 1.3 (A.), Type of Contract	1.3 (A.) As a result of this RFP, OP intends to award a contract to a single Contractor. 1.2 INTERGOVERNMENTAL/COOPERATIVE USE OF PROPOSAL AND CONTRACT In accordance with Arkansas Code §19-11-249, this proposal and resulting contract is available to any State Agency or Institution of Higher Education that wishes to utilize the services of the selected proposer, and the proposer agrees, they may enter into an agreement as provided in this solicitation.	Section 1.3 indicates that OP "intends to award a contract to a single contractor." However, Section 1.20 indicates that "DHS reserves the right to award multiple contracts." Can the State expand on what these two statements collectively mean with regard to the number of vendors that will be selected?	<i>OP intends to award to a single contractor. See also Addendum 1</i>
17	Page 9, section 1.18 (A - I), Caution to Contractors	A. Prior to any contract award, all communication concerning this Bid Solicitation must be addressed through the OP buyer. B. Contractor must not alter any language in any solicitation document provided by the State. C. Contractor must not alter the Official Bid Price Sheet. D. All official documents and correspondence related to this solicitation shall be included as part of the resultant contract. E. Proposals must be submitted only the English language. F. The State shall have the right to award or not award a contract, if it is in the best interest of the State to do so. G. Contractor must provide clarification of any information in their response documents as requested by OP. H. Qualifications and proposed services must meet or exceed the required specifications as set forth in this Bid Solicitation. I. Contractors may submit multiple proposals. Each proposal shall be submitted separately and must include all documents and information required under this RFP in order to advance to evaluation.	Are there any associated rules with submitting multiple proposals other than the rest of what is said in 1.18? For example, does this apply only to multiple technical proposals? Could a vendor submit an identical technical proposal and multiple cost proposals? Would vendors be required to identify what is different between/among proposals? Would the State consider deleting this provision?	<i>The State will not delete this provision. Each proposal, regardless of the submitting bidder, must be submitted separately and must include all documents and information required by the RFP. See Section 1.18 for further information.</i>
18	Page 37, Section 2.5.18 A., Electronic Visit Verification	A. The contractor's solution must integrate with the State of Arkansas Electronic Visit Verification (EVV) system in order to meet the Section 12006(a) of the 21st Century Cures Act mandate that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver. System certification is required for use of a third-party EVV system. The Contractor must follow the Arkansas DHS Electronic Visit Verification (EVV) Third-Party System Certification Process and Checklist as provided in Attachment L.	Does Attachment L (EVV Third-Party System Certification Process & Checklist) need to be completed and submitted with the proposal?	<i>No, but EVV Certification is required prior to the Readiness Review. (See Sections 2.5.7 (C) and 2.5.18 (H)).</i>
19	Page 49, section 4.1.3, F	F. Medicaid funds will be deposited to the non-interest-bearing account on behalf of the beneficiaries/employers monthly. Medicaid funding is processed and deposited prospectively based on a designed cut-off date for entering beneficiary/employer budgets into the Medicaid system	Can DHS confirm that this statement implies the FMS receives funds from the State to be deposited in a non-interest bearing account in advance of issuing payments for services?	<i>Funds are deposited prospectively and must be through a non-interest bearing account.</i>

20	Page 14, section 2.2, 2	2. Below is a table that indicates the participant total over a course of time under the current contract. This table is provided for informational purposes only and in no way represents future or intended growth.	The table in Section 2.2 indicates declining enrollment in self-directed services in 2021. Can DHS provide any context on reasons behind this trend?	<i>Several factors can play into the enrollment and active numbers over a period of time. These numbers do have a tendency to fluctuate within the self-direction program. A variety of factors include, without limitation, the participant declining to transition to the agency model, the participant requiring a higher level of care than self-direction can provide, difficult transition with EVV requirements, as well as the development of new programs such as the PASSE in 2019.</i>
21	Page 49, section 4.1, F	F. Contractor will be paid a monthly fee for service in accordance with the following:	Can DHS confirm the current PMPM, IAPM and/or PERE fees for the current contract?	<i>Not Applicable</i>
22	Page 49, section 4.1.3, F	F. Medicaid funds will be deposited to the non-interest-bearing account on behalf of the beneficiaries/employers monthly. Medicaid funding is processed and deposited prospectively based on a designed cut-off date for entering beneficiary/employer budgets into the Medicaid system	Can DHS confirm the average funds received from Medicaid per month currently?	<i>The monthly funding fluctuates based on the client's budgets. The average monthly funds received from Medicaid during the 2021 calendar year equaled \$3,881,512.37.</i>
23	Page 15, section 2.2, Background	Currently, there were approximately two thousand three hundred and forty (2,340) participants actively enrolled. Approximately fifty to sixty (50-60) new employers/clients are enrolled each month. (Inclusive of self-directed personal care and HCBS waiver program participants)	What portion of IndependentChoices participants self-direct compare to the number of ARChoices participants who self-direct?	<i>As of 3/16/21, there are 790 clients participating in IndependentChoices only and 2,086 ARChoices clients utilizing self-direction. This type of data fluctuates daily.</i>
24	Page 2, section 1.3, B Attachment D	1.3. B: The term of this contract shall be for one (1) year. The anticipated start date for the contract is December 1, 2022. Upon mutual agreement by the Prospective Contractor and agency, the contract may be renewed by OP, on a year-to-year basis, for up to six (6) additional one-year terms or portions thereof. Attachment D.: In no event shall the initial term of this contract extend beyond the end of the current biennial period unless the General Assembly, prior to the expiration of the biennial period, makes an appropriation for such purpose.	Would the first year of the contract end June 30, 2023 or December 31, 2023?	<i>*See Question 1-2</i>
25	Page 15, section 2.3, D	The Contractor and/or subcontractors, shall not be direct service providers of any Medicaid services. The use of a payroll reporting agent is prohibited. For verification purposes, Prospective Contractor shall certify compliance with this requirement by signing the Vendor Agreement and Compliance page located in the Response Packet.	What is the DHS' definition of Payroll Reporting Agent?	<i>For purposes of this RFP, a Payroll Reporting Agent is defined as a third party who can make federal payroll tax deposits, file tax information, and handle matters related to payroll taxes and the IRS on behalf of the employer. Primary and direct FMS responsibilities and activities related to payroll cannot be sub-contracted. The contractor must assume all payroll reporting agent functions directly.</i>
26	Page 17, section 2.5.4, A	Contractor shall possess enough resources in management oversight and staff to meet the demands and responsibilities of providing Financial Management Services statewide. Contractor must maintain to DHS' satisfaction, the capacity, and resources to provide services to all beneficiaries enrolled in the self-directed model. Contractor must have staff dedicated to this contract in place within ninety (90) calendar days of contract start date.	Regarding "staff dedicated to the contract", are employees permitted to be cross-trained in other functions or are the employees required to solely work on the Self-Directed Financial Management and Counseling functions.	<i>For purposes of this RFP, "staff dedicated to the contract," refers to a core group of dedicated staff specifically assigned for Arkansas contract and enough sufficient staff to meet our needs at all times. Cross training is permitted for all Arkansas support teams.</i>

27	Page 17, section 2.5.4, A	Contractor shall possess enough resources in management oversight and staff to meet the demands and responsibilities of providing Financial Management Services statewide. Contractor must maintain to DHS' satisfaction, the capacity, and resources to provide services to all beneficiaries enrolled in the self-directed model. Contractor must have staff dedicated to this contract in place within ninety (90) calendar days of contract start date.	Does within 90 calendar days mean 90 days prior to, or 90 days after the contract start date, or a combination of 90 days prior and 90 days after (180 days?)	<i>The intention is to have staff in place within 90 days <u>after</u> the contract start date.</i>
28	Page 25, section 2.5.9, K, #5f	Prior to employee being approved by the contractor to provide services, Contractor shall process and obtain the following clearance on each prospective employee in relation to the following criteria: CNA registry checks	Is the intent for the potential employee to become certified or ensure the potential employee has no restrictions?	<i>To ensure the potential employee has no restriction.</i>
29	Page 25, section K 5 and 6	<p>5. Prior to Employee being approved by the Contractor to provide services, Contractor shall process and obtain the following clearance on each prospective Employee in relation to the following criteria:</p> <p>a. Adult Maltreatment Registry (Refer to Link for additional information)</p> <p>b. Child Maltreatment Registry (Refer to Link for additional information)</p> <p>c. Excluded Provider Lists (Refer to Link for additional information)</p> <p>d. State Criminal Background Checks</p> <p>e. Federal Criminal Background Checks</p> <p>f. CNA Registry checks – (Refer to Link for additional information)</p> <p>6. Prior to an employee being approved to provide services, Contractor shall process and obtain drug screen requirements included in the passage of Act 717. Refer to Attachment J regarding in-home caregiver drug testing and criminal background checks. The Contractor is permitted to enter a subcontract to meet any or all requirements of Act 1336 or checks of the excluded provider lists. Any subcontract must be approved by DHS prior to entering a contract for said requirement.</p>	1. What is the cost associated with completing the required registry checks (A through F) including drug testing?	<i>The Adult/Child Maltreatment Registry fees are waived for these services. The Excluded Provider List and CNA Registry do not have fees associated with them. Any charges for the State/Federal Criminal background requests are paid by the client/provider may be deducted from the client's budget. Refer to A.C.A. §20-77-128 and IndependentChoices provider manual, Section II.</i>
30			2. What are the turnaround times for results to be returned?	<i>30-60 days average depending on promptness of provider.</i>
31			3. Are the results returned to Vendor?	<i>Yes with limited information such as Clear, Forms Incomplete, Results Pending, Denied</i>
32	Page 30, section 2.5.11 J-K	<p>J. The Contractor shall pay Beneficiary/Employer's Employees within the time period required by the Department of Labor and maintain documentation as such.</p> <p>1. A lump sum amount will be dispersed prospectively once a month to the contractor for all active clients; however, the Contractor shall make payments by EFT on a bi-weekly basis based on the CEP.</p> <p>The Contractor shall make a remittance (check stub) available by mail or by the Contractor's website/portal accessible to the Employee.</p> <p>K. Contractor must return any unused funds from Beneficiary budgets to Medicaid within forty-five (45) calendar days of Beneficiaries' disenrollment from services. Unused funds must be returned via electronic means and as specified by DHS.</p>	Is the state open to alternate methods? i.e.. Reimburse the contractor for one month budgets for all participants, reimburse contractor going forward based on actual utilizations.	<i>No</i>

33	Page 21 2.5.8 C	C. The prescreen is utilized to determine if there is potentially a medical need for assistance. The Contractor must complete intake questions, verify eligibility, and send referral to DHS. Pre-screen activities are not the official assessment function determining program placement. Pre-screening only determines if they need assistance with at least one ADLs. DHS determines program placement. Pre-screening only determines if they need assistance with at least one Activities of daily living (ADLs). DHS determines program placement.	Can you clarify who contracts with Optum to perform the assessment? Is this a subcontract with the existing vendor or directly with the State?	<i>Contract with Optum lives with the state agency, not the current or chosen vendor for these services.</i>
34	Page 28-29, section C	C. The Contractor shall make payment of goods and services. All purchases in the amount of ten percent (10%) of Beneficiary's plan up to seventy-five dollars (\$75) may be used as discretionary expenditure. All discretionary expenditures must have prior approval from DHS/DPSQA prior to the use of discretionary funds. Any purchase exceeding 10% or seventy-five dollars (\$75) must be authorized by the state agency. 1. The Contractor must maintain all supporting documentation relative to discretionary expenditure payment which includes but is not limited to: a. the name and address of the Beneficiary; b. a description of the purchase; c. total payment amount; d. scanned or electronic document supporting authorization from the state agency for purchases in the amount of ten percent (10%) of the beneficiary's plan not exceeding seventy-five dollars (\$75); and e. a receipt, invoice, or purchase order for purchases in the amount of ten percent (10%) of the Beneficiary's plan not exceeding seventy-five dollars (\$75).	1. Are the beneficiaries limited in their discretionary expenditure by requirements to only use authorized Vendors? (a.k.a. specific stores, companies?)	<i>See IndependentChoices provider manual, Section II - Goods and Services. There is no registration for the vendor. Goods and services are based on the plan of care. Link: <a href="https://humanservices.arkansas.gov/divisions-shared-services/medical-%20services/helpful-information-for-providers/manuals/inchoice-prov/">https://humanservices.arkansas.gov/divisions-shared-services/medical-%20services/helpful-information-for-providers/manuals/inchoice-prov/</a></i>
35			2. If above is yes, how are goods and services vendors registered and or qualified, if at all?	<i>See IndependentChoices provider manual, Section II- Goods and Services. There is no registration for the vendor. Goods and services are based on the plan of care. Link: <a href="https://humanservices.arkansas.gov/divisions-shared-services/medical-%20services/helpful-information-for-providers/manuals/inchoice-prov/">https://humanservices.arkansas.gov/divisions-shared-services/medical-%20services/helpful-information-for-providers/manuals/inchoice-prov/</a></i>
36			3. If a submitted discretionary expenditure is not allowed per the program rules, what is the expected workflow and communication?	<i>The contractor must be aware of authorized expenditures based on the Medicaid manual. If something outside of that, can email to have DPSQA approval, per IC manual. If DPSQA denies, contractor expected to reach out to beneficiary to explain the denial. ]</i>
37			4. What was the number, average payment amount and total payment amount of expenditures in 2021?	<i>Information not available</i>
38			5. What percentage of beneficiaries utilized discretionary expenditures in 2021?	<i>This data is not tracked at this time, but it has been minimal. These funds are typically used more for a major purchase, such as shower chair or chair lift.</i>
39			6. What is the current process for state authorization of discretionary expenditures?	<i>The vendor is required to communicate to DPSQA program manager what the specific purchase request is, how much it impacts their CEP vs. personal care hours, and the breakdown of how much and how long it will take when pulling funding out per pay cycle for purchase.</i>

40			7. What is the current approval process for state-agency "approval required" purchases?	<i>The vendor is required to communicate to DPSQA program manager what the specific purchase request is, how much it impacts their CEP vs. personal care hours, and the breakdown of how much and how long it will take when pulling funding out per pay cycle for purchase.</i>
41			8. How are goods and services billed?	<i>Goods and services are deducted from a client's budget in advance of the purchase of said product or item. After the purchase, the client will present receipt(s) to the contractor for reimbursement.</i>
42	Page 31, 2.5.14	2.5.14 CUSTOMER SERVICE REQUIREMENTS	1. What was the number of Participant and Employee mailings in 2021?	<i>The majority of communications is done via email. The current vendor is responsible for any alternate communication methods, such as mailings.</i>
43			2. What is the average number of Employees per Participant?	<i>The average number of employees per participant is two (2), including the back-up worker. Employees cannot work over 40 hours per week. Any additional hours are required to be served through a second worker.</i>
44			3. What is the number of pre-screening referrals per month? What is the percentage of successfully enrolled referrals?	<i>There are an average of 750 pre-screens completed yearly. Roughly 55-70% are successfully enrolled. Part of the success of enrollment is based on the sense of urgency from the provider and the client during the enrollment process.</i>
46			4. What is the percentage rate of turnover for Employees?	<i>DHS does not currently track this information</i>
46			5. What is the percentage rate of turnover for beneficiaries on the program?	<i>This data is hard to gauge during the last 2 years based on the Public Health Emergency. No adverse action disenrollment have occurred during the Public Health Emergency.</i>
47			6. What is the average number of calls per month?	<i>Call averages have varied the last several years due to the Public Health Emergency and Arkansas' implementation of EVV. The average calls for 2021 were 3,711 monthly.</i>
48	Page 28, 2.5.11.C	C. The Contractor shall make payment of goods and services. All purchases in the amount of ten percent (10%) of Beneficiary's plan up to seventy-five dollars (\$75) may be used as discretionary expenditure. All discretionary expenditures must have prior approval from DHS/DPSQA prior to the use of discretionary funds. Any purchase exceeding 10% or seventy-five dollars (\$75) must be authorized by the state agency.	Does the attendant/personal care services and goods and services share the same budget?	<i>Yes, clients receive one main budget that is then broken down into separate services.</i>
49	Page 15	Enrollment Numbers Matrix	Matrix shows decline in member enrollments over last 5 years. Current 2021 amount = 2453 or 15.5% of 15,800 total client base. Is there a reason for the decline and does the state anticipate the decline to continue?	<i>Several factors can play into the enrollment and active numbers over a period of time. These numbers do have a tendency to ebb and flow within the self-direction program. A variety of factors include, but not limited to, the participant declining to transition to the agency model, the participant requiring a higher level of care than self-direction can provide, difficult transition with EVV requirements, as well as the development of new programs such as the PASSE in 2019.</i>

50	Page 15	Enrollment Numbers Matrix	P15 Number of Self Directed Individuals chart. Chart shows a population in 2021 of 2,453 however the official bid sheet shows a quantity of 4,000. Is it anticipated that there is significant growth in 2022? What is the current population served as of today?	See Question #20. Current population was 2,323 as of 5/2/22
51	Page 19 2.5.5 E 1	E. The Contractor shall provide the following FMS subject to program changes: 1. Managing employment taxes and insurance	What type(s) of insurance are required? (Workers' compensation? Liability? Etc.)	The Contractor and client must comply with all Arkansas insurance requirements.
52	Page 16 - 2.5.2 B 1 Page 19 F 1-4	1. Assign and identify a counselor to each Program Individual/Participant;  F. The Contractor shall provide the following counseling services: 1. Assist prospective and enrolled participants in developing a personalized budget 2. Assist with recruiting, hiring, managing, and dismissing employees 3. Train individuals, representatives, and direct service workers 4. Provide I & A to prospective and enrolled participants	1. What is the current case load per counselor?	Current contract language requires a ratio of up to 50 beneficiaries to one counselor.
53			2. Is there a required minimum ratio?	There is no current minimum ratio.
54	Page 19, E.2	E. The Contractor shall provide the following FMS subject to program changes: 1. Managing employment taxes and insurance 2. Managing payroll processing	1. What is the ratio of paper checks vs. Direct Deposit?	100% direct deposit. Arkansas does not allow paper checks.
55			2. What is total number of checks/deposits issued per pay period?	This varies based on timesheet submittals, EVV, authorizations. There is a maximum of 365 day for Medicaid reimbursements for services. Workers should be encouraged to stay consistent on pay cycles and not hold timesheets for later payment. This could affect underutilization reports.
56	Page 21, section 2.5.7, E	E. Implementation of Services: Within ninety (90) calendar days from the date the State authorizes the Contractor to proceed with services, the Contractor shall have in place all personnel and have Contractor's software system configured to access the MMIS portal and several necessary reports within the MMIS portal as an enrolled Medicaid provider. The Contractor shall have in place an Electronic Visit Verification (EVV) system configured to communicate with the Arkansas EVV (AuthentiCare) system or have a Third-Party system that has the capability to integrate EVV data to the AuthentiCare system	1. How does the Contractor's software system integrate with the MMIS Portal ? (Periodic File transfers, Web Services?)	X12 file transfers
57			2. How does the Contractor's EVV solution / system integrate with Arkansas EVV AuthentiCare? Periodic File transfers? Web Services?	Web Services or EDI X12 file transfers  The Aggregator uses web services and API. Authorizations and file transfers occur through web services.
58	Page 21, section 2.5.8, D	1. Contractor verifies client is in an eligible Medicaid category b. Medicaid eligibility of individuals seeking enrollment must also be verified through the Arkansas Medicaid Web portal. At least one of the following sets of information is required to search for an individual's Medicaid eligibility:	Is there an automated way that the Contractor can retrieve Medicaid Eligibility information? Perhaps through periodic file transfer or using Web Services?	The contractor can be set up to see that information by Medicaid, including limited access to eligibility categories for pre-screen reviews.
59	Page 22, section 2.5.8, D	3. Transmit eligible pre-screened clients by uploading data to a secure website (Arkansas Medicaid's MoveIT DMZ).	An "eligible pre-screened client" file is to be uploaded to the Arkansas MoveIT DMZ. What is the file format? Spreadsheet? Flat file?	CSV file. Exact format will be provided to awarded vendor.
60	Page 23, section 2.5.9, F	F. The Contractor shall receive notice solely from DHS of a Beneficiary approved for self-directed services. DHS will notify the Contractor of any updates to such information (e.g., new Beneficiaries/Employers, changes in authorized budget changes, termination of individual services, etc.) throughout the effective period of the contract.	How will the Contractor receive notice of Beneficiary approvals and updates to Beneficiary information (authorized budget changes, termination of services)? Email communication? Periodic file transfers? Other means of integration?	All data will be uploaded to the MoveIT site and file name will reflect as such. Transfer of data will occur daily for program need.



61	Page 24, section 2.5.9, H	8. The Contractor must verify that the provider/employee has obtained a Medicaid provider ID prior to being paid. Each provider/employee should receive documentation when ID numbers are assigned and activated. Medical provider ID numbers must be retained in the Contractor's system.	How will the Contractor verify the provider/employee has obtained a Medicaid Provider ID and that the Medicaid Provider ID is a valid Arkansas Medicaid Provider ID?	<i>Through the provider/worker. The provider/worker should be contacting the contractor to give them information once obtained. Prior to providing a client with a start date, DHS will validate that active number has been given.</i>
62	Page 28, section 2.5.11, B	1. Receive and disperse Beneficiaries' dollar authorizations on a monthly basis;	How will the Contractor receive the Beneficiaries' dollar authorizations? Flat File? Web Services integration? PDF that must be reviewed and manually data entered?	<i>Through an "820" report pulled from a portal via MMIS. This information must be pulled monthly in order to reconcile budgets. The contractor will be trained prior to go-live.</i>
63	Page 12 1.28 A	1.28 MASTERCARD ACCEPTANCE A. Awarded Contractor should have the capability of accepting the State's authorized MASTERCARD Procurement Card (p-card) as a method of payment.	Does the state anticipate that the fees for the services under this procurement will be paid via MasterCard? Does the state plan to reimburse for Payroll Funding with the MasterCard	<i>No, fees and reimbursements under this procurement will not be paid via Mastercard.</i>
64	Page 15	Number of Self Directed Individuals chart	The chart shows a population in 2021 of 2,453 however the official bid sheet shows a quantity of 4,000. Is it anticipated that there is significant growth in 2022? What is the current population served as of today?	<i>See answer to question #50.</i>
65	Page 16 2.5.2 C	C. The Contractor's counseling division shall develop and provide an Individual/Participant (or their representative) employer orientation and skills training, subject to DPSQA approval, in a manner consistent with Participant's self-directed services, decision-making and managerial authority.	What is the state's definition of "division" does it need to be a separate legal entity or a department within the bidding entity?	<i>A department within the bidding entity.</i>
66	Page 16-17 2.5.2 C1	1. Counselors shall orient and train Individuals/Participants (or their representative) in the operation of the Program face-to-face at the Participant's residence (or a location mutually agreed upon between the Contactor and the Individual). The Counselor shall explain all aspects of the program including, but not limited to budget management, the role of the Contractor and training that includes the management of their individualized budget. Contractor shall train prospective participants on principles and practices of self-direction including Employer and Budget Authority.	Is the orientation and training of individuals only for new participants or does the state anticipate training and orientation for all participants during the transition process?	<i>All must be trained on new information or processes. The contractor will always train new participants, regardless.</i>
67	Page 37 2.5.18	ELECTRONIC VISIT VERIFICATION	1. Is the Contractor required to use the State's Current EVV vendor for tracking the personal care and attendant care hours?	<i>The contractor is required to track personal care and attendant care hours in the EVV solution approved by DHS.</i>
68			2. Is there a cost to the Contractor to utilize the State's current EVV vendor?	<i>No</i>
69			3. Can the contractor utilize its own EVV solution provided it passes the Certification Process?	<i>Yes, if the Contractor elects to use its own EVV solution, it must onboard, certify and meet same requirements for other aggregators, but can leverage its own software solution to do so.</i>
70			4. Are there any exceptions or an exception process to not use EVV? If yes, will paper timesheets be used?	<i>No, there are no exceptions.</i>
71	Page 48 3.3	Cost Score	What are the current PMPMs for Financial Management Services and Counseling Services?	<i>Not Applicable</i>
72	Page 37, section 2.5.17, E	4. The Contractor shall document and report, at least quarterly, all activities relating to "Contractor Fiscal/Employer Agents and Household Employers."	What is meant by "all activities"? Please describe.	<i>This may include counseling visit documentation such as date/time/location and note summary. This may also include customer service notes such as budget change questions, etc.</i>

73	Page 38, section 2.5.18, D	D. The solution must integrate with the state DSS system for all EVV visits and claims data for auditing and program oversight.	What is the "state DSS system"? What integration scheme (file transmission, web services, etc.) can be used?	<i>The EVV Solution and MMIS are the integration points to the state DSS system.</i>
74	Page 39, section 2.5.19, B	B. Contractor's information system must be configurable to interface with the Arkansas Medicaid Management System (MMIS) per the interface specifications provided in Appendix 4: MMIS Interface Requirements. There is no Prior Authorization request for self-direction. Arkansas self-directed budgets are established to pay out through MMIS monthly, based on the number of days in a month and a Beneficiary/Employer's budget allowance.	Where can "Appendix 4" be found?	<i>Refer to Addendum 1</i>
75	Page 41, section 2.5.21, F	F. The Contractor shall provide data transmission acknowledgements that includes errors encountered during processing, error mitigations, and other DHS requests for all interface processing.	1. What is meant by the term "interface processing"? (Web Services interfaces?)	<i>A place to share data/ MOVEIT creating contractor reports files and a DPSQA reports file</i>
76			2. Will "transmission acknowledgements" be passed back to Arkansas systems via web services?	<i>We currently do not use web services.</i>
77	Page 42, section 2.5.22, C	C. The Contractor shall provide real-time dashboards that must be always accessible and include without limitation the following as well as additional information requested by DHS/DPSQA:	Is the intent to provide DHS a "real-time dashboard" that provides access to data and also provides access to the 11 reports mentioned by name (e.g. weekly Pre-Enrollment Referral and Enrollment Report)?	<i>The expectation is that DHS would be able to view into databases for enrollment statuses, logged notes, worker designation, etc. Reports will still be uploaded to Move It. DHS only requires read only access.</i>
78	Page 43, section 2.5.22, C	4. Worker Report by month, due on the 1st of each month or the next immediate business day if the 1st is a weekend or State holiday, that provides the following information at a minimum: c. The date of change in status for each Employee; and	What is meant by "change in status"? Please provide examples.	<i>Change in status generally means a modification or alteration that affects the status of an employee. For example, an employee pay move from an active status to a terminated status.</i>

79	Page 19 2.5.5 F	<p>F. The Contractor shall provide the following counseling services:</p> <ol style="list-style-type: none"> <li>1. Assist prospective and enrolled participants in developing a personalized budget</li> <li>2. Assist with recruiting, hiring, managing, and dismissing employees</li> <li>3. Train individuals, representatives, and direct service workers</li> </ol>	<p>In the recent case of Peel v. Palco, Inc. 4:19-CV-00795-BSM, the Judge stated the following:</p> <p>"It is undisputed that Palco did not recruit caregivers into the program. . . The record does not suggest that Palco assessed the qualifications of prospective caregivers, nor does it indicate that Palco ever disapproved the caregivers chosen by program participants. Put simply, Palco exercised very little control over the hiring process."</p> <p>"There is no evidence that Palco used these periodic visits to train caregivers, manage their duties, or formally evaluate their job performance."</p> <p>Despite this, no reasonable jury could conclude that Palco was plaintiff's joint employer because Palco's role as fiscal agent in the IndependentChoices program was prescribed by regulation and does not satisfy the economic realities test of joint employment. Peel's argument for joint employment leans heavily on the Third Circuit's decision in Talarico v. Public Partnerships, LLC, but that case is distinguishable because the defendant promulgated work rules for the home caregivers, trained the caregivers, and required them to participate in requested meetings. Talarico v. Pub. P'shps., LLC, 837 F. Apex 81, 85 (3rd Cir. 2020). The defendant in Talarico also capped the maximum rate of pay the caregivers could receive. Id. (emphasis added)</p> <p>In light of the Judges emphasis on the fact that the FMS did not "defendant promulgated work rules for the home caregivers, trained the caregivers, and required them to participate in requested meetings", is there a concern that the following section of the RFP creates a joint employer situation?</p> <p>2.5.5.F The Contractor shall provide the following counseling services:</p> <ol style="list-style-type: none"> <li>1. Assist prospective and enrolled participants in developing a personalized budget</li> <li>2. Assist with recruiting, hiring, managing, and dismissing employees</li> <li>3. Train individuals, representatives, and direct service workers</li> </ol>	<p><i>Under the independent choices program, the Contractor is to assist and provide guidance and training to the program participant. However, the program participant is the employer of record under the program and remains responsible for directing his or her care.</i></p>
80	Page 21 2.5.8 Page 23 2.5.9.F.2.B.	<p>2.5.8 PRESCREEN INTAKE REQUIREMENTS</p> <p>2.5.9F.2.b</p> <p>b. The Contractor must conduct a face-to-face home visit, with the Beneficiary/Representative present, at least once per year to discuss budget based on annual reevaluation. During home visits the contractor shall evaluate health, safety, and well-being of the beneficiary and provide counseling to address beneficiary/representative's concerns. The contractor shall document visits and identify potential risks or concerns detected during the home visit. Upon identification of a potential risk or concern during the home visit, the Contractor shall immediately file a report with Adult Protective Services (APS) and/or Child Protective Services (CPS). The Contractor shall notify and complete a form provided by DHS/DPSQA, within twenty-four hours of filing a report.</p> <p>c. Some individuals may require retraining by the Contractor as needed.</p>	<p>By involving the Contractor in the prescreening eligibility process and in annual the evaluation as to health, safety, and well-being of the beneficiary does this create an inherent conflict of interest in violation of Organizational or Personal Conflict of Interest policy given the Contractor is paid based upon the number of active participants? (Attachment G)</p>	<p><i>No, the Contractor will only conduct prescreening for DHS and is not determining actual eligibility.</i></p>
81	Page 28 2.5.11.B.3.d & 4	<p>If the Contractor determines that an employee has exceeded such hours, the Contractor <b>shall</b> be responsible for ensuring that the employee is paid any overtime pay owed at time and a half and deducted from the available funds in the Beneficiary's budget, or if necessary, by the Contractor</p>	<p>How does the FMS Contractor get reimbursed for payment of overtime if paid outside of budget? Doesn't this create a joint employer issue if FMS Contractor is paying the attendant for services outside of budget with Contractor funds?</p>	<p><i>The FMS contractor does not get reimbursed for overtime for any reason. Contractor is required to pay within authorized budget. Contractor must ensure client has two workers if overtime is a possibility. Monitoring hours on the budget is critical.</i></p>
82	Page 6, Sections 1.8.C.1.d and 1.8.C.3	Redacted Technical proposal Instructions	<p>These two defined requirements for submission of the Redacted Technical proposal appear to be the same. Please confirm. If not, please define the difference in the requirements.</p>	<p><i>Refer to Addendum 1</i></p>
83	Page 7, Section 1.11.A	Proposal Signature Page	<p>Will the Department accept electronic signature for the Proposal Signature Page and all other forms requiring signature?</p>	<p><i>Yes, see also answer to question #12</i></p>

84	Pages 14/15, Section 2.2	Participant Volume	The table provided on page 15 shows a decrease in the number of participants from 2020 to 2021. Has the Department seen an increase in the number of participants in the 1st quarter of 2022?	<i>Not yet hoping to as clients and providers become more comfortable with EVV. We are seeing a decrease in disenrollment</i>
85	Pages 14/15, Section 2.2 and Bid Price Sheet	Participant Volume	The difference between the volume of participants in 2021 (2,453) and the Price sheet (4000) is significant. We understand the Department is working to expand the number of participants. Does the Department believe the number of participants will grow to 4000 by December 1, 2022?	<i>No, we do not expect to reach 4,000 program participants by December 1, 2022. However, we may possibly achieve that number during the life of this contract.</i>
86	Page 15, Section 2.2	Current Contractor	Who is the current contractor for the self-directed program?	<i>Palco Inc.</i>
87	Page 15, Section 2.2	Current Contractor	What is the current contractor's PMPM rate?	<i>Not Applicable</i>
88	Page 16, Section 2.5.2.B	Services required within 40 days	Would the Department consider changing the "within forty business days after the project launch" to at least 60 days? This requirement seems premature for the requirements defined in this section and cause confusion for the participants about what company is doing what.	<i>The requirement will remain "within 40 business days;" however, employer orientation/training (2.5.2.B.5) will begin as early as 45 calendar days prior to Go-Live. See Question #89 for additional details.</i>
89	Page 16, Section 2.5.2.B.5	Orientation and Training	Would the Department consider changing the "within forty business days after the project launch" to 30 days prior to the Go Live date? In our experience we have found training participants too early will require additional rounds of training since the participants have not used services or submitted EVV data.	<i>Orientation and Training may begin as early as 45 calendar days prior to Go-Live but must be completed no later than 7 calendar days before Go-Live.</i>
90	Page 17, Section 2.5.2.D	Converting Data	Please provide the anticipated number of records to be converted.	<i>We do not have an estimate at this time.</i>
91	Page 17, Section 2.5.2.D	Converting Data	We assume the tax documents are images and not hardcopy. Please confirm.	<i>Correct</i>
92	Page 18, Section 2.5.4.1	Leadership Team Qualifications	Would the Department consider removing or reducing the 5 years of Medicaid experience, change the requirement to 5 years of Medicaid <u>or</u> FMS experience? Financial and technical staff perform their duties unrelated to Medicaid.	<i>Yes, this can be 5 years of Medicaid or FMS experience. Refer to Addendum 1</i>
93	Page 28, Section 2.5.11.A	CEP Amounts	What is the annual and monthly average CEP dollar amounts for beneficiary/employers? Are Budgets/Authorizations dollar based or unit based?	<i>Authorizations are unit based and are determined by the assessment (how many hours the person needs and qualifies for). The budget (dollar amount) is then determined by us plugging in those hours (the monthly hours) in the database which breaks it down into weekly hours and tells us the daily rate. An IC beneficiary's monthly budget is their daily rate (which again is determined by their weekly hours) x the number of days in the month.</i>
94	Page 28, Section 2.5.11.A	CEP Budgets	When are the monthly CEP budgets distributed?	<i>Prior to the effective start date of services for client.</i>
95	Page 30, Section 2.5.12.G	Out of State Employees	How many beneficiary/employers are using out of state employees? How many out of state employee are currently providing care?	<i>DHS does not currently track this information.</i>
96	Page 31, Section A	Customer Service Calls	What is the average number of customer service calls received per day, per week and per month?	<i>See answer to question #47</i>

97	Page 30, Section 2.5.12.J	Bi-Weekly Payroll	What is the average bi-weekly payroll amount? Can you provide a breakdown of the number of employees on the bi-weekly pay schedule? Is EFT the only means of making the payments?	<i>The average bi-weekly payroll amount is about \$1,285,835.37 and the number of employees on bi-weekly pay schedule is about 2,046 contingent upon provider submitting time based on the set bi-weekly payroll schedule.</i>
98	Page 30, Section 2.5.12.J	Bi-Weekly Payroll	What is the expected date of the first payroll under this procurement? When will the pay period begin?	<i>We will meet with awarded contractor regarding payroll transition times to ensure uninterrupted payroll schedules for providers.</i>
99	Page 34, Section 2.5.15.B	Distribution of Information	Who is the responsible for the cost of postage expense? Is the a pass through +10%?	<i>The contractor is responsible for 100% postage expenses.</i>
100	Page 37, Section 2.5.17.D.3	Workers' Compensation	Is Workers' Compensation mandatory? If not, how many employers are providing Workers' Compensation? If so, what is the current rate?	<i>See answer to question #51</i>

101	Page 37, Section 2.5.17.D.3	Workers' Compensation	Is the FMS contractor responsible for obtaining/ maintaining a Workers' Compensation policy for Employers? Are the workers' compensation policies group policies, or does each employer have his or her own policy?	No
102	Page 37, Section 2.5.18.A/Attachment L	Payment	How is the contractor account funded for payroll? Is payment made through the EVV aggregator, MMIS or another system?	See answer to question #19
103	Page 37, Section 2.5.18.A/Attachment L	Third Party EVV Certification	The third party EVV certification process and checklist provided in Attachment L require certification by October 15, 2020 and to submit the technical preparation document provided during training. We assume the October date does not apply and the technical preparation document will be made available to the contractor. Please confirm.	The October 15, 2020 date does not apply. A revised date will be determined during implementation.
104	Page 49, Section 4.1.F.1	IAPM Fee	We are confused on the number of members for the IAMP; RFP section 2.2 states the number of Directed Services Individuals for 2021 as 2,453, the Bid Sheet the PMPM should be based on 4,000 Self Direct Individuals and the Bid Sheet has 1,500 for the IAPM. Should the IAPM number be changed to reflex either the current number (2453) or the Bid Sheet number for the PMPM (4000)?	Bid should be based on the 4,000 anticipated enrollment.
105	Page 6, Technical Response Packet	Required Documents	Can a bidder attach required document; i.e. Operational policies, procedures, detailed Training Plan, etc., or should these documents be included in the requirement?	It is recommended that prospective contractors arrange the technical proposal packet according to Section 1.9 Organization of Response Documents.
106	Page 7, Technical Response Packet, E.8.D	Off-cycle Payments	Please provide an example of when an off-cycle payments is required. How many off-cycle payments were made in 2021, by month? Who can request an off-cycle payment?	Off cycle payments could occur with any change that may interrupt regular pay cycles such as loss of eligibility in error or implementation of an EVV correction. The number of off-cycle payments made in 2021 is not available. The State or the Contractor may request an off-cycle payment.
107	Attachment C	Performance Based Contracting	Can we assume the Department will allow some leeway for the first 90 days of Operations.	The Contractor must comply with the performance-based standards throughout the term of the Contract. Any requested exceptions to provisions that are non-mandatory may be declared in the response packet. Exceptions to mandatory requirements shall cause the vendor's proposal to be disqualified. DHS, in its sole discretion, may choose to negotiate changes to non-mandatory terms.
108	Page 9, section 1.19.B	Contractors are cautioned to ensure that they have received or obtained, and have responded to, any and all addenda to the Bid Solicitation prior to submission of response.	Does the State intend the response requirement to be in a written format within the RFP or is there an addendum signature page?	If an addendum is needed, it will be a document posted to the website including a place for bidder signature.
109	Page 17, section 2.5.4.A.	Contractor shall possess enough resources in management oversight and staff to meet the demands and responsibilities of providing Financial Management Services statewide.	Is the Contractor expected to possess enough resources to meet the demands and responsibilities of providing Counseling Services statewide, including virtual, telephone, and in person support? Is it the State's expectation that those staff will be regionally or geographically based throughout the state?	Yes, the contractor is expected to possess enough resources to meet the demands and responsibilities of providing financial management and Counseling Services statewide, which includes at least one face-to-face per year, virtual, telephone, and other as needed face-to-face visits.

110	Page 18, section 2.5.4.A.3.	Enrollment Team - provides training and customer support to individuals...regarding the development of Cash Expenditure Plans (CEP) including, but not limited to, communication between Contractor and client regarding their budget, providing training and oversee the utilization of budgets, and work with the Beneficiary/Employer on the allowed allotment of hours and saving opportunities, and the submission and approval of timesheets through EVV.	Does the State consider the Enrollment staff as part of the Counseling Team?	<i>This is determined by the Contractor depending on the operational structure as long as service requirements are met.</i>
111	Page 18, section 2.5.4.A.3.	Enrollment Team - provides training and customer support to individuals calling to conduct a self-directed eligibility pre-screening, and support to individuals regarding the completion of required forms...regarding the development of Cash Expenditure Plans (CEP) including, but not limited to, communication between Contractor and client regarding their budget...and the submission and approval of timesheets through EVV.	The RFP does not explicitly list Customer Support (call center) as part of the personnel needed for this contract. Can you clarify what the staffing expectation is for the Contractor to have a fully staffed Customer Support (call center) Team, dedicated to this program?	<i>Refer to Section 2.5.14 (pg 31) of the Solicitation document</i>

112	Page 25, section 2.5.9.K. and section 2.5.9.K.4.	Prior to the Employee being approved to provide services, the Contractor must process and obtain...central registry checks and a national and state criminal background checks...DHS shall issue the determination.	The statement on page 25, section 2.5.9.K. regarding the Contract processing and obtaining registry and criminal background checks appears to conflict with the statement on page 25, section 2.5.9.K.4. that implies that DHS will issue the determination on the applicant's suitability to become a caregiver paid with Medicaid funds or continue their employment. Please clarify the role of the Contractor and the role of DHS with regard to the collection and processing of registry and criminal background checks and the final determination of an applicant's suitability to become a paid caregiver.	<i>Per A.C.A. §20-77-128, DHS is required to issue the final determination of an applicant's background outcome. The contractor shall gather all the applicable information (including forms, etc.) required for the determination.</i>
113	Page 28, section 2.5.11.B.3.b.	Daily rates are applied when a Beneficiary's initiation and/or disenrollment date does not align with the start of a pay cycle.	Are daily rates also applied when beneficiaries are discharged from a hospital or other rehab facility on any day other than the beginning of a pay cycle?	<i>Provider/worker is not able to bill for services while a client is hospitalized; however, services can resume after the client is released. Funding for client budgets are provided prospectively and any unused days due to hospitalization may be utilized after hospitalization for increased need.</i>
114	Page 19, Section 2.5.5	D. Notarized MOU	What is the average budget size, as well as the minimum and maximum budget size?	<i>Budget size varies depending on the client's level of need.</i>
115	Page 41, Section 2.5.21	E. Interfacing with MMIS	What is the timeframe for reimbursing for pass-through claims including the claims related to the hourly services provided by employees of the participant (Medicaid recipient receiving the self-directed services)?	<i>See answer to question #19</i>
116	Page 22, Section 2.5.8	F. Enrollment	Are face-to-face enrollment visits required or are e-enrollments allowed?	<i>Per the IndependentChoices manual, "the counseling entity support coordinator and fiscal agent will then work with the individual to complete the enrollment forms either by mail and telephone contact or by a face-to-face meeting."</i>
117	Page 22, Section 2.5.9	B.5 Background checks	What are the background check requirements? Are the costs for background checks part of the participant's budget or included in the PMPM FMS fee?	<i>See Section 2.5.4.B, page 18 of the solicitation. See also answer to question #29.</i>
118	Page 22, Section 2.5.9	B.5 Background checks	If there are background check requirements, what is the fee? Also, is fingerprinting required? Lastly, what is the average time it takes for results to be determined?	<i>See answer to question #117</i>
119	Page 37, Section 2.5.17	D.3 Worker's compensation	Is workers' compensation insurance required?	<i>See answer to question #51</i>
120	Page 49	F.2 PMPM	What is the current PMPM fee for FMS and counseling services?	<i>See answer to question #87</i>
121	Page 41, Section 2.5.21	E. Interfacing with MMIS	Does DPSQA allow for invoicing for claims within the same month of services?	<i>See Question # 19; however, billing for partial enrollments may be invoiced within the same month of the service.</i>
122	Page 41, Section 2.5.21	E. Interfacing with MMIS	What is the frequency of claims allowed by DPSQA?	<i>Monthly or Weekly</i>
123	Page 41, Section 2.5.21	E. Interfacing with MMIS	Does the vendor have to wait a required amount of time after the service is completed to submit for reimbursement of claims? If so, what is the amount of time?	<i>See answer to question #121-122</i>
124	Page 41, Section 2.5.21	E. Interfacing with MMIS	What is the timeframe for reimbursing for provider-related claims, including the FMS PMPM claim?	<i>See answer to question #19 and #121-122</i>
125	Page 28, Section 2.5.11	B.2 Beneficiary authorization	What is the length of the authorization for services?	<i>Client budget is a 12-month authorization unless a "change-in-condition" occurs, which requires the budget to be adjusted for the increase or decrease of hours.</i>



126	Page 28, Section 2.5.11	B.2 Beneficiary authorization	Does the state allow providers to draw down funds related to authorized services?	No.
127	Page 29, Section 2.5.12	Payroll processing	What is the current employer payroll tax?	Employer payroll taxes are set by the Department of Finance and administration. Refer to <a href="https://www.dfa.arkansas.gov/images/uploads/incomeTaxOffice/withholdTaxTablesRegularIncome.pdf">https://www.dfa.arkansas.gov/images/uploads/incomeTaxOffice/withholdTaxTablesRegularIncome.pdf</a>

128	Page 29, Section 2.5.12	Payroll processing	What is the average dollar amount of monthly payroll and employer tax expenditures?	<i>The monthly funding ebbs and flows based on the client's budgets. The average monthly funds received from Medicaid during the 2021 calendar year equaled \$3,881,512.37.</i>
129	Page 7, Section 1.9	B. Technical Proposal Packet	Would the state prefer us to provide a narrative response to the 15 sections within the Information for Evaluation at the end of the Technical Proposal Packet document, or the 24 sections within the Scope of Work within the RFP (Section 2.5)?	<i>Provide a response to each item in the Information for Evaluation located in the response packet. Please do not respond to sections within the solicitation.</i>
130	Page 7, Section 1.9	B. Technical Proposal Packet	Within the Technical Proposal arrangement, where would you like us to include our narrative response to the Scope of Work/Information for Evaluation?	<i>It is recommended that prospective contractors arrange responses according to Section 1.9 Organization of Response Documents.</i>
131	Page 6, Information for Evaluation in the Technical Proposal Packet Document	E.1 Transitioning, Project Organization and Management	E.1.A states that the prospective contractor should provide a sample MOU that meets the requirements of Sections 2.5.2 and 2.5.3 of the RFP. Is this sample MOU supposed to serve as the official MOU to be signed by both parties if awarded the contract?	<i>A sample MOU provided as part of a proposal and intended to demonstrate the content of this document does not need to be notarized and signed by a banking institution. However, the MOU required in 2.7D in the RFP as part of service provision must meet this requirement.</i>
132	Page 6, Information for Evaluation in the Technical Proposal Packet Document	E.3 Work Plan	E.3.A states the prospective contractor should provide a comprehensive work plan of "Operational policies, procedures, processes and internal control." Can the state please be more specific about what it is looking for in this section, what kind of information we should provide and in what format (i.e., descriptive narrative, table, etc).	<i>Operational policies should include how the contractor proposes to meet the requirements of the RFP through their policies, procedures, processes, etc. The format may be descriptive narrative and include tables, etc. if applicable.</i>
133	Page 6, Information for Evaluation in the Technical Proposal Packet Document	E.3 Work Plan	E.3.F asks the prospective contractor to describe the "product release schedule, the future product roadmap..." Can the state please explain what types of products it is looking for us to discuss in this section?	<i>The reference is incorrect. The requirement specified is in E.3.E. See Work Plan Definition and Section 2.5.3.</i>
134	Page 6, Section 1.8	Response Documents	1.8 3.C mentions a Voluntary Product Accessibility Template, however there is no template with this name on the procurement website. Is this document required? If so, can the state please provide the template?	<i>Since the Vendor will need to provide an accessible web-based solution, the Solution would need to meet accessibility standards as required under Ark. Code Ann. 25-26-201 et seq. (See Appendices 7A and 7B of the Arkansas Procurement Laws and Rules). The Arkansas VPAT is available at <a href="https://www.healthy.arkansas.gov/images/uploads/pdf/VPAT_Fillable.pdf">https://www.healthy.arkansas.gov/images/uploads/pdf/VPAT_Fillable.pdf</a></i>
135	Page 15, Section 2.3	Minimum Qualifications	Within the Technical Proposal arrangement, where would the state like us to include the reference letters and active registration documentation from the Arkansas Secretary of State?	<i>It is recommended that prospective contractors arrange responses according to Section 1.9 Organization of Response Documents.</i>
136			Does Arkansas require a physical office for FMS services?	<i>The vendor does not have to be located within the state of Arkansas and neither do enrollment personnel; however, personnel must be adaptable and available to meet with the Beneficiary/Employer in the setting they choose.</i>
137	Page 21, Section 2.5.8	2.A Prescreen Intake Requirements	Does the Department anticipate the contractor making eligibility determinations with the screening tool or just apply the Department tool? Are there any issues with the current process for notifications of eligibility status?	<i>Contractor will not make eligibility requirements. Pre screen is to determine if the person has Medicaid and if so if they are in an eligible category for PC and if they need assistance with ADL's.</i>

138	Page 32, Section 2.5.14	D. SD Advisory Panel	Does Arkansas currently have a functioning SD Advisory Panel? If so, would the Department like the awarded vendor to continue with the current panel or create a new panel?	<i>At this time, there is no SD Advisory Panel in place. This would be a new panel put into place with the implementation of this contract.</i>
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