

Allegheny County
Department of Human Services
Request for Proposals Q&A
RFP for OPTIONS In-Home Care Services 2017

July 20, 2017

1) Who are the current providers?

Current providers are: CLASS, ComForcare Senior Services, Concordia Community Support Services, Diversified Health Care, Eastern Area Adult Services, Extended Family Care, Hands-2-Help, Harmony Home Health Care, NHS Human Services, Personal Touch Home Care, p.r.n., Renaissance Home Care, Right at Home – Hamley Corp, Right at Home – Med-Line Support, Southwestern Senior Care and The Thorne Group, Inc.

2) How many providers will be selected?

We do not have a predetermined number of Successful Proposers. The number of Successful Proposers will depend on the quality of the Proposals received.

3) Is there a user agreement on the required software? If so, what are the costs associated with it?

As the Pennsylvania Department of Aging mandates the use of the SAMS database for OPTIONS In-Home services providers, all providers are required to sign a user agreement and obtain a SAMS license; however, there are no costs associated with this process.

Also, note that computer hardware requirements for operating the SAMS database have been included in the RFP (see page 14). All providers must maintain a machine that meets these minimum system requirements in order to use the database.

4) What are the total numbers of participants in the Options program?

The AAA serves approximately 3,300 Participants with OPTIONS In-Home Services.

5) Can we bid on just Homecare and/or Personal care or are we required to provide all services listed?

Proposers are required to bid on and provide Personal Care and Home Support – Housekeeping. Home Health Services and Home Support – Maintenance (Chore) are optional.

August 1, 2017

6) Will MWDBE forms be available before Sept? Does our business need to be certified as such to participate?

The MWDBE forms are available on our website at www.alleghenycounty.us/dhs/solicitations. Please click on the gray bar called “Required documents” to download the MWDBE materials. Proposers are not required to be a certified MWDBE organization to submit a Proposal.

August 9, 2017

7) What happens after the initial six-month term?

Following the initial six-month term, all Successful Proposers will have the opportunity to be included in the annual contract renewal process moving forward. As stated in the RFP:

The County intends to enter into an Agreement with the Successful Proposer(s) to provide In-Home Services for a term of six months, starting January 2018 and ending June 30, 2018, with options granted to the County lasting for a period of five (5) consecutive years to extend the term of the agreement at the County's discretion for an additional one (1) year.

8) How will providers be notified of an extension?

All Successful Proposers will receive these contact documents electronically. Training about this process will be provided to Successful Proposers.

9) Are the primary and secondary geographic service preferences guaranteed?

Preferences cannot be guaranteed; however, we will work with Successful Proposers with the intention of meeting geographic service preferences.

10) How is the "Hard to Serve" list distributed?

The Hard to Serve list is electronically distributed to providers every ten business days. The list is formatted in an Excel spreadsheet that includes Participant services orders for Personal Care/Home Support hours. The list is also easily sortable by zip code and municipality.

11) What are the primary languages spoken in this area?

English is the primary language spoken in Allegheny County. Foreign-born individuals and those with limited English proficiency living in Allegheny County come from a diverse set of ethnic and linguistic backgrounds. DHS encounters Arabic, Nepali and Spanish languages most frequently. We also have clients who speak Burmese, French, Karen, Mandarin Chinese and Russian among other languages.

12) What are the current number of hours provided on weekends?

The vast majority of OPTIONS In-Home Services are provided Monday through Friday. As a minimal number of services are provided on weekends, we do not have specific information available at this time.

13) What is the current hourly rate for services?

The current average hourly rates are as follows:

- Personal Care: \$27.25

- Home Support – Housekeeping: \$26.21
- Home Support – Chore: \$29.61

14) Please provide the annual appropriated funds for the program in FY 2017 and FY 2018 (if available).

OPTIONS In-Home Services are funded through Aging Block Grant. Fiscal Year 17-18 allocations are as follows:

- Personal Care: \$4,063,987
- Home Support: \$3,358,469
- Home Health: \$16,300

August 16, 2017

Questions 15 through 40 were asking during the pre-proposal conference on Thursday, August 10, 2017.

15) What happens if your organization is a certified MWDBE?

You may count yourself towards the goals. See question 19.

16) If you are applying to this RFP as an individual, do you have to follow the MWDBE process?

Yes, every Proposer must provide the MWDBE documentation.

17) We are a pretty small organization and we outsource almost nothing. The only things we outsource are our gloves and accounting. How should we try to comply with the County's MWDBE goals?

You should make a good faith effort to try to meet the County's goals. You can solicit quotes from MWDBE organizations for your gloves, for example.

18) If we get quotes for gloves from MWDBE organizations, but their pricing is higher than what we currently pay from a non-MWDBE organization, is that considered a good effort?

Yes, this is a good faith effort. In your MWDBE documentation, you would state your current pricing and the quotes you received. Give us as much information as you can so we can understand why you can't meet the goals.

19) If we are already certified, do we have to sub out?

If you are already certified as a Woman Business Enterprise, you must make a good faith effort to meet the Minority Business Enterprise goal. Conversely, if you are already certified as a Minority Business Enterprise, you must make a good faith effort to meet the Woman Enterprise goal. If you are registered as both, you must choose one to count towards the contract goals. You can't cover both.

20) Are there additional forms you have to fill out if you are eligible for either/or MWDBE certification?

To be certified, you have to be for-profit. Visit www.paucp.com to find details about the certification process and the application. The application is lengthy and there are many supporting documents required. The County MWDBE Department certifies organizations and conducts counseling sessions. If you are interested in becoming certified, or if you know of a woman- or minority-owned business who is not yet certified, visit www.paucp.com or contact the MWDBE Department (<http://www.alleghenycounty.us/mwdbbe/index.aspx>).

21) How long does it take to become MWDBE certified?

Once we have a completed application, we have up to 90 days. However, it depends on the applicant completing the application and submitting all required forms at one time. Often applicants are missing items and we have to work with them to build a complete application. As part of the certification process, there is an on-site visit where we will come to your office to ensure that everything is legitimate.

22) How do we complete the required MWDBE forms for this RFP?

The MWDBE Participation Statement, Contact Information form and Waiver Request form are available on our website at www.alleghenycounty.us/dhs/solicitations under the gray bar called "Required Documents." The Required Documents section has MWDBE resources including a guide for completing the documents and the PowerPoint slideshow reviewed during the pre-proposal conference which shows instructions as well.

23) You have an 80 percent acceptance rate for new referrals. What is considered acceptance? Could we make a counter proposal to the requested schedule?

Yes, making a reasonable counter proposal to the original requested schedule is also considered acceptable.

24) On average, how many hours are given to a client per visit?

Each Participant is unique and therefore their Care Plans are customized based on their needs. Generally, two hours is the minimum, but there is no required minimum. We have some Participants that receive very minimal Care Plans, and we have some Participants who have cap exceptions because their need is much higher. Care Plans for OPTIONS Participants are individualized.

25) The average dollar amount that I picked up on that they were spending was \$300 to \$350 per Participant. Is that per month?

Yes.

26) Does that also include the care coordination fee?

There is no care coordination fee in OPTIONS Care Plans at this time. The average Care Plan cost reflects all services ordered for the Participant.

27) So if you take the average rate for the service and divide it into the \$300 to \$350, do you get the number of hours on average?

The average Care Plan cost may include other services in addition to Personal Care, Home Support and or Home Health.

28) You have a monthly billing system. What is the turnaround time for getting paid back?

Currently DHS is going through a new financial management system. The billing comes in electronically, run through SAMS and MPER, and then processed through our new financial accounting system. The average time is 15 days.

29) Do we enter ongoing, weekly or monthly billing?

In-Home Service Providers are encouraged to enter service deliveries into SAMS rosters on a weekly basis. Invoices are submitted monthly.

30) So billing is not based on Participant, it is based on month?

Billing is based off the units delivered for all OPTIONS Participants a Provider is servicing for a particular month.

31) How should we handle billing the time it takes for a caregiver to drive between Participants and other transportation costs in our Proposals?

In-Home Service Providers can only bill for the time the worker spends providing the ordered services to the participant. If a Provider chooses to pay for travel time or to reimburse travel expenses, these costs need to be included in the unit cost breakdown.

32) Regarding the 90 percent reliability requirement, is there a penalty if we don't meet this?

We look at monitoring holistically. For example, if a Participant cancels the appointment the Provider is not held responsible for the missed service. We look at the delivery of services. If a direct care worker does call off, a Provider needs to be able to offer a backup worker. But if the Participant says they don't want the backup worker, a Provider will not be penalized.

If a Provider is having trouble meeting a requirement, there is a Provider Progressive Intervention Plan that outlines consequences. There will be training to review this process. It starts with elective technical assistance and goes up to mandatory technical assistance. There also are meetings with a Provider and AAA to discuss what the issues are. We try to work with each Provider to improve that benchmark. Page 11 of the RFP lists the requirements Successful Proposers are asked to meet.

33) The timing of this RFP and service implementation is difficult for Waiver providers. Did you take that into consideration? Do you have any flexibility in the timing?

There are a mix of potential Proposers for this RFP. Some may be only OPTIONS Providers and other may be OPTIONS and Waiver Providers. We understand that Waiver Providers have an additional challenge.

The timing aligns with our contracting process. It would be difficult to do this at any other time, and we cannot have flexibility with the timing.

34) Does the evaluation committee include any business people or people from current or former providers who have done the work?

Yes.

35) What do you mean that individuals may apply? It is an individual who will hire staff? Or could it be someone's granddaughter who can earn money caring for them?

Individuals must meet all requirements of the RFP. There is not a different set of requirements for a sole practitioner. Outlines of staffing requirements are on pages eight and nine of the Personal Care and Home Support Scopes under Personnel.

36) Our agency likely has the ability to reach all three geographic areas. I am assuming that the majority of the Proposers will submit their requests to serve areas two and three. Is there any consideration if we say we can serve area one where there are more hard-to-serve individuals? Does that impact the acceptance benchmarks?

Unfortunately, no. The benchmarks and requirements are applied equally throughout all three areas.

37) Do all providers get the same Hard-to-Serve list?

Yes, the Hard-to-Serve Participant list is distributed approximately every 10 days to all Providers.

38) Is the Hard-to-Serve list on a first come, first serve basis? Will the first Provider who says they will serve the Participant, get the Participant?

Yes, if you are first to contact the OPTIONS Care Management Provider about a Participant on the Hard-to-Serve list, you will be able to serve that Participant. The Hard-to-Serve list is a great opportunity to build your client roster. While all Participants are able to choose their Providers, those who haven't been able to be served go on the Hard-to-Serve list. We open that list up to every Provider with the goal of meeting the needs of every Participant. Currently, there are approximately 145 Participants on that list. Additionally, there are no area restrictions in servicing individuals off the Hard-to-Serve list.

39) Are all Providers required to have a full-time registered nurse on staff?

Providers must have a RN to train, orient and be administratively responsible for the supervision of field personnel. The position does not need to be full-time.

40) Are there supervision requirements for the RN? Are they required to visit Participants or do trainings?

OPTIONS Personal Care workers may be supervised by an RN, LPN, CNA or HHA. The Certified Nurse Assistant must have one year experience as a CNA. The Home Health Aide must have three years of experience as HHA. The Scopes of Services in Appendix A of the RFP list the staff members who are required to see Participants and supervise direct care workers.

August 22, 2017

41) Page six of the RFP says Proposers must possess all required licensures required by the Pennsylvania Department of Health to do business as a home care agency/home care registry. Will you accept a Proposal from a Proposer who is pending licensure? Or, do Proposers need to possess the licensure at the time of bidding?

Proposers must possess licensure at the time the Proposal is submitted; Proposers whose licensure is pending at the time of submission are not eligible for this RFP.

August 24, 2017

42) If a person is an NHA certified clinical medical assistant, is that person eligible to supervise the caregivers as stated in the RFP?

No. Per the Personal Care Scope of Service, only the following personnel can supervise Personal Care workers: RN, LPN, Certified Nursing Assistant (CNA) with at least one year of experience as a CNA, and Home Health Aide (HHA) with at least three years of experience as an HHA.

September 6, 2017

43) Appendix A says that supervision can be done by an HHA. Would you consider an aide who has worked in a personal care home for four to five years an HHA who would be able to provide supervision? If not, please explain the requirements in more detail.

The Home Health Aide (HHA) must be certified by completing an appropriate training program that has both a content and training hour requirement. Many certified Home Health Agencies offer this training. A supervising Home Health Aide must have three years of experience acting as an HHA, which can be completed at a Personal Care Home.

September 13, 2017

44) What time frame is requested for the unit cost spreadsheet?

Hourly.

September 14, 2017

45) Are there any instructions for the unit cost spreadsheet? If so where can I find them?

The unit cost spreadsheet is asking for a breakdown of your expenses per unit cost. The unit cost is your hourly reimbursement rate. See section 2.4 of the RFP on page 13 for a description of the unit of service. There are instructions for the spreadsheet in section 2.12 of the RFP on pages 15 and 16. In the Excel spreadsheets, please type only in the blue cells. The total and percentages will be automatically calculated in the light orange cells. The total must equal your proposed unit cost.

46) Do I have to hire the required nurse for training prior to being granted the proposal?

No, Proposers do not need to have a nurse on staff in order to submit a Proposal. Successful Proposers must meet the nurse criteria outlined in the scopes at the start of the contract.